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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
- 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.
- 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 09/03/2021 10:47 (SGT) Date of Accident 09/03/2021 08:00 (SGT) **Exact Location of Accident** ECP, Singapore Additional Location Information TOWARDS CITY Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFG6811D

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG KIAN CHONG NRIC No SXXXX925Z **Email Address** kcng2638@yahoo.com Mobile Phone No (Phone) +65-96655588 Alternative Phone No +65-96655588

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5112597579-01 Cover Note Number

#### DRIVER

Name of Driver NG KIAN CHONG NRIC No. SXXXX925Z

Date Of Driving Pass	18/04/1977
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96655588
Alt. Phone Number	
	+65-96655588
Email Address	kcng2638@yahoo.com
Address	BLK 61C STRATHMORE AVENUE #26-38
Address complement	•
Postcode	144601
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	2
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
Verlicle Registration Number of Other Verlicle Owned by Driver	1
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	8
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)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
A L'Obsession	UNKNOWN
Name	And a control of the
Gender	Male
DETAILS OF POLICE ACTION	
	Ne
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	r .
CIRCUMSTANCES OF ACCIDENT	
STOP LEGIL OW TO STOP SUDDENLY LEELT A BANG FROM	WARDS CITY TRAFFIC WAS HEAVY THE CAR INFRONT OF ME M THE REAR AND SAW A CAR TOTAL OF 8 OR 9 CAR CHAIN UMBER ONLY THE CAR THAT BANG ONTO ME SMH7586J THAT
ATTACHMENT(S)	
	V
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	
Was there any audio recorded?	No
DETAILS OF OTH	ER VEHICLE PROPERTY 1
DETAILS OF STILL	
Vehicle Registration Number	SMH7586J
Vehicle Manufacturer	Honda
Vehicle Model	Fit
VEHICLE MODEL	5.55

Vehicle Variant

Vehicle Category Name of Driver Contact Number Address	Private car CHERYL (Phone) +65-96576587
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	15 SE
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, 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.

Agn	9/3/2021	1010 hs
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

	SFC16811D- 1551 / SMH7586J
ECP TOWNEDS	B / SMH75867
CITY	Fel 1
	2 JUNEWAN

R4.Fh	- 20 STATEMENT	
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

## AGCIDENT'STATEMENT

ACCIDENT DATE: ( ) 3 12021) (DD/MM/YYY), TIME: ( 0.8806) (HH:MM)
LOCATION: ECP TOWARDS TOWN.
DETAILS OF VEHICLE  CIVEHICLE NUMBER: SFR 6811D  DINSURANCE COMPANY: NTW  CIPOLICY NUMBER: SILKNEYS 9-0
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
G) TYPE: (SALOON / COUPE MPY / VAN / LORRY / MOTORCYCLE / OTHERS)  G) VEHICLE CATEGORY: (PRIVATE COMMERCIAL MOTORCYCLE)
TIPURPOSE OF USING AT ACCIDENT TIME: WORKING
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOIDER
DINRIC/FIN/PASSPORT: SILLY PASSPORT: SILLY PASSPORT
CIADDRESS: 616 STRATHMORE AVE #26-38
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passange Driver
(MALE / FEMALE)
(L) b)NRIC/FIN/PASSPORT:CONTACT:
e)OCCUPATION: (INDOOR COUTDOOR)
FIDATE OF DRIVING PASC
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
DIROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
(Including driver) b) DRIVER'S NAME: CHERYL MODEL: HONDA FIT.
(_) PARTY VEHICLE CONTACT: 96576587
Who of passanger of VEHICLE NUMBER: . MODEL:
(Including distance) e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email = rcng2638@yahoo.com

#### **Claim Handling**

Claim Handling					
Accident MT/1123655					
Policy No.	5112597579-01	Vehicle No.	SFG6811D	GST Registration No.	
Certificate No.					
Policyholder Name	NG KIAN CHONG			Policyholder NRIC	SI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	96655588	Contact No.(Office)		Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes		No
NCD Protection	Yes	NCD Entitlement(%)		eCode Reason	
		neb Enddelhend (10)	50	Private Hire	No
Report Date	09/03/2021 10:50	Assidant Banat Within 24 h	V-	W 100 TWE	
Date of Accident	09/03/2021	Accident Report Within 24 hrs		Accident Type	Cha
Reporting Centre	57/65/2621	Time of Accident hh:mm	08:00	Country of Accident	Sin
Accident Location	ECD TOWARDS CITY	Orange Force		ICM No.	
▼ Total Excess Applicable	ECP TOWARDS CITY				
Excess Type					
Acess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Cov
Additional Excess	0				00
otal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
<b>▽</b> Benefits			1,555.00		
	ition				
SST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
▽ Policyholder Mailing Add	dress	214411			
Address 1	BLK 61C #26-38	Address 2	STRATHMORE AVENUE	Address 3	SI
Address 4		Address Type	Singapore address	Post Code	14
Jnit No.		Related Policy Number	5112597579-01		
▽ OI Driver Info					
Driver Name	NG KIAN CHONG	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	S1165925Z	Driver DOB	07
Register Date of Driver License	01/01/2008	Driver Age	64	Driving Experience	13
Contact No.(Mobile)	96655588	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 61C #26-38	Address 2	STRATHMORE AVENUE	Address 3	SI
Address 4		Address Type	Singapore address	Post Code	14
Jnit No.					
oes he own a Singapore	Yes No	Driver Vehicle No.	SFG6811D	Delves Issues C	101124
legistered car?		Differ Vernere No.	57000110	Driver Insurer Company	NT
eclaration					
Breathalyser or Blood Test	0 mg	Any injury?	/ Vee		-
Reading?		Any injury?	Yes No		
Modification History					
Claim 001 New					
Note: The state of		S 40			
Claim Type *	OD-MX 🗸	Insured Name	NG KIAN CHONG	Insured NRIC	S1
Contact No.(Mobile)	96655588	Contact No.(Home)	NIL	Contact No.(Office)	
mail Address	CASEY.NGKC@GMAIL.COM	OI Vehicle Number	SFG6811D	TP Vehicle Number	SM
laim Description	SFG6811D / SMH7586J ON 9 Mar 2021			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault	25	
	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	D-
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enter was about the I		Claim Close Date		Date Resolved	0.0
Require Finalisation Date Registered Report Taken By	09/03/2021 10:52 ROSLI WAHAB	Claim Close Date		Date Received	09

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Accident No.	MT/1123655						
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	and the same of th	Upload Date		09/03/2021 10:53			
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Message Read							
	List						
Attachment	Uploaded By/Date	Category	9	Urgency		Descr	iption
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4	ERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos		Normal		Photos 2	021-3-9
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**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 09/03/2021 10:04 Vehicle No.(For Motor) SFG6811D Certificate Number Search Certificate Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Insured Object Product Cover Type Commence Number Expiry Date Date 5112597579-NG KIAN CHONG drivo CLASSIC S1165925Z SFG6811D SFG6811D 01 21/04/2020 20/04/2021