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TP Particulars: Veh No:	SLG 94605	. INC()/Non-INC(-).	
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SN0920CT000L / National Assessment Centre Services [408933] ENTRY DATE & TIME: 29/12/2020 17:58 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (29/12/2020 17:58 (SGT))



SINGAPORE ACCIDENT STATEMENT

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
- 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.

- 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 29/12/2020 17:58 (SGT) Date of Accident 27/12/2020 22:25 (SGT) **Exact Location of Accident** Short St, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLQ2449U Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? Name Of Registered Owner TW AUTOMOBILE 5XXXX500X Company Reg No CLAIMS@KAIZENMOTORS.COM.SG Email Address Mobile Phone No (Phone) +65-88233366 Alternative Phone No +65-88233366

VEHICLE PARTICULARS

Toyota Manufacturer Sienta Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy Policy Number 5114368352 Cover Note Number

DRIVER

LUM WAI KHUAN DORAN Name of Driver SXXXX167I NRIC No 24/11/1982 Date Of Birth Outdoor Occupation

S. 0/5/1- B	20/05/2003
Date Of Driving Pass Driving experience	17 YEARS AND 7 MONTHS
	Male
	U. 14 (2000)
Mobile Number	(Phone) +65-81265771
Alt. Phone Number	OF A MAD ON A PERMISTORS COM SC
Email Address	CLAIMS@KAIZENMOTORS.COM.SG
Address	BLK 535 BUKIT PANJANG RING RD #06-825
Address complement	(A)
Postcode	670535
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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)	1
Has the driver been approached by unknown person(s)	10
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
to a land a state of the contract	Na
Was the accident reported to the police?	No
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
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLG9460S
Vehicle Manufacturer	. /a.m.m.4.05.5.00: ■
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Vehicle Category	Private car
Name of Driver	
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ACCUSES COMMUNICAL STREET	

Address complement

Insurance Company Name

Postcode

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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 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)

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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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.

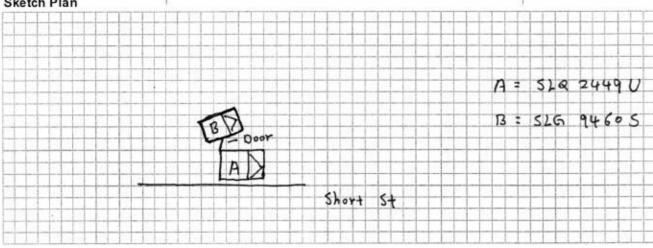
CO. REGN. NO: 53333500X 9 TAGORE LANE 9@TAGORE #02-01 SINGAPORE 787482 TEL: 6459 5535 Fax: 6459 8009

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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Declaration

We declare the foregoing particulars are true in every respect.

CO. REGN. NO: 53333500X 9 TAGORE LANE 9@TAGORE #02-01 SINGAPORE 787482

TEL: 6459 5535 Fax: 6459 8009

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					[Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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ACCIDENT STATEMENT

ĄCC	IDENT DATE: 27/12/2	O)(DD/MM/YYYY), TIME:(22: 25	_)(HH:MM)
LOCA	ATION: Short S	t		
. 1	. DETAILS OF VEHICLE			
- 0	a) VEHICLE NUMBER:	SLQ 2449		
	b)INSURANCE COMPANY:	MIUC		
	c)POLICY NUMBER:			
	d)POLICY TYPE: (COMPRE)			RE &THEFT)
	e)MAKE & MODEL: Toy	inta Sieuta,	1.5	
	f)TYPE:(SALOON / COUPE			OTHERS)
	g) VEHICLE CATEGORY: (PR	IVATE / COMMERCI	AL / MOTORCYCLE) .
	h) PURPOSE OF USING AT A			
	I) ARE YOU CLAIMING UND			
	IF NO, PLEASE STATE (THIR			
2.	INSURED / POLICY HOLDER		CHICK I H	
	A) NAME: TW Au.	tomobile	(MALE / F	EMALE)
	b) NRIC/FIN/PASSPORT:			
	c)ADDRESS:			
	,			
	* CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HO	IDER	
Ho of passange	DRIVER	an Alborrollor IIIo	LUCK	
() Prissanger		Khuan Dora	h (MAIF/F	FMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:			
(1)	c)ADDRESS:			
,	*d)DATE OF BIRTH: (/_	/ 1(DD/N	MM/YYYY) ·	
	e)OCCUPATION: (INDOOR		CONT. 10.10.10.10.10.10.10.10.10.10.10.10.10.1	7
	f) YEARS OF DRIVING EXPRE	The state of the s		
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	IF NO, RELATIONSHIP OF			lirer.
	a) WEATHER CONDITION: (C			
5.	b)ROAD SURFACE: (DRY / VI			
6.	WAS ANYBODY INJURED (YE			
	a)REPORTED TO POLICE (YE			
2088	IF YES, PLEASE STATE WHIC	[1] [1] [1] [1] [1] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4		
8.	THIRD PARTY VEHICLE	post on part to pe		
94740000 0 O O O O O	a) VEHICLE NUMBER:	SLG 94605.	MODEL:	2 9 5
lad di li a N	b) DRIVER'S NAME:			
- including sinver).	c) NRIC/FIN/PASSPORT:		CONTACT:	
() 9.	THIRD PARTY VEHICLE			
	d) VEHICLE NUMBER:		MODEL:	
No of passenger	e) DRIVER'S NAME:		_MODEL	7 TO 1
Induding driver)	f) NRIC/FIN/PASSPORT:		CONTACT:	
()	I) INCOMINATE ASSIGNATION		_CONTACT	
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Yes.