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SN08211B000C / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/01/2021 19:28 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/01/2021 19:28 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 evailable 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

11/01/2021 19:28 (SGT) 19/12/2020 12:55 (SGT) Upper Aljunied Rd, Singapore JUNCTION OF JOO SENG ROAD Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGP8182M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No.

Alternative Phone No.

WONG YEW MENG JOE

SXXXX789D

jw-wkspace@yahoo.com.sg

(Phone) +65-98437241

+65-92227431

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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

Honda

Stream

Private use

No - Reporting only

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

ThirdPartyFireTheft

5017521653-14

DRIVER

Name of Driver

NRIC No

SOH YI TING (SU YITING)

SXXXX856G

Date Of Driving Pass 11/10/2006 14 YEARS AND 2 MONTHS Driving experience Female Gender (Phone) +65-92227431 Mobile Number Alt. Phone Number jw-wkspace@yahoo.com.sg Email Address BLK 105 ALJUNIED CRESCENT #04-223 Address Address complement 380105 Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Spouse 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 4 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 WONG YEW MENG JOE Name Male Gender PASSENGER 2 SON Name Male Gender PASSENGER 3 DAUGHTER Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Yes

No No

Are accident photos available for attachment?

Was there any audio recorded?

Was there any video captured by Car Camera?

Vehicle Registration Number	SDH8113R
Vehicle Manufacturer	Hyundai
Vehicle Model	T
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	KARAN ANAND
NRIC No	SXXXX856Z
Contact Number	(Phone) +65-98299053
Address	A
Address complement	*
Postcode	8
Insurance Company Name	*
Nature Of Damage	*
Details of property damaged in accident	
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.
- 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.
- 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.
- 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.
- 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.

C Su	/.  01/2021 l		21 1606 HAE		an would	
Policyholder's Signature Time (S Sketch Plan	5/DAM & Time		RoAD / Too		Witnessed by Reporting Personnel	Centre
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	4			4		
A) SAP 8						

We are on our way home. We stopped at the 7-junction of Aljunical Road & Jou Seng Road; as it was red-light.  I was accidentally unknowngly released my footbrake and gently kissed at the back of the car infront.  Both parties got down to check and inspect our cars and frund out that there is no visible sign of damage.  I apologize to the driver and we had a common agreement that if needed please contact us for compansation, as the other party claimed that the car belongs to his mum. Hence he are needs to go back and check with her:  However we did not received any calls few week later, we received a claim on air mountaine.
I was accidentally unknowngly released my first brace and gently kissed at the back of the car infront.  Both parties got down to check and inspect our cars and found out that there is no visible sign of damage.  I applogize to the driver and we had a common agreement that if needed please contact us for compansation, as the other party claimed that the car belongs to his mum. Hence he are needs to go back and cheele with her.  However we did not received any calls. Few week later, we received
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However we did not received any calls. Few week later, we received
However we did not received any calls. Few week later, we received
a claim on our mounte
TO CONTINUE OF THE MESUFARICE

#### Declaration

We declare the foregoing particulars are true in every respect.

Time

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

Witnessed by Reporting Centre Personnel

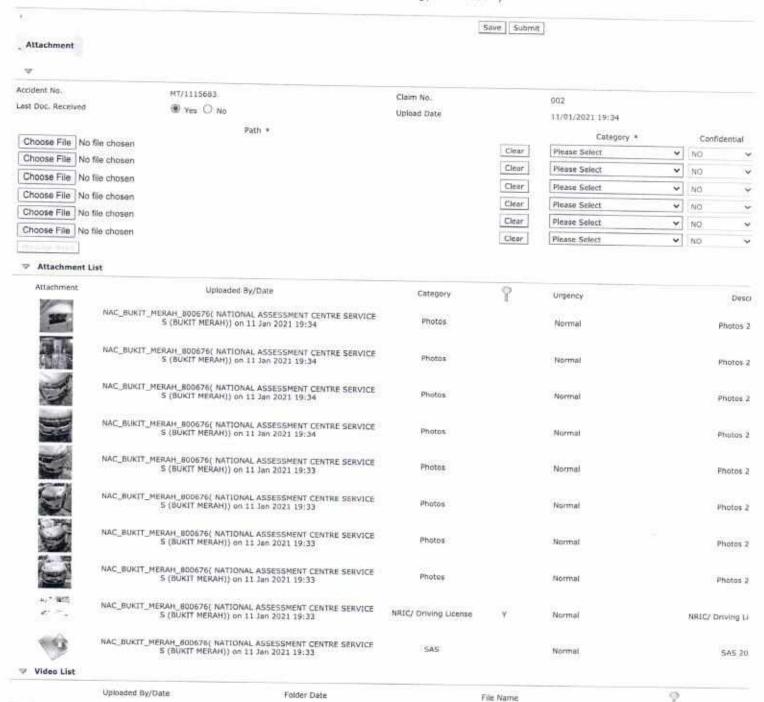
# ACCIDENT STATEMENT

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### Claim Handling

Claim Handling							
Accident MT/1115683							
Palicy No.	5017521653-14		Vehicle No.	5GP8182M		GST Rem	stration N
Certificate No.				CONTRACTOR (CO.)		Mar Neg	and action in
Policyholder Name	WONG YEW MENG JOE					Policyhol	der NR10
Product Code	PRIVATE CAR INSURAN	VCE.	Cover Type	Third Party, Fire &	Thefr	Loading	del Heric
Contact No.(Mobile)	NA		Contact No.(Office)	Thousand I have be	THEN		
Email Address			Special Remark			eCode	Vo.(Home
KFK	No Yes		TCA	No Yes			
NCD Protection	Yes		NCD Entitlement(%)	50		eCode Re	
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Report Date	31/12/2020 10:06		Accident Report Within 24 hr	n Yes		na solution	m (1970) + 1
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Modification History				Elini Li tani			163
Policyholder Mailing Add	ress						
Address 1	BLK 105 #84-223		Address 2	ALJUNIED CRESCEN	7	Address 3	
Address 4			Address Type				
Unit No.			Related Policy Number	Singapore address		Post Code	
OI Driver Info			Caraca Caraca Caraca	5017521653-14			
Driver Name			Driver Type				
Unnamed driver Name			Driver NRIC			east trees	
Register Date of Driver License			Driver Age			Driver DO	
Contact No.(Mobile)			Contact No.(Office)			Orlving Ex	
Address 1			Address 2			Contact N	II Non-
Address 4				respectation in		Address 3	
Unit No.			Address Type	Foreign address		Post Code	
Does he own a Singapore	1786555 117 840 1						
Registered car?	Yes No		Driver Vehicle No.			Driver Ins	urer Com
Hodification History							
Claim 002 New							
Claim Type *					l an ann	Insured	
257					OD-MX V	Name	WONG Y
Contact No.(Mobile)					96437241	No. (Hame)	6841130
Email Address					/w_wkspace@yahoo.com.sg	Ol Vehicle	SGP818
Claim Description					SGP8182M / SDH8113R ON 19	Number	
1956 N - 65		10/12/2012			Parametri / Shugitisk div to	Sec 4040	
		CONTRACTOR OF THE PARTY OF THE	7715				
Workshop Bennet No. 14	Preference	Trully at rault	V I GIA				
Workshop Bensiet No. Finalisation Yes	Preference	Preferred Workshop, Nam		ved 👻		Chales	
Workshop Bentuet No. Yes Finalisation Yes	♥ Repair F	Trully at rault	GIA Been	ved 🗸	11/01/2021 19:33	Claim	
Preferred Workshop Bedukt No. Yes Finalisation Date Registered Report Taken By	♥ Repair F	Trully at rault	GIA Been	ved 😺	11/01/2021 19:33 ROSLI WAHAB		



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· eBaoTech GeneralClaim Hello, NAC\_BUKTT\_MERAH\_800676 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 19/12/2020 15:06 Vehicle No.(For Motor) SGP8182M Certificate Number Search Certificate Policyholder NRJC Policyholder Select Policy No. Vehicle Insured Object Product Cover Type Commence Number Name Expiry Date Date 5017521653-WONG YEW MENG JOE Third 58118789D Party, Fire SGP8182M SGP8182M 01/12/2020 30/11/2021 & Theft GPC