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Owner / Driver: (11/	ACMINISTRAL PROPERTY	er Type: ()	
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Confirmed by	:(Note-Est. Status (WO):	N: 0-20%		30-100%]	
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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 Information provided must be as truthful and accurate as possible. Any wirrul misrepresentation or witnording or material lacts may allow insurance companies to reputing 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.
 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.
 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

25/01/2021 16:14 (SGT) 23/01/2021 19:30 (SGT) Robinson Rd, Singapore TWDS FINLAYSON GREEN Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJZ9314E

Toyota

ALTIS

Private use

INSURED/POLICYHOLDER

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

No CHEW KIM HEOK DOROTHY SXXXX866J dchewkh@yahoo.com.sg (Phone) +65-91880617 +65-91880617

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Exact purpose for which vehicle was being used at time of

your vehicle?

Vehicle Category

Are you claiming under your own insurance policy for repair to

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number NTUC Comprehensive 5120599872

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHEW KIM HEOK DOROTHY SXXXX866J 21/05/1960 Indoor



Date Of Driving Pass 31/12/1984 Driving experience 36 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-91880617 Alt. Phone Number +65-91880617 Email Address dchewkh@yahoo.com.sg Address BLK 501 TAMPINES CENTRAL 1 Address complement #04-251 Postcode 520501 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 Side Swipe 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? Yes Was any injured conveyed to hospital by ambulance? No 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 JIMMY CHEW Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210125/7007 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 GX4516T Vehicle Manufacturer Vehicle Model Vehicle Variant



Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	RAFU
Contact Number	(Phone) +65-67411094
Address	•
Address complement	
Postcode	
Insurance Company Name	•
Nature Of Damage	(*)
Details of property damaged in accident	0.00
No. Of Passenger (Including Driver)	•

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

CHEW KIM HEOK DOROTHY

BODY

SJZ9314E

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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.
- 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.
- 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) 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.

Home	Hom			Sym	25/01/21
Policyholder's Signature / Date & Time	Driver's Signature (If & Time	driver is not the policyh		Witnessed by R Personnel	eporting Centre
Sketch Plan		Finlayson	CLERU		
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	1 Re				
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		D. S.	131 -	+ 42	
		The state of the s	← .	F (2)	

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	Refer to Pollu Report 7/20210125/7007
	(12021612314064
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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





/20210125/7007

1 of 3 Report No. T/20210125/7007

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 25/01/202	e Report N 21 11:43	Made:	Vide Report No.:	Station Diary No.:		
Informan	t's Partic	ulars				
Name of Informant: CHEW KIM HEOK DOROTHY			Address: 501 TAMPINES CENTRAL 1 #04-251 SINGAPORE 520501			
ID Type / NRIC NO		66J	Contact No.: Home/Office:	Mobile: 91880617		
Nationality: SINGAPORE CITIZEN			Email: DCHEWKH@YAHOO.COM.SG			
Sex: Age: Date of Birth: Female 60 21/05/1960			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Civil Servant		Driving Licence Inform Class:	ation: Date of Expiry:			

General Infor	mation of the Acci	dent		
Type of Accident:			Date/Time of Accident: 23/01/2021 19:30	Type of Location: Y-Junction
Location:			***************************************	
ROBINSON F	ROAD	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	ion: ring Vehicles - Head	I.T. 0.1		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GX4516T	Van					0
SJZ9314E	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Silver		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210125/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJZ9314E	NTUC Income Insurance Co-Operative Limited	5120599872	12/01/2021	11/01/2022	

Details of Perso	n Involved	STATE OF THE STATE			THE PARTY	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Passenger						
Name	JIMMY CHEW			ID No).	NIL
Related Vehicle	SJZ9314E (Car)			Conta	act No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	
Driver					1000	
Name	CHEW KIM HEOK D	OROTHY		ID No		S1452866J
Related Vehicle	SJZ9314E (Car)			Conta	ct No.	91880617
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	2.120.202-0.2	Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree o	of	Slight	

Brief Details.

I was travelling along Robinson Road on the 3rd lane wanting to turn right towards Finlayson Green. After the traffic light turn green, in the process of travelling my own lane. Vehicle B (GX4516T) which is on the 2nd lane, decided to do a illegal left turn towards Collyer Quay whereby he can only travel towards Finlayson Green. This resulting in vehicle B collided onto my vehicle rear right hand portion.

My vehicle was badly damaged and i suffered injuries and was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210125/7007

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2021 11:43
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful 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 traffic police department for investigation.

	<i>,</i>	ACCIDENT DETAIL	S 12021		(DD/MM/YY)
Date of accident		193	0		(HH:MM)
Time of accident	A.		0 1	1 1-	Finlayson Gre
Exact location of accident	4000	KODINZON	15000	10 Mary	FILM JOBA DIE

	C	ETAILS OF				建
Vehicle registration number Vehicle make and model		2	329 Toulot	0 - 11		
Type of vehicle	Saloon				Others:	
Vehicle category	Private 🗹	Comme	ercial 🗆	Motor	cycle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part o	No 🗹	if no, ple Reporti			

	INSURANCE IN	FORMATION	
Insurance company	NTU	C	
Policy number			TD eals =
Type of policy	Comprehensive	Third party fire & theft \square	TP only

Assert Assert Assert Assert	INSURED / POLICY HOLDER	
Name	chew Kim Heak Dorothy Male 1	Female p
NRIC / Fin / Passport number	S1452866J	
Contact	9188 0617	
Address	BIK SOI TAMPINES CENTIAL 1 \$ 04-251	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address	dehavicke Jahoo-com. sq	
Date of birth	21/05/1960	
Occupation	Indoor Outdoor	
Driving date pass	31112/1984	

A A STATE OF THE STATE OF	GENERAL IN	FORMATION C	F THE ACCIDENT	
Was driver an employee of		No 🗆		
the insured's company?	If no, relati	onship of the d	river and insured: _	OWNER
Accident captured by camera?	Yes □ N	lo 🗹		
Weather condition	Clear a	Raining	Others:	
Road surface	Dry 🗗 🕦	Wet □		
No of passenger	2			(Inclusive of driver)
医水体 网络外外 医二甲基		PASSENGER	1	OPERAL DESIGNATION OF THE PROPERTY OF THE PROP
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		PASSENGER	2	· · · · · · · · · · · · · · · · · · ·
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Gender	iviale 🗆	Female		
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Gender	Male 🗆	Female		
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。第538年1月15日, 第538年1日, 第538年1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1日 1		PASSENGER	6	Carlotte Andrews
Name	12121340000			
Gender	Male 🗆	Female		
			In 1259W11 - 1259W11	
		HER INFORMA	ATION	
Was anybody injured?	-	No 🗆		
Was other vehicle damaged?	Yes 🗷 📗	No 🗆		- C-0-10-13-13-13-13-13-13-13-13-13-13-13-13-13-
Contact Contact Services	DETAILS (OF POLICE STAT		SERIES IN CONTRACT
Reported to police?	Yes 🗆 📗	No □ If yes	please state which	police station.
Police station name				
		WITNESS 1		Market
Name				
		WITNESS 2	17 - 3 15 - 16 E	对于1000000000000000000000000000000000000
Name				

Control National State of the Control of the Contro	THIRD DARTY VEHICLE 4
Vehicle registration number	THIRD PARTY VEHICLE 1
Vehicle make model	6×45167
Name	0.0
1.0.2-0.0-1.7-0	Rafu
NRIC / Fin / Passport number	
Contact	67411094 / 90121096
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The same take the parties of the	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ISSUES VINCENTE HIS AND ADDRESS OF THE PARTY	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURE	D PERSON 1	1. A. P. G. T. S. M. T. M.
Name	C	hew Kim	Heok Porothy	建筑地域的大学的
Injuries sustained			Body	
Which vehicle person in?			5329314E	
Were seat belts worn?	Yes 🗹	No 🗆		
Was injured conveyed to	Yes 🗆	No		
hospital by ambulance?				
Secretary and the secretary an				
Name		INJURED	D PERSON 2	
	-			
Injuries sustained				
Which vehicle person in? Were seat belts worn?	Vec			
Was injured conveyed to	Yes	No 🗆		
hospital by ambulance?	res 🗆	No □		
mospital by difficultation				
IDEALS NAME OF THE OWNER.		INILIPED	PERSON 3	
Name	E CONTRACTOR OF THE PARTY OF TH	INJUNED	FERSON 3	Short Line Land
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
And the second second second		INJURED	PERSON 4	A STATE OF THE STA
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No □		
hospital by ambulance?				
基础的	PARTIN TAX	CONTRACTOR AND ADDRESS		
Name		INJURED	PERSON 5	
Injuries sustained	+			
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆	nie deutsche der Stelle deutsche der Ge	
hospital by ambulance?				
		ner Commence of the Commence		
经投资的股份		INJURED	PERSON 6	
Name			Better Salah (Salah Salah Sala	
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
nospital by ambulance?				

Hello, NAC_PAYA_UBI_800	601						• Change	e Languag	e › Chan	ge Password	, Log Ou
My Desktop	Poli	cy Query									
Notice of Loss Policy No.	No.				Date	of Accident		23/01/2021	19:30		
	Vehicle	No.(For Motor)	SJZ93	14E		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5120599872		CHEW KIM HEOK DOROTHY	S1452866)	GPC	drivo CLASSIC	SJZ9314E	SJZ9314E	12/01/2021	11/01/202