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SN0820CL0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 21/12/2020 17:22 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (21/12/2020 17:22 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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
- 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

21/12/2020 17:22 (SGT) 19/12/2020 09:45 (SGT) Commonwealth Dr. Singapore JUNCTION OF COMMONWEALTH AVENUE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL6050K

INSURED/POLICYHOLDER

is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

No THAM YUKE WAN SXXXX381D jennygatham@yahoo.com.sg (Phone) +65-97998383 +65-90396726

VEHICLE PARTICULARS

Manufacturer Model Variant

Toyota Sienta

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Comprehensive 5088236289-03

DRIVER

Name of Driver NRIC No

THAM HIN WAH SXXXX791F

Date Of Driving Pass 12/03/1968 Driving experience 52 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90396726 Alt. Phone Number Email Address iennygatham@yahoo.com.sg Address **BLK 8 HOLLAND AVENUE** Address complement #11-20 Postcode 271008 is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Orchard Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007359999 Alt. Police Station Phone No. (Fax) +65-67331934 Police Station Address 51 Killiney Road Singapore 239572 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE NOTICE OF REPORTING ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBF1721R** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in a	accident
No. Of Passenger (Including Dri	iver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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. 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 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.

8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

COMMONWHALLY AVENUE

A) SLL 6050¢

B) GBF 1721 R

COMMONWHALLY DRIVE

MOTICA D	F RAPORINE	,		
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gul 21/12/2000

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

ACCIDENT'STATEMENT

	TON: Common Common			
	DETAILS OF VEHICLE	-le	#C #C	
	a) VEHICLE NUMBER: SLL 60:		51 . ES	
	b)INSURANCE COMPANY: Inc	ome		
	c)POLICY NUMBER:		11-11	
	d)POLICY TYPE: (COMPREHENSIVE		RTY FIRE &THEFT)	
	DIMAKE & MODEL: TO 40Ta C	ientra	3	200
	FITYPE (SALOON) COUPE / MPV /	VAN/LORRY/MOTORCYC	CLE / OTHERS)	
	gIVEHICLE CATEGORY: PRIVATE	COMMERCIAL / MOTORCY	(CLE)	
**	h)PURPOSE OF USING AT ACCIDEN			
	I) ARE YOU CLAIMING UNDER YOU		9)	
	IF NO, PLEASE STATE (THIRD PARTY			
2.,	INSURED / POLICY HOLDER		Ti 200	(4)
	AJNAME: Tham Yuke Wah	· (MA	LE / FEMALE)	
	b) NRIC/FIN/PASSPORT: SOIL 0 38		97998383	
	CIADDRESS: 27 Ox Les Garde			
2 12 12	. 3			
	CONTINUE TO 3.d IF DRIVER ALSO	POUCY HOLDER		
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or harron fles	DINAME: Tham His wah	· IMAI	E / FEMALET	
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	d) DATE OF BIRTH: (25 /09 /19	46 ICDD/MM/YYYYI		
	OCCUPATION: (INDOOR / OUTD		* *	70
	DATE OF DRIVING PASC	00.4		11
4	WAS DRIVER AN EMPLOYER OF T	HE INSURED'S COMPANY	(YESYNO)	020
	F NO, RELATIONSHIP OF THE DI	RIVER WITH INSURED:	- 100	37
	WEATHER CONDITION: (CLEAR /			
	ROAD SURFACE (DRY / WET LOT			
	VAS ANYBODY INJURED (YES / NO)		77	
	REPORTED TO POUCE (YES / NOT		in 98	
(ASS) 17	IF YES, PLEASE STATE WHICH POLICE			
	ii twi i who of the fillion i out	H VI WILL IN.		
ВТ	HED PARTY VEHICLE	ESTATION:	1	
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of passanger iduding driver)	O) VEHICLE NUMBER: GSF 172	1 & MODEL		
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CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that			hat		Tham Hin Wah , NRIC/FIN				
			repor	ted to the Po	olice a non-injury traffic a	accident which			
	urred at	Contraction of the Contraction o			wealth Drive & Commonwe	and a registration of the second seco			
on	19/12	2/2020	at	0945hrs	involving the following	yehicles:			
V	1)	SLL6	050K	(Inform	nant)				
	2)	GBF1	721R						
Fact	ts:								
Con Con stop	nmonw nmonw	ealth Dr ealth Av	ive. W enue,	hen I saw t I turned. Ho	as driving my sister's car hat it was safe to make a owever, there was a van (e. Thus, my vehicle collic	turn to GBF1721R)			
					ear door which the driver opened. My vehicle susta				
					overnment property & for police attended to us durin				
2 he/s					the Police within 24 hours Road Traffic Act, Cap 276.	of its occurrence, ther			
Ra	ank/Nam	e of Issu	ng Off	icer: S	gt (3) T140065 Hengky	1			
D	ate	20/12/2	020	Time:	1722 hrs				
S/	D Ref:	42							
Po	olice Pos	t/Unit:	Or	chard NPC	Tanglin Police Division				
		o be issued o be submi		nant raffic Police	"				
	194	\$11.0	April 2	1114.77					
		183	JR(No. 1.55	10/30					

Claim Handling Accident MT/1114490

Accident MT/1114490							
Policy No.	5088236289+03		Vehicle No.	SLL6050K		Teheni ar	January S. M. C.
Certificate No.				accadada		GST Re	gistration
Pulicyholder Name	THAM YUKE WAN					1 Carry Victor	
Product Code	PRIVATE CAR INSI	URANCE	Cover Type	drive CLASSIC			ider NRI
Contact No.(Mobile)	97998383		Contact No.(Office)	BILLYO, CHADBLE		Loading	
Email Address			Special Remark				No.(Hon
KPK	W No Yes		TCA	No Yes		eCode	
NCD Protection	Yes		NCD Entitlement(%)			eCode R	
			The Entitle Herica Control	50		Private i	Hire
Report Date	21/12/2020 17:20	V.	Accordant Commander to the	444			
Date of Accident	19/12/2020		Accident Report Within			Accident	Туре
Reporting Centre			Time of Accident hh:mi	m 09:45		Country	of Accide
Accident Location	COMMONWATER		Orange Force			JCM No.	
♥ Total Excess Applicable	COMMONWACLINI	DR AND COMMONWEALTH	AVENUE JUNCTION				
Excess Type	Per Accident						
Omment/=	Her Accident		Windscreen Excess		100.00		
OD Standard Excess		600.00	-				
YIED OD Excess			TP Standard Excess		0.00		
Additional Excess		500.00	YIED TF Excess		0.00	Driver is	Covered
Total OD Excess Applicable		0.00					
▼ Benefits		1,100.00	Total TIP Excess Applica	ble	0.00		
GST Registered Informat	llen.						
GST Registered		200111					
GST Registration No.		No		GST Reg	stration Date		
Modification History				GST Stat	us Venfied		Yes
Policyholder Mailing Add	ress						
Address I	27 OXLEY GARDEN		12.22				
Address 4	E. OVEL GRADES		Address 2	SINGAPORE 2387	758	Address :	3
Unit No.			Address Type	Singapore address	i	Post Cod	#
♥ OI Driver Info			Related Policy Number	5088236289-03			
Driver Name	Unnamed Driver						
Unnamed driver Name	THAM HIN WAN		Driver Type	Unnamed Driver			
Register Date of Driver License	12/03/1968		Driver NRIC	S0531791F		Driver DC	08
Contact No.(Mobile)	90396726		Driver Age	74		Driving E	xperience
Address 1	BLK 8 #11-20		Contact No.(Office)			Contact N	40.(Home
Address 4	DEK # \$11-20		Address 2	HOLLAND AVENU	É	Address 3	3
Unit No.	7.00		Address Type	Foreign address		Post Code	
Does he own a Singapore	11-20						
Registered car?	Yes No		Driver Vehicle No.	SLL6050K		Driver Ins	surer Com
to the state of th							
Peclaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No			
ā.			(A. 1811)	Tas Inc.			
lodification History							
rocincation riscory							
Claim 001 OD-MX New	1						
1772m							
Claim Type *					OD-MX	Insured	Lautovic
ontest tie (Mahila)					50 m	Name	THAM
antact No.(Mobile)					97998383	Contact No.	683409
mail Address						(Home)	70000000
State of Carrier Control of Carr						OI Vehicle	SLL605
laim Description						Number	CAMPINE
					SLL4050K / GBF1721R	ON 19 Dec 2020	
referred Vorkshap	Insur	red Liability Fully at Faul	20				
Total Scattering Co.	Preferenced						
inalisation Yes	Repair	Preferred Workshop, Na	me unknown - GIA p	endina			
militarios de	✓ Repair Option	Preferred Workshop, Na	me unknown v report	ending v	21/12/2020 17:35	Claim	,

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▼ Video List

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