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Owner / Driver: (Tel: Policy No: () Period: () Cover Type: () Confirmed by : () Date: Timer) Confirmed by : () Date: Timer) Normal Driver Lability: (%) [Note-Bet Slatus (WO): Nt 0-20%; P; 21-79%, P; 80-100%] Year of Registration: () Warrenty (PES) / NO () Baccess (S) Londing: \$1,000 ()/32,000 () Mallefn Customar: a Customer's Information whelly Considerable & Sticity, NO refer of repution. () Wallefn Customar: a Customer's Information whelly Considerable & Sticity, NO refer of repution. () Total Loss Case : to e-mail Insurer VICENTYV. ((3)	11:00	NC(,)/	Von-INC().		
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SN0821280003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/02/2021 11:55 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/02/2021 11:55 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

- 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 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 08/02/2021 11:55 (SGT) Date of Accident 05/02/2021 08:40 (SGT) **Exact Location of Accident** Yio Chu Kang, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ4289D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KO OON TIONG NRIC No SXXXX991Z **Email Address** mikeko1227@gmail.com Mobile Phone No (Phone) +65-93679989 Alternative Phone No +65-93679989

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 Variant Exact purpose for which vehicle was being used at time of accident Private hire

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

No - Claiming third party Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5120273579 Cover Note Number

DRIVER

Name of Driver NRIC No

KO OON TIONG SXXXX991Z

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	20/08/2013 7 YEARS AND 6 MONTHS Male (Phone) +65-93679989 +65-93679989 mikeko1227@gmail.com BLK 253 COMPASSVALE STREET #06-23 - 540253 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear 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) soliciting/offering accident claims assistance?	No 2 No - Yes 3
PASSENGER 1	
Name Gender PASSENGER 2	UNKNOWN Female
Name Gender	UNKNOWN Female
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMU255S

Vehicle Colour	-
-Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	54
Postcode	-
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 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.
- 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, acknow ledge, 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.

8/2/21 11am			Jun 08/02/201
Policyholder's Signature / Date & Time	& Time	not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	Y10 ctu Konis	FOAD	
A) SLZ 4289 D	32	AMK AVE 3	
B) SMU 2555			
	<u> </u>		
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Describe Circumstances of the Accident
CN 05/07/2621 AT ABOUT ES:40/188 7 WAS AT 100 CHU KARES
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LEFT FRONT OF MY CAR SIZY29D, I HAVE VIDEO BUT IT COD
ELOSK of JOSK HER GOR PRUDIA STUTIAMAN, NO ONEH WOS
Judulus, I HAVE 2 FRANKA PASSAUGHR ON BUARD

Declaration

 $\ensuremath{\mathsf{IWe}}$ declare the foregoing particulars are true in every respect.

11 am

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

ACCIDENT DATE: (05,02,20) (DD/MM/YYY), TIME: (8:40) (HH:MM)
LOCATION: 10 CHU COLLY PORTO
alvehicle Number: SLZ 4289D
CIPOLICY NUMBER: 5720273579
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOLKING
IJ ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
A)NAME: CO OON 710M4 (MADE / FEMALE) CO)
b)NRIC/FIN/PASSPORT: S14789917 CONTACT: 9367998
THO OF passanges DRIVER DRIVER ALSO POLICY HOLDER
(Including driver) and MALE / FEMALE)
6) ADDRESS: CONTACT: CONTACT:
*d) DATE OF BIRTH; (
FIDATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES YNO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CONCENTS. 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES (NO)
7. d) REPORTED TO POUCE (YES / NO) . IF YES, PLEASE STATE WHICH POUCE STATION:
He of passinger a) VEHICLE NUMBER: SMU 255 MODEL.
Clududing driver) b) DRIVER'S NAME: () C) NRIC/FIN/PASSPORT:
9. THIRD PARTY VEHICLE
(Industries del or DRIVER'S NAME:
() NRIC/FIN/PASSPORT:CONTACT:

email.= VIDAD mikeko1227@gmail.com

Claim Handling Accident MT/1120311

Policy No.	5120273579	Vehicle No.	SLZ4289D	GST Regis	testion N
Certificate No.				OST Regis	stration is
Policyholder Name	KO OON TIONG			Rollowhold	or NIDIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyhold Loading	er MKIC
Contact No.(Mobile)	93679989	Contact No.(Office)	W1170 CD1552C	Contact No	o /Homo
Email Address		Special Remark		eCode	o.(Home
KFK	No Yes	TCA	No Yes	eCode Rea	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hir	
▼ Accident Details				Frivate nii	re
Report Date	08/02/2021 11:55	Accident Report Within 24 hrs	Yes		
Date of Accident	05/02/2021	Time of Accident hh:mm	08:40	Accident T	CONTRACT OF THE PARTY OF THE PA
Reporting Centre		Orange Force	08:40	Country of	f Acciden
Accident Location	YIO CHU KANG ROAD	30 THE		ICM No.	
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess			
YIED OD Excess	0.00		1,500.00		
Additional Excess	0.00	YIED TP Excess	0.00	Driver is C	overed?
Total OD Excess Applicable	2000.00	Total TD Evenes & V			
▼ Benefits	2000.00	Total TP Excess Applicable	1,500.00		
	tion				
GST Registered	No		Meshanian stor (48 mol 2)		
GST Registration No.	NO		GST Registration Date		
Modification History			GST Status Verified		Yes
Policyholder Mailing Add Address 1					
Address 4	BLK 253 #06-23	Address 2	COMPASSVALE STREET	Address 3	
Unit No.		Address Type	Singapore address	Post Code	
OI Driver Info		Related Policy Number	5120273579		
Driver Name	KO DON TIONS				
Unnamed driver Name	KO OON TIONG	Driver Type	Main Driver		
Register Date of Driver License	20/00/2012	Driver NRIC	S1478991Z	Driver DOE	3
	20/08/2013	Driver Age	59	Driving Exp	perience
	93679989	Contact No.(Office)		Contact No	.(Home)
Contact No.(Mobile)	ELV 252 -00 -0				
Address 1	BLK 253 #06-23	Address 2	COMPASSVALE STREET	Address 3	
Address 1 Address 4	BLK 253 #06-23	Address 2 Address Type	COMPASSVALE STREET Singapore address		
Address 1		Address Type		Address 3	
Address 1 Address 4 Unit No.	BLK 253 #06-23 Yes No			Address 3	urer Comp
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ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1120311 Last Doc. Received

● Yes ○ No

Path *

Claim No. Upload Date 001

08/02/2021 12:02

Urgency

Normal

Choose File No file chosen Choose File No file chosen Choose File No file chosen

Choose File No file chosen Choose File | No file chosen

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Category * Confidential Clear Please Select V NO Clear Please Select NO Clear Please Select Clear Please Select NO Clear Please Select v NO Clear Please Select NO

Attachment List Attachment

















Uploaded By/Date					
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eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 05/02/2021 10:50 Vehicle No.(For Motor) SLZ4289D Certificate Number Search Policyholder NRIC Certificate Select Policy No. Policyholder Vehicle Commence Date Product Cover Type Insured Number Name Expiry Date No. Object KO OON TIONG 5120273579 drivo CLASSIC S1478991Z GPC SLZ4289D SLZ4289D 18/12/2020 17/12/2021

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