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SN08212I0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/02/2021 14:48 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/02/2021 14:48 (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 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 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

18/02/2021 14:48 (SGT) Date of Submission 17/02/2021 21:30 (SGT) Date of Accident **Exact Location of Accident** Choa Chu Kang Rd, Singapore Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Private car

Vehicle Registration Number SKH6775K

INSURED/POLICYHOLDER

Is company? ONG SWEE HOCK Name Of Registered Owner SXXXX768H NRIC No sweehockong@yahoo.com.sg **Email Address** (Phone) +65-81634238 Mobile Phone No

+65-81634238 Alternative Phone No

VEHICLE PARTICULARS

Mercedes Manufacturer C180 Model

Variant Exact purpose for which vehicle was being used at time of

Private use accident

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle?

Vehicle Category

INSURANCE COMPANY

Name of Insurance Company NTUC Comprehensive Type of Coverage Fleet Policy 5091446726-03 Policy Number

Cover Note Number

DRIVER

ONG SWEE HOCK Name of Driver SXXXX768H NRIC No

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	05/01/1989 32 YEARS AND 1 MONTH Male (Phone) +65-81634238 +65-81634238 sweehockong@yahoo.com.sg 2E HONG SAN WALK #14-07 - 689051 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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 1
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 NRIC No Contact Number Address complement	SLL491K Toyota Corolla Private hire YEO DIAU SENG SXXXX560A (Phone) +65-97498560

Insurance Company Name
Nature Of Damage
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 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 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 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.

Policyholder's Signature / Date & 1020hrs Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan	So Chu		
Teck Whye Ave	115	Traffic	
Wah B: SLL491K	3	Light Jungtion.	
Vehf.: SKH6775K	A		

Describe Circumstances of the Accident
The day of the accident, I was driving along
chas and rang 121 going toward by langue an the left lane.
I stopped my vehicle at the junction when the traffic
light is red. (Teak why the / Onpa Ony Kang (to).
20/20 20. L ist a 100. 1 0/20 20 1 1 1/4
Subsequently knocked afto the front bumper
of the Toyota Artis.
As it is left and the a second in the second
Very dim. I noticed that there are some minor
scratches an his bumper.

Declaration

 $\label{two-particulars} \mbox{\ensuremath{\textit{I'We}}} \mbox{\ensuremath{\textit{declare}}} \mbox{\ensuremath{\textit{the}}} \mbox{\ensuremath{\textit{foregoing}}} \mbox{\ensuremath{\textit{particulars}}} \mbox{\ensuremath{\textit{are}}} \mbox{\ensuremath{\textit{true}}} \mbox{\ensuremath{\textit{in}}} \mbox{\ensuremath{\textit{every}}} \mbox{\ensuremath{\textit{respect}}}.$

Policyholder's Signature / Dato &

Time

words.

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

ACCIDENT DATE:	11,02,21	(DD/MM/YYYY), TI	ME: (4.50)	DM) (HH:MM).
LOCATION:	Onea Chy			
	NUMBER:	KH 6775K	,	* *
CIPOLICY		MIC		
d]POLICY	TYPE: (COMPREHENS)	IVE / THIRD PARTY /	THIRD PARPY	FIRE & THEFT
F)TYPE: SA	CATEGORY: PRIVATE	//VAN/LORRY/A	MOTORCYCLE	/OTHERS)
h)PURPOS	E OF USING AT ACCIE CLAIMING UNDER YO	ENT TIME:		. '
IF NO, PLI	EASE STATE (THIRD PAI POLICY HOLDER			*
A)NAME:_	I/PASSPORT:	Swee Hock	MALE/	FEMALEL ALCOHOLOGICAL PROPERTY OF THE PERTY
c)ADDRESS			14 -07	3.1
# CONTINU DRIVER	E TO 3.d IF DRIVER AL		R	
(Including driver) DINAME:	/PASSPORT:S	e HOCK	MALE MALE	FEMALE)
CIADDRESS		an Walk	\$14-07 68905	0
	BIRTH: (18/08/			: .
FIDATE OF			COMPANY?	YES (NO)
IF NO, REL	ATTONSHIP OF THE CONDITION: CLEAR	DRIVER WITH IN:	SURED:	
b)ROAD SU	RFACE: (DRY) WET /	OTHERS	·	
7. a)REPORTED	TO POUCE (YES / NO ASE STATE WHICH PO	भं .		3.0
8. THIRD PARTY Ho of passenger a) VEHICU	VEHICLE SILL	Laur	DDEL: TOYOT	a Altis
Including driver) b) DRIVER	N/PASSPORT: SIE	390560 A C	ONTACT: 9	749 8560
Ho of passanger al DRIVER	NUMBER:		DDEL: TOYO	to Attie
land to the total	S NAME: 100	80560 A CO	ONTACT:	14985 60
(1)	./	9		,
				1 .

email = Sweehockong @ tahoo.com-sg

Claim Handling

olicy No.	5091446726-03		Vehicle No.	SKH6775K	GST Registration No
ertificate No.					
olicyholder Name	ONG SWEE HOCK				Policyholder NRIC
roduct Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading
ontact No.(Mobile)	81634238		Contact No.(Office)		Contact No.(Home)
mail Address			Special Remark		eCode
FK	No Yes		TCA	No Yes	eCode Reason
CD Protection	No		NCD Entitlement(%)	20	Private Hire
Accident Details					
eport Date	18/02/2021 14:44		Accident Report Within 24 hrs	Yes	Accident Type
ate of Accident	17/02/2021		Time of Accident hh:mm	21:30	Country of Acciden
eporting Centre			Orange Force		ICM No.
ccident Location	CHOA CHU KANG ROAD				
▼ Total Excess Applicable					
xcess Type	Per Accident		Windscreen Excess	100.00	
OD Standard Evenes		0.00	TP Standard Excess	0.00	
DD Standard Excess		0.00	YIED TP Excess	0.00	Driver is Covered?
IED OD Excess		0.00	TIEN IL PVCC33	0.00	A TAMERICA MEDITALITATI
odditional Excess otal OD Excess Applicable		0.00	Total TP Excess Applicable	0.00	
Benefits		0.00	Total II Excess Applicable		
Coverage				Sum Insured	
Excess Waiver				9999999999	
	ation				
SST Registered	No			GST Registration Date	
				GST Status Verified	Yes
GST Registration No.					1,00
ST Registration No. Iodification History Policyholder Mailing A	ddress 2E HONG SAN WALK		Address 2	#14-07 PALM GARDENS	Address 3
GST Registration No.	The second secon		Address 2 Address Type		
SST Registration No. Modification History Policyholder Mailing A	The second secon			#14-07 PALM GARDENS	Address 3
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SST Registration No. Modification History Policyholder Mailing Address 1 Address 4 Unit No. OI Driver Info Driver Name	The second secon		Address Type Related Policy Number Driver Type	#14-07 PALM GARDENS Singapore address 5091446726-03 Main Driver	Address 3 Post Code
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Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile)	2E HONG SAN WALK ONG SWEE HOCK 05/01/1989 81634238		Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office)	#14-07 PALM GARDENS Singapore address 5091446726-03 Main Driver S1527768H 58	Address 3 Post Code Driver DOB Driving Experience
Address 1 OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1	2E HONG SAN WALK ONG SWEE HOCK 05/01/1989		Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	#14-07 PALM GARDENS Singapore address 5091446726-03 Main Driver S1527768H 58 #14-07 PALM GARDENS	Address 3 Post Code Driver DOB Driving Experience Contact No.(Home
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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 17/02/2021 10:48 Vehicle No.(For Motor) SKH6775K Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Vehicle No. Commence Date Policy No. Product Cover Type Insured Object Expiry Date 5091446726-ONG SWEE drivo CLASSIC S1527768H GPC SKH6775K SKH6775K 03/07/2020 02/07/2021 03 HOCK

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