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Owner / Driver: (Tel:)
Policy No: () Period: (()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-F	Est. Status (WO): N: 0-20	%; P: 21-79%. P: 8d-1	00%] .
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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

04/03/2021 14:50 (SGT) Date of Submission 03/03/2021 22:05 (SGT) Date of Accident West Coast Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SME1410M Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? CHOO BIZ Name Of Registered Owner 5XXXX188M Company Reg No TUAS08@YAHOO.COM.SG **Email Address** (Phone) +65-96776645 Mobile Phone No +65-96776645 Alternative Phone No

VEHICLE PARTICULARS

Nissan Manufacturer Note Model 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 hire

No - Claiming third party Private hire

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5104631320-02 Policy Number Cover Note Number

DRIVER

CHOO CHUAN CHEW Name of Driver SXXXX568D NRIC No 05/11/1964 Date Of Birth Outdoor Occupation

03/05/1985 Date Of Driving Pass 35 YEARS AND 10 MONTHS Driving experience Male Gender (Phone) +65-96776645 Mobile Number Alt. Phone Number TUAS08@YAHOO.COM.SG Email Address BLK 537 SERANGOON NORTH AVE 4 #02-157 Address Address complement 550537 Postcode No Is the driver the policyholder? Other If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Dry Road Surface 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 **FELICIA** Name Female Gender 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 Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 WC292K Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category

Name of Driver Contact Number

Address	4
Address complement	-
Postcode	-
Insurance Company Name	8.4
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.
- 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.
- 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)

l 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.

1800

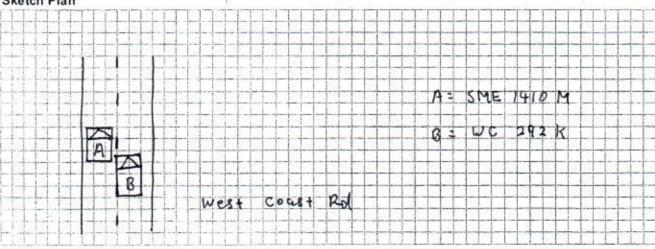


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Date Witnessed by Reporting Centre

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

Sketch Plan



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Declaration

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

1000 UEN: UEN: 53388188M) N

Policyholder's Signature / Date & Time

100

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

H

Witnessed by Reporting Centre Personnel

Continue

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Password Log Out Change Language My Desktop **Policy Query** Notice of Loss Date of Accident 03/03/2021 10:43 Policy No. Vehicle No.(For Motor) Certificate Number SME1410M Search Certificate Number Policyholder NRIC Policyholder Name Insured Object Commence Date Vehicle Select Policy No. Product Cover Type Expiry Date No. 5104631320drivo CHOO BIZ 53388188M GPC SME1410M SME1410M 31/12/2020 30/12/2021 0 CLASSIC

ACCIDENT STATEMENT

ACC	IDENT DATE: 3 14	21)(DD/MM/YY	YY), TIME: 22 : 05	(HH:MM
LOCA	ATION: We St	Coast 12d		
1.	DETAILS OF VEHICLE	E		
	a) VEHICLE NUMBER:	SMB 1410	M	50
	b)INSURANCE COMPAN			
	45	Y: Iluc		
	c)POUCY NUMBER:			
	d)POLICY TYPE: (COMPR	EHENSIVE / THIRD P.	ARTY / THÍRD PARTY FIF	RE &THEFT
	e)MAKE & MODEL:	Missan W	ote 1.3	
	f)TYPE:(SALOON / COUP	MPV /VAN / LOR	RY/MOTORCYCLE./	OTHERS)
	g) VEHICLE CATEGORY: (F	RIVATE / COMMER	CIAL / MOTORCYCLE)	<i>-</i> :
	h)PURPOSE OF USING AT I)ARE YOU CLAIMING UN	DEP VOLID OWN IN	TIBANCE (VER NO)	brab
	IF NO, PLEASE STATE (TH	IRD PARTY CLAIM /	DEPORTING ONLY	
2.,	INSURED / POLICY HOLDE		KLI.OKTING CINET)	
	A) NAME: Choo		(MALE / FI	FMALE)
	b) NRIC/FIN/PASSPORT:			76645
	c)ADDRESS:			100
	34 alt-100 - 150-200			
	* CONTINUE TO 3.d IF DRI	VER ALSO POLICY H	OLDER	
Allo of passange	DRIVER			
(Including driver)		Above	(MALE / FE	MALE)
(2)	DINKIC/FIN/FASSFORI:		CONTACT:	
	c)ADDRESS:			
É	*d)DATE OF BIRTH: (/	/ //00	444,00000	
* 57 3	e)OCCUPATION: (INDOO		/MM/1111) :	
	f) YEARS OF DRIVING EXPR		*	
4.	WAS DRIVER AN EMPLO		ED'S COMPANY? (VE	CON V. 25
	IF NO, RELATIONSHIP O			
5.	a) WEATHER CONDITION: (CLEAR / RAINING /	OTHERS	
	b)ROAD SURFACE: (DRY /	WET / OTHERS		
	WAS ANYBODY INJURED (
7.	a)REPORTED TO POLICE (Y		20 %	
	IF YES, PLEASE STATE WHI	CH POLICE STATION	1:	
ile of presenting	o) VEHICLE NUMBER:	WC 2024		
in of Jassenger	b) PRIVEDICALAGE	~ C 292 K.	MODEL:	
	b) DRIVER'S NAME:c) NRIC/FIN/PASSPORT:_		CONTACT:	
	HIRD PARTY VEHICLE	The second secon	CONTACT	
	d) VEHICLE NUMBER:		MODEL:	
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