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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.
- 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

Charles and Statements	ACCIDENT STATEMENT
Date Of Report	20/11/2020 15:16
Date Of Accident	20/11/2020 09:00
Exact Location Of Accident	PASIR RIS DR 8 SLIP RD INTO DR 3
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS5689A
Insured/Policyholder	
Name Of Registered Owner	CHEN ZEPENG
NRIC No	SXXXX866A
Email Address	ZEPENG86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96439686
Alternative Phone No	OFFICE-96439686
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	5116863501
Cover Note Number	
Driver	
Name of Driver	CHEN ZEPENG
NRIC No	SXXXX866A
Date Of Birth	05/08/1986
Occupation	INDOOR
Date Of Driving Pass	31/01/2012
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96439686
Fax Number	
Contact Number	OFFICE-96439686
	THE PROPERTY OF THE PROPERTY O

ZEPENG86@GMAIL.COM

124 PUNGGOL WALK #15-03 Address

828773 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SJX7794B

2

NO

YES

NO

1

NO

NO

YES

NO NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

SXXXX2201

PRIVATE CAR

LIM WEI YI VICTOR

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.
- 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, 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.

20 (1) 2020 Policyholder's Signature

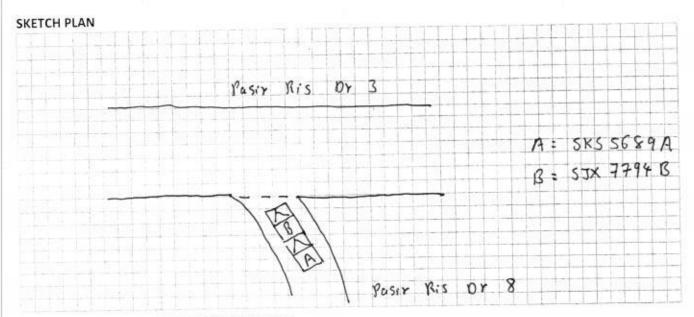
Date & Time: 1400 H

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



ANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature

Driver's Signature

Date & Time: 20/11/2020 /400H (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Continue

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Notice of Loss	Policy N	Vo.				Date	of Accident		20/11/2020	13:52	
	Vehicle	No.(For Motor)	SKS56	589A		Cert	ificate Numbe	r			
						Search	l).				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116863501		CHEN ZEPENG	S8622866A	GPC	drivo CLASSIC	SKS5689A	SKS5689A	24/04/2020	23/04/2021

ACCIDENT STATEMENT

ÁCCI	DENT DATE:(20 /				
LOCA	TION: Pasir	Ris Dr	8 Slip	Rd in	10 pr 3
1.	DETAILS OF VEHICL	E		***	30
	a) VEHICLE NUMBE	R:SK.	5 5689 A		
	b) INSURANCE COM		NTUC		
	c)POLICY NUMBER		686350		
	d)POLICY TYPE: (C	OMPREHENSI	VE / THIRD PA	RTY / THÍRD PAI	RTY FIRE &THEFT)
	e)MAKE & MODEL:		YOTA COROL	LA ALTIS	
	f)TYPE:(SALOON / C	COUPE / MPV	/VAN/LORE	RY / MOTORCY	CLE / OTHERS)
	g) VEHICLE CATEGO	ORY: (PRIVATE	/ COMMERC	HAL / MOTORC	YCLE)
	h) PURPOSE OF USIN				
	I) ARE YOU CLAIMIN				
	IF NO, PLEASE STA		RTY CLAIM / R	EPORTING ONL	.Y) .
2.	INSURED / POLICY	CHEN Z	EPENG	ε	LE VEENALES
	A)NAME:		8622866A		96439686
	b)NRIC/EIN/PASSEC			ECHIL RISE	
	c) ADDRESS:		65617)	contra para	
17 15	* CONTINUE TO 3.d			OLDER	
Milio of man 3	DRIVER .	II DRIVER AL	301010111	OLDER	
₩Wo of passanga	361444	14		(MA	LE / FEMALE)
(Including driver)	b) NRIC/FIN/PASSPO	ORT:		CONTACT:	
(T)	c) ADDRESS:				8
	1		10.00		
	*d)DATE OF BIRTH: (MM/YYYY)	
	e)OCCUPATION: (II		a germ		*
	f)YEARS OF DRIVING				WEST NO
4.	WAS DRIVER AN E				
	IF NO, RELATIONS				
5.	a) WEATHER CONDI b) ROAD SURFACE:			OTHERS	
4	WAS ANYBODY INJU				
	a)REPORTED TO PO			x1	
15	IF YES, PLEASE STA			l:	
8.	THIRD PARTY VEHICE	LE ,		2	
the of passenger	 a) VEHICLE NUMB 	The second secon	5 X 7794 (
(Including driver)	b) DRIVER'S NAM	E: Lim W	er Yi Victo		
(1)	c) NRIC/FIN/PASS	PORT:	049220	CONTACT:	
9.	THIRD PARTY VEHICL				
* No of passenger	d) VEHICLE NUMB			MODEL:	
(Including driver)	e) DRIVER'S NAME		0	CONTACT:	
()) f) NRIC/FIN/PASSI	FORT.			
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