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	P 8759.R	INC ()/Non-INC()		
Owner / Driver: (1 8 137 K		Tcl:)	
Policy No: () Perio	od: ()	Cover Type: ()	
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1. / A.		Invoice dated	Fee Charge	MALKIN SECT.	

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.
- Information provided must be as <u>truthful and accurate</u> 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.

	ACCIDENT STATEMENT
Date Of Report	28/10/2020 17:33
Date Of Accident	27/10/2020 14:50
Exact Location Of Accident	ALONG ANSON RD BESIDE M HOTEL
Country/State of Loss	SINGAPORE
D. Charles and C. Cha	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SME1335Y
Insured/Policyholder	
Name Of Registered Owner	TANG MENG SENG
NRIC No	SXXXX076A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97999597
Alternative Phone No	OFFICE-97999597
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103682467-02
Cover Note Number	
Driver	
Name of Driver	TANG MENG SENG
NRIC No	SXXXX076A
Date Of Birth	29/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2009
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97999597
Fax Number	
Contact Number	OFFICE-97999597

NOEMAIL

Address BLK 116 BEDOK NORTH ROAD #04-259

Postcode 460116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

enicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any other material or property damaged? YES

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

NO 1

Number of Passengers (Including Driver)

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:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP8759R

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

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 7. 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, invoices, 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:

Driver's Signature

(If driver is not the policyholder)

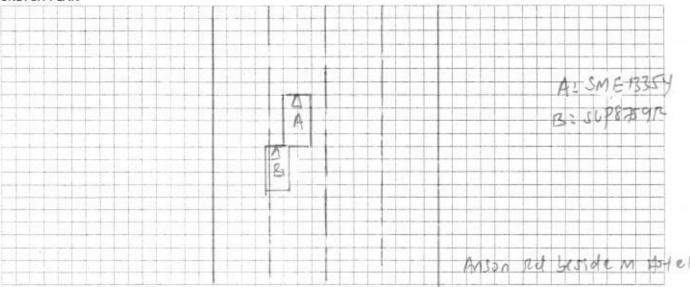
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

			ADDE	NDUM				
(A)	PARTICULARS OF PE	RSONMAKING	THEAMENDM	ENTS:				
	Original Report No	MNA 120	00 94862	V	ehicle Regis	tration No:	SME 13	35 Y.
	Name(as shown in NRIC)	Tang	Meng Sen	g_NI	RIC/FIN/Pas	ssport No:	S×xxx07	6A
	(*Vehicle Driver / Ve	CONTRACTOR OF THE PARTY OF THE	The second second	7		51 GC		
	Address :						Singapore()
	Contact (Tel)			м	obile No. :_	97999	597	
	Email Address :							
	Date of Accident :	27/10/2	0	Ti	me of Accid	ent:14	:50	
	Place of Accident :	Along	Anson	Ra E	leside	M Hote	el.	
	Insurance Company:							
	Amend	Revert	from T	P to	Repo	er ting	only	
								_
	Lista					had.		_
	Policyholder / Driver's Date: 2 - 1/- 20				Reporting (nnel's Signature	

NRIC/FIN No.:

Date:

GIARMC addendomform_V3

ACCIDENT STATEMENT

ĄCC	DENT DATE: 27 10 / 20)(D	D/MM/YYYY), TIME:(14: 49	_) (HH:MM)
LOCA	MION: Along Anson Rd !	reside m Hotel.	(b)
	DETAILS OF VEHICLE		RESCUENTED.
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: S N	1E1335V	5.1
		N70C	
5)	DJII IOOTA II TOE OOMII TATTI.	NITO	Å
	c)POLICY NUMBER:		
	d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIF	RE &THEFT)
	e)MAKE & MODEL:		21 2000 2000
	f)TYPE:(SALOON / COUPE / MPV /	AN LORRY / MOTORCYCLE /	OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / 1) PURPOSE OF USING AT ACCIDEN		N 1000
	I) ARE YOU CLAIMING UNDER-YOUR		55
	IF NO, PLEASE STATE (THIRD PARTY		
2.	INSURED / POLICY HOLDER	OE SITTY REPORTED ONE	
	A)NAME:	(MALE / F	EMALE)
	b) NRIC/FIN/PASSPORT:	CONTACT: 97	199597.
	c)ADDRESS:		Saltana (Wassanoow
8 8 6	<u>-</u>		·
м., Л	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	*11
A Ho of persong ?	DRIVER		
(Including driver)	a)NAME:	(MALE / FE	EMALE)
$(1, \tilde{3})$	DJNRIC/FIN/PASSPORT:	Worth Rd A04-259	CS) 460116
ر سد -	CIADDRESS: BIK 116 Bedok	Morth Jean Hogging	(3) 463116
	*d)DATE OF BIRTH: (//)(DD/MM/YYYY)	
8	e)OCCUPATION: (INDOOR / OUTDO		•
	f) YEARS OF DRIVING EXPRERIENCE:		47 W
4.	WAS DRIVER AN EMPLOYEE OF T		
	IF NO, RELATIONSHIP OF THE DE		1
5.	a) WEATHER CONDITION: (CLEAR / 1		
	b)ROAD SURFACE: (DRY / WET / OT		
	WAS ANYBODY INJURED (YES / NO)	¥	7/5
	a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE	SE STATION:	(4)
8.	THIRD PARTY VEHICLE		
4 He of passonger	O) VEHICLE NUMBER: SUP 8739	R MODEL:	3. 16
(Induction driver)	b) DRIVER'S NAME:		
()	b) DRIVER'S NAME:	CONTACT:	
9.	THIRD PARTY VEHICLE		1
* No of passenger	d) VEHICLE NUMBER:	MODEL:	* 4
KNO of passenger (Including driver)	e) DRIVER'S NAME:		
	f) NRIC/FIN/PASSPORT:	CONTACT:	
()	N N N		

Cinail = Tang 69 wang@ gmail.com

VIDEO =

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My Desktop	Poli	cy Query										
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	Vehicle	No.(For Motor)	SME13	35Y		Certif	icate Number	. [
					1	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	•	5103682467- 02		TANG MENG SENG	S8115076A	GPC	drivo CLASSIC	SME1335Y	SME1335Y	19/09/2020	18/09/2021	
					-	Continue						