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SN0821210007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/02/2021 17:28 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/02/2021 17:28 (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.

  5. Any false reporting may be referred to the Police for Investigation.

  6. This report will be forwarded by the insurers of the Gal 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 01/02/2021 17:28 (SGT) Date of Accident 30/01/2021 15:00 (SGT) Exact Location of Accident 930 Yishun Ave 2, Singapore 769098 Additional Location Information BASEMENT 3 CARPARK Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKV1119P

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM SOO MEE JANET NRIC No SXXXX972D Email Address lim.janet@gmail.com Mobile Phone No (Phone) +65-91008219 Alternative Phone No. +65-91008219

#### VEHICLE PARTICULARS

Manufacturer Audi Model A3 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

Private use

No - Claiming third party

Private car

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5102700573-02 Cover Note Number

#### DRIVER

Name of Driver LIM SOO MEE JANET NRIC No SXXXX972D

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	06/09/1975 45 YEARS AND 4 MONTHS Female (Phone) +65-91008219 +65-91008219 lim.janet@gmail.com 13 FARRER PARK ROAD #19-29 - 210013 Yes
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	. <del>.</del>
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?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s)	No 2 No - Yes 0
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SMR5280B Private car RACHEL LIN
NRIC No	
Contact Number	SXXXX918A (Phone) +65,92696941
Address	(Phone) +65-82686841
Address complement	

Insurance Company Name	
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.
- 2. 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 ree 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
- (ii) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

MUNICHONNI

- (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.

july a

Policyholder's Signature / Date & 10.35 am

Sketch Plan

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

Witnessed by Reporting

Personnel

CAR WAS PARKED

Describe Circumstances of the Accident
On & 30/1/21 I Dack I was a
a ported my car at North 2: 10
carporte. M when I do the the
not gamero.
windscreen of tack at 3pm, I noticed a note on my
That the form
whose our bit the front right was hit by the pason
The foot.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time (0.35am

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

A	CCIDENT DATE: 30 1 1 2021 CDD/MM/Y	YYY), TIME: ( 3. PM )(HH:MM)
Lo	OCATION: North Point Base	ement carpark-B3
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SKV 1119 P	
	DINSURANCE COMPANY: NTUC	
	CIPOLICY NUMBER: 5102	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD F	A DDV / TI VOD D & DOV
	SIMAKE & MODEL: HUM 73	
	FITTPE: (SALOON / COUPE / MPV /VAN / LO	RRY / MOTORCYCLE / OTHERS
	91 VEHICLE CATEGORY: [PRIVATE / COMMER	CIAL / MOTORCYCLEL
	THE OSE OF USING AT ACCIDENT TIME.	TODDING
	JAKE YOU CLAIMING UNDER YOUR OWN IN	SUPANCE (VESINO)
	" NO, PLEASE STATE (THIRD PARTY CLAIM)	REPORTING ONLY
	2. MASURED / POLICY HOLDER	
	AINAME: - 4M SUO MEE JANET	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: S0123972P	CONTACT QUE SOIL
	CINOUNCISS 13 Tarrer Park Rock	ad #19-29
	52/00/3	,
M 11. 0	* 001171111122	IOLDER
Ho of passange	DRIVER	
Cluding driver	J GINAME: HISOUR	(MALE / FEMALE)
(0)	OTHINICALINA ASSPORT	CONTACT:
	c)ADDRESS:	
	K-ND ATT OF STREET	
	"d)DATE OF BIRTH: (23/08/1952)(DD)	/MM/YYYY) ·
x = 1 =	e)OCCUPATION: (INDOOR / OUTDOOR) Re	tired
	FIDATE OF DRIVING PASS	
4,	WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES / NO)
5	IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURED: owner
0.	a) WEATHER CONDITION: (CLEAR / RAINING /	OTHERS YOU Ke d
4	b)ROAD SURFACE (DRY / WET / OTHERS	• • • • • • • • • • • • • • • • • • • •
7.	WAS ANYBODY INJURED (YES (NO)	
•	10.0000 1100	•
R	IF YES, PLEASE STATE WHICH POLICE STATION;	
Ho of passenger	a) VEHICLE NUMBER: SMR 5280 B	
Induding diser	DI DRIVERIS NAME: Oction 1	_MODEL:
( ) conver)	b) DRIVER'S NAME: Rachel Lin c) NRIC/FIN/PASSPORT: 59347918 A	95/6/01
() 9.	THIRD PARTY VEHICLE	_CONTACT: 8268 6841
	d) VEHICLE NUMBER:	HODEL
No of passenger	O DDIVERSE NAME	_MODEL:
Including driver)	f) NRIC/FIN/PASSPORT:	0015105
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email = lim. janete gmail. com

## **Claim Handling**

Accident MT/1119541				
Policy No.				
Certificate No.	5102700573-02	Vehicle No.	SKV1119P	GST Registration
Policyholder Name	••••			
Product Code	LIM SOO MEE JANET			Policyholder NRIC
Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Email Address	91008219	Contact No.(Office)		Contact No.(Hom
KFK	LIM.JANET@GMAIL.COM	Special Remark		eCode
NCD Protection	No Yes	TCA	No Yes	eCode Reason
▼ Accident Details	Yes	NCD Entitlement(%)	50	Private Hire
Report Date	01/02/2021 17.21			
Date of Accident	01/02/2021 17:31	Accident Report Within 24 hrs	Yes	Accident Type
Reporting Centre	30/01/2021	Time of Accident hh:mm	15:00	Country of Accide
Accident Location	NORTH POINT BACKWENT	Orange Force		ICM No.
▼ Total Excess Applicable	NORTH POINT BASEMENT 3 CARPAR	RK		
xcess Type	Per Accident	Windsgroon Evens		
and the distribution of the state of the sta	, or recident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered
Additional Excess	0		0,00	Driver is Covered:
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
<b>▽</b> Benefits			5.55	
overage			Sum Insured	
xcess Waiver			999999999	
	ion			
GST Registered Informat				
	No.		GST Registration Date	
ST Registered ST Registration No. Iddification History Policyholder Mailing Add	No		GST Registration Date GST Status Verified	Yes
SST Registered SST Registration No. Modification History	No	Address 2 Address Type	GST Status Verified  FARRER PARK ROAD	Address 3
ST Registered ST Registration No. Indification History  Policyholder Mailing Add Address 1 Address 4	No ress BLK 13 #19-29	Address 2 Address Type Related Policy Number	GST Status Verified  FARRER PARK ROAD  Singapore address	10000 m
ST Registered ST Registration No. lodification History  Policyholder Mailing Add ddress 1 lddress 4 lnit No.	No  ress  BLK 13 #19-29  SINGAPORE 210013	Address Type	GST Status Verified  FARRER PARK ROAD	Address 3
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ST Registered ST Registration No. Iddification History  Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile)	No  PRESS  BLK 13 #19-29  SINGAPORE 210013 19-29  LIM SOO MEE JANET	Address Type Related Policy Number  Driver Type Driver NRIC	FARRER PARK ROAD Singapore address 5102700573-02 Main Driver S0123972D	Address 3 Post Code  Driver DOB Driving Experience
ST Registered ST Registration No. Identification History  Policyholder Mailing Add Address 1 Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile)	No  Pess  BLK 13 #19-29  SINGAPORE 210013 19-29  LIM SOO MEE JANET  01/01/2016	Address Type Related Policy Number  Driver Type Driver NRIC Driver Age	FARRER PARK ROAD Singapore address 5102700573-02 Main Driver S0123972D	Address 3 Post Code  Driver DOB Driving Experience
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Folder Date

File Name

Scan and uploading

Display in New Window

Uploaded By/Date

Dear owner,
I am very sorry,
I damaged your bumper
accidentally.

Please contact no at

Please contact me at
82686841,
I would be been to repay
for damages. I am very
sory...

Sincerely Rachel Un S9347918A

gul octobron

**eBao**Tech GeneralClaim Hello, NAC\_BUKIT\_MERAH\_800676 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 30/01/2021 11:31 Vehicle No.(For Motor) SKV1119P Certificate Number Search Certificate Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Product Cover Type Insured Commence Date Number Expiry Date Object 5102700573-LIM SOO MEE JANET 0 drivo CLASSIC S0123972D 02 GPC SKV1119P SKV1119P 28/08/2020 27/08/2021

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