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SN08211B000D / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/01/2021 19:51 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/01/2021 19:51 (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 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

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.

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

11/01/2021 19:51 (SGT) 11/01/2021 13:57 (SGT) AYE, Singapore SLIP RD TOWARDS NUH BEFORE JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGE2020U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No.

Alternative Phone No.

No

TAY HUAT SXXXX878H

tayhuat1943@hotmail.com

(Phone) +65-97882926

+65-97882926

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

Nissan

Note

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

5097818557-02

DRIVER

Name of Driver

NRIC No

TAY HUAT SXXXX878H

08/06/1965 Date Of Driving Pass 55 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-97882926 Mobile Number +65-97882926 Alt. Phone Number tayhuat1943@hotmail.com Email Address BLK 56 STRATHMORE AVENUE Address Address complement 140056 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 WIFE Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SGH3806Y Vehicle Registration Number

Contact Number	(Phone) +65-93446943
Address	
Address complement	H-3 8
Postcode	
Insurance Company Name	
Nature Of Damage	- 3
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.
- 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.
- 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)

l 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' 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.

9± 15:10		II/01/2021
Policyholder's Signature Date & Time Sketch Plan	Driver's Signature (If driver is not t & Time	
	TIP J B	A) SGE 202011 B) SGH 3806Y
	4	

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Declaration

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

28 H/1/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIE	DENT DATE: 11. 19 (, 202)	J(DD/MM/YYYY), TIME;	13.57.	(HHMM)
LOCAT	MON: Stope at slip Road	Farm By& Soward	eps mutt	B/F Jine Crus
	DETAILS OF VEHICLE a)VEHICLE NUMBER: SGE b)INSURANCE COMPANY:	20204	#10 B	£
¥7	CIPOLICY NUMBER: 1097	ISIVE / THIRD PARTY / TH	IRD PARTY FIRE	&THEFT)
ũ.	6)MAKE & MODEL: N' 38A 1)TYPE: (SALOON / COUPE / MI 9)VEHICLE CATEGORY: (PRIVA	PV /VAN / LORRY / MO	TORCYCLE/O	
*	h)PURPOSE OF USING AT ACC	YOUR OWN INSURANCE	(YES) NO	
2.,	IF NO. PLEASE STATE (THE DE INSURED / POLICY HOLDER		(MALE / FE	MALĘ
with on	b)NRIC/FIN/PASSPORT:		NTACT:	
4 No of passanger	ONTINUE TO 3.4 IF DRIVER		MALE / FE	MATE
(Including diser)	DINAME: TAY HUAT DINRIC/FIN/PASSPORT: 502 CIADDRESS: BK. 16, #20	106878H CO	NTACT: 9788	2926.
1 9	*d)DATE OF BIRTH: (30 / 01	OUTDOOR)		,
	WAS DRIVER AN EMPLOYEE	OF THE INSURED'S C		(00 \ NO)
	b)ROAD SURFACE: (DRY / WE WAS ANYBODY INJURED (DES	T / OTHERS DAY		
7.	IF YES, PLEASE STATE WHICH	(NO) \	T.	<u> </u>
# He of passinger (Including driver)	d) VEHICLE NUMBER: SGH b) DRIVER'S NAME SEAH		ONTACT: 9344	6943
() 9.	third, Party Vehicle O Vehicle NUMBER:	17108012	DDEL:	· · · · · ·
Ho of passanger (Including driver	e) DRIVER'S NAME:	cc	ONTACT:	
()	* ;	v a		
	525 10 5	(a) (7-1) (a) (c)	and	£

Chail = tayhuat 1943c@ hotmail.com

Claim Handling

ident MT/1116960	5097818557+02	Vahicle No.	SGE2020U	9	ST Registration	340.
rtificate No.						_
	TAY HUAT			P	olicyholder NRI	C.
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Į.	gading	
ntact No.(Mobile)	97882926	Contact No.(Office)			Contact No.(Hor	ma)
nail Address	7.1000000	Special Remark			eCode:	
	- No Yes	TCA	No Yes		eCode Reason	
K D Protection	Yes	NCD Entitlement(%)	50	9	Private Hire	
	150					
Accident Details	11/01/2021 19:52	Accident Report Within 24 hrs	Yes	37	Accident Type	
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ate of Accident	11/01/2021	Orange Force			ICM No.	
eporting Centre	AYE SLIP RD TOWARDS NUH BEFORE JUNCTION	C 002 002 002 002 002 002				
ccident Location	AYE SUP RD TOWARDS NOT BEFORE SOMETION					
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OD Standard Excess	0.00	YIED TF Excess		0.00	Driver is Cover	ed?
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otal OD Excess Applicable	800.00					
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Coverage			99999999999			
Transport Allowance	S					
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GST Registered	No		GST Status Ve	rified	Ves	i
GST Registration No.						
Modification History						
Policyholder Mailing Add Address 1	dress BLK 56 #20-113	Address 2	STRATHMORE AVENUE		Address 3	
Policyholder Mailing Add		Address Type	Singapore address		Address 3 Post Code	
Policyholder Mailing Add						
Policyholder Mailing Add Address 1 Address 4		Address Type Related Policy Number	Singapore address 5097818557-03			
Policyholder Mailing Add Address 1 Address 4 Unit No.		Address Type Related Policy Number Driver Type	Singapore address S097818557-03 Main Driver		Post Code	
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1/11/2021		Claim Handling(accident reporting CI	aim Task)			
Date Registered	Option				11/01/2021 19:54		Jaim .	
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Report Taken By					ROSLI WAHAB			
Print AK letter								
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Attachment			1_3	Save Submit	d.			
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Accident No.	MT/1115960		Claim No.		001			
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Attachment	Uplis	aded By/Date	Category	?	Urgency			Desc
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♥ Video List								
	Uploaded By/Date	Folder Date		File Name		9		

Display in New Window Scan and uploading

1/11/2021

eBaoTech

Notice of Loss

GeneralClaim

Change Password

. Hello, NAC_BUKIT_MERAH_800676

My Desktop

Policy Query Policy No.

Select

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Vehicle No.(For Motor)

Policy No.

5097818557=

SGE2020U

Policyholder Name

TAY HUAT

Certificate

Number

Product Cover Type

PREMIUM

Date of Accident Certificate Number

Vehicle

· Change Language

Insured Object

11/01/2021 15:11

Commence Date Expiry Date SGE2020U SGE2020U 26/02/2020 25/02/2021

· Log Out

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Policyholder NRIC

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