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Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	
TP Particulars: Veh No:	V183P.	. INC ()/Non-IN	C().		
Owner / Driver: (Tel:	Ö.)	
Policy No: ()	Period: ()	Cover Type:	()	
Confirmed by : (Date:	Tin	e:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79	%. F: 80-1	00%]	
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/10/2020 15:03

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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u sandancia e enacement	ACCIDENT STATEMENT
Date Of Report	14/10/2020 14:48
Date Of Accident	28/09/2020 17:30
Exact Location Of Accident	BRADDELL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS5289T
Insured/Policyholder	
Name Of Registered Owner	KEAGAN FOONG JUN JIE
NRIC No	SXXXX010C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84980751
Alternative Phone No	OFFICE-84980751
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088145023-03
Cover Note Number	
Driver	
Name of Driver	QUAH KEE HONG
NRIC No	SXXXX662D
Date Of Birth	12/08/1991
Occupation	INDOOR
Date Of Driving Pass	30/05/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96725536
Fax Number	
Contact Number	OFFICE-96725536

NOEMAIL

Address

BLK 402 SERANGOON AVENUE 1

#09-97

Postcode

550402

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV1183P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

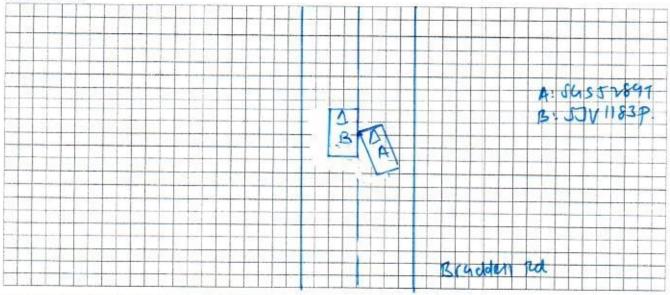
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- The Accident
I was to velling amy Bruddell rd on Octreme right lone. As I wanted .
filter onto left lone. I turn on my vehicle indicator light and check
my blindupot before I can filter out. The traffic was cleared, I slowly
filtr onto left lime. Vehicle D was travelling extreme left lone and wit
against my vehicle trans lets possion

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 1 28/9/1 25 1(DD/N	MM/YYYY), TIME:(7 :30 MHH-M
LOCATION: Brade 11 Rd.		/ / / / / / / / / / / / / / / / / / /
1. DETAILS OF VEHICLE	W	
a) VEHICLE NUMBER: 54557	294	
DINSURANCE COMPANY: NTV		
C)POLICY NUMBER:		•%
dipolicy type too		
d)POLICY TYPE: (COMPREHENSIVE / TH	IRD PARTY / THIRD	PARTY FIRE &THEF
F)TYPE: (SALOON / COUPE / MPV /VAN	/ LORRY / MOTOR	CYCLE / OTHERS
		RCYCLE!
A ACCIDENT TIME	15. 1/01/4-11	
I) ARE YOU CLAIMING UNDER YOUR OW	YN INSURANCE (YE	SANDI
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THE THE PARTY OF T		CONTRACTOR OF THE CONTRACTOR O
A)NAME:		ALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTAC	T: 8498 0751
c)ADDRESS:		1.0710075
+ CONTINUE TO 3.d IF DRIVER ALSO POLI	ICY HOLDER	
1 1 13 2 CHIVER		
Including driver) alNAME:	(N	ALE / FEMALE)
O DINRIC/FIN/PASSPORT:	CONTAC	9672553
c)ADDRESS:		199
*d)DATE OF BIRTH: /		
*d)DATE OF BIRTH: ()(DD/MM/YYYY)	
OUTDOOR!)(DD/MM/YYYY)	
f) YEARS OF DRIVING EXPREDIENCE.		
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYER OF THE IN	ICUDEDIS COLUM	NY? (YES / NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER	ISURED'S COMPA	NY? (YES / NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. D) WEATHER CONDITION: (CLEAR / BANKE)	SURED'S COMPA	NY? (YES/NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. D) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS	SURED'S COMPA	NY? (YES / NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO.)	SURED'S COMPA	NY? (YES / NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	SURED'S COMPA WITH INSURED:	NY? (YES / NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE	SURED'S COMPA WITH INSURED:	NY? (YES/NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE OF PASSENGER 8. THIRD PARTY VEHICLE	ISURED'S COMPA WITH INSURED: NG / OTHERS	NY? (YES / NG)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: (TVIX 22)	SURED'S COMPA WITH INSURED:	NY? (YES / NO)
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: VIII837.	ISURED'S COMPA WITH INSURED: NG / OTHERS TION:MODEL:	TRATIVE
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: VIII837. b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	ISURED'S COMPA WITH INSURED: NG / OTHERS	TRATIVE
f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE 10 OF PASSENGER 11 OF PASSENGER 21 OF PASSENGER 22 ONRIC/FIN/PASSPORT: 23 OF PARTY VEHICLE 24 ONRIC/FIN/PASSPORT: 25 OF PARTY VEHICLE	ISURED'S COMPA WITH INSURED: NG / OTHERS TION:MODEL: CONTACT:	TRATIVE
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