SN0920CL000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 21/12/2020 15:29 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (21/12/2020 15:29 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any false insulation of policy liability on the part of the insurance companies.

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 15:29 (SGT) 21/12/2020 09:45 (SGT) 28 St Helier's Ave, Singapore 555834

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBW5509Y

INSURED/POLICYHOLDER

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

No TAY SEOW PIN SXXXX401C EILEENTAY. TAN@GMAIL.COM (Phone) +65-97764917 +65-97764917

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of

Mercedes E200

Private use

Private car

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

No - Claiming third party Vehicle Category

INSURANCE COMPANY

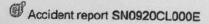
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC ThirdParty 5107598644-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAY SEOW PIN SXXXX401C 11/01/1944 Indoor



Date Of Driving Pass 02/06/1961 Driving experience 59 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-97764917 Alt. Phone Number +65-97764917 Email Address EILEENTAY.TAN@GMAIL.COM Address 7 ST HELIER'S AVE and to coordinate Of France O Address complement Postcode 555803 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Major/Minor Rd 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name WIFE Gender Female DETAILS OF POLICE ACTION 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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number

Was there any audio recorded?

SLJ8348A

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-Priv

Private car

Accident report SN0920CL000E

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

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PER CONTRACTOR

SKETCH PLAN

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8 Consent under the Personal Data Protection Act (PDPA)

Funderstand acknowledge, agree and consent that

(a) My insurer my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, uso idiactive ant/or process my personal deal/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 discusse and transfer such Personal Information to all insurer(s) in his have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s)). government agency/authority (such as the police), for the purpose(s) of

to processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations reisting to

(iii) investigating the accident and/or my claims.

(iii) carrying out and/or deating with my instructions or responding to any enquiries by me.

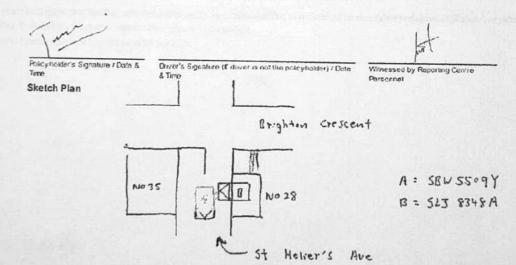
(iv) administranging claims including the making of correspondence islatements, invoices, reports or notices to me, which could involve disclosure of cortain personal data about me to bring about delivery of the same as westers on the external cover of envelopes/mail

to complying with applicable law in administering processing handling and/or dealing with my claims

(colectively the 'Purposes')

(b) as insurer(s) who have insured vehicles) involved in this accident and the insurers, law yersitaw firms, may large permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(c) my Personal Information mayican be disclosed by any of the insurers and/or CIA to their third party service providers or agents (including their lawyers/law firms), which may be sided outside of Singapore, for one or more of the above Purposes



Describe Circumstances of the Accident HER BERTO STATEMENT Declaration

We declare the foregoing particulars are true in every respect

Polayholder's Stynature / Date &

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

Are not addisable visited in the sign of t

Witnessed by Reporting Centre Personnet

Address complement
Postcode
Postcode
Meurance Company Name
Mature Of Damage
Datells of preperty demagod in accident
No. Of Passanger (including Driver)

The accident happened along 3+ Helia's home on 21/12/20 around 9.45 am, near 28, 5+ Helia's Avenue. I was driving 5BW 55094 to I was turning from Brighton Created with 5+ Helia's Avenue, I naw a start energy car partial auticle 28, 5+ Helia's treme with the front of the car facing the appointe house There was a driver inside. The car was blocking the road.

I stopped the car and horsed.

But there was no reaction from the clover. to there was no further reaction from the clover, I stove slowly past the car as it was blocking the react.

To the car as it was blocking the react.

To the car was moving, the car SLJ \$348 A suddenly banged into the back door of my car on the left race.

The driver of SLJ 8348 A stepped out of the car. He sould that he did not for any not look after out for any hard of on-coming car and was hard of hearing. The ciriver, an old man hearing. The ciriver, an old man hearing. The ciriver, house gapark lived in the house gapark 1 28, St Helier's trenue, it 35 St Helier's trenue.

His wife came at of the house and confirmed that he is hard of heaving this name is Mr tong Bee Unice

and Practich #2 --