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Owner / Driver: (Tcl:)	
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SN092126000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/02/2021 15:34 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (06/02/2021 15:34 (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.

- 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 06/02/2021 15:34 (SGT) Date of Accident 05/02/2021 14:03 (SGT) **Exact Location of Accident** Upper Bukit Timah Rd, Singapore Additional Location Information SLIP RD TO CHOA CHU KANG RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA9234K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA MOOI ENG** NRIC No SXXXX402E Email Address aaroniu3088@gmail.com Mobile Phone No (Phone) +65-83338122 Alternative Phone No +65-83338122

VEHICLE PARTICULARS

Manufacturer Honda Model Stream Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5119896100 Cover Note Number

DRIVER

Name of Driver WONG YU WEI (HUANG YUWEI) NRIC No SXXXX697F Date Of Birth 22/06/1983 Occupation Outdoor

Date Of Driving Pass	22/01/2002
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83338122
Alt. Phone Number	State of the Control of the Con
Email Address	aaroniu3088@gmail.com
Address	39 SPRINGSIDE DRIVE
Address complement	OU OF THINGOIDE BILIVE
Postcode	700040
	786942
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	CHUA MOOI ENG
Gender	Female
	Torrido
PASSENGER 2	
Name	
Gender	Female
Control	1 emaie
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?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vahicle Pagistration Number	SCO4701

SGQ4701L

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA MOOI ENG
Address	-
Address Complement	1-m-2
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLA9234K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

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' lawyers/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
- $(v) \ complying \ w \ ith \ applicable \ law \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ven A: SLA 9234/C 1111 ven B: SG & 4701 L
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400 burit trush rose

Describe Circumstances of the Accident I was branching On the stated date and time Bulet timen road as I enter sup road to Choz Chu kang stop betwee give way I fet an impact realise must vehicle SGQ 4701 L has vahice rear.

Declaration

We declare the foregoing particulars are true in every respect.

Policy States a Company of Poto 9

Driver's Signature (# driver is not the noticeholder) / Data

hut

Mitnagand by Danartina Contr.

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Password Change Language Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 05/02/2021 15:23 Vehicle No.(For Motor) SLA9234K Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Commence Date Vehicle Insured Select Policy No. Product Cover Type Expiry Date No. Object CHUA MOOI ENG drivo CLASSIC 5119896100 S1216402E 0 **GPC** SLA9234K SLA9234K 16/11/2020 22/10/2021

Continue

Date of Accident	: 5/2/2021 Accident Time: (24-HR-Format)
Accident Place	: Upper Bukit Timsh Rd Stip road to Choz Chu KANER Road
Vehicle No. (Car Plate No.)	: Sta 9234 K Make/Model: Hondo Stream
Insurance Company	: NTUC Policy No:
Owner or Company Name /IC No.	: Chua Mooi Eng S1216402 E
Owner or Company Contact No.	: <u>8333 8182</u> Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Wong Yu Wei 38318697F
DRIVER'S Date Of Birth	: 22/06/1983 DRIVER'S License Pass Date 22/1/2002
Relationship of Owner & Driver	: Spouse Parent Children\Sibling\Employee\Others:
DRIVER'S Address	: 122 Teck why Low \$11-836 8(68012
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation : INDO	OOR OUTDOOR (e.g. working inside or outside office)
Email Address	: 28 roning 3088 @ gmzil. com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repo	rting Only \Claim Other Party\ Claim Own Insurance
Number of Passengers (Including Dri	ver): # 03 Percenger: F, F
Was there any video Captured by car Exact purpose for which vehicle was hany Injury (If YES, Pls state):	peing used at time of accident: Private use \ Work Purpose
Other Par	ty Driver's Particular (if any)
Vehicle. No: SGQ 4701 L	Vehicle. No:
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW – Passenger's name & gender: