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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.

This Form must be completed by the Policyholder and/or the Authorised Driver
 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.

Any false reporting may be referred to the Police for investigation.

5. Any raise 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 16/03/2021 17:27 (SGT) Date of Accident 15/03/2021 10:45 (SGT) Exact Location of Accident 416B Fernvale Link, Singapore 792416 Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YN9334H

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **LEOW MUI CHOO** NRIC No SXXXX101A **Email Address** hellvampire86@gmail.com Mobile Phone No (Phone) +65-83953253 Alternative Phone No. +65-96331077

#### VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter 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 - Reporting only Vehicle Category Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5117046255 Cover Note Number

#### DRIVER

Name of Driver LIN WEIQUAN NRIC No SXXXX822A Date Of Birth 29/05/1986 Occupation Outdoor

Date Of Driving Pass 27/06/2016 Driving experience 4 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96331077 Alt. Phone Number Email Address hellvampire86@gmail.com Address BLK 588A MONTREAL DRIVE #03-60 Address complement Postcode 751588 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name WORKER Gender Male PASSENGER 2 Name WORKER Gender Male PASSENGER 3 Name WORKER Gender Male 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKQ7227Y
Vehicle Manufacturer	BMW
Vehicle Model	
Vehicle Variant	X1
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	CHIN YU JIE
	SXXXX948Z
Contact Number	(Phone) +65-82801241
Address	-
Address complement	
Postcode	-
Insurance Company Name	* .
	-
Nature Of Damage	-
Details of property damaged in accident	2
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.

PRESTIGE MOVING AND STORAGE SERVICES
UEN: 53411866J
Contact: 83953253 / 87423253 /

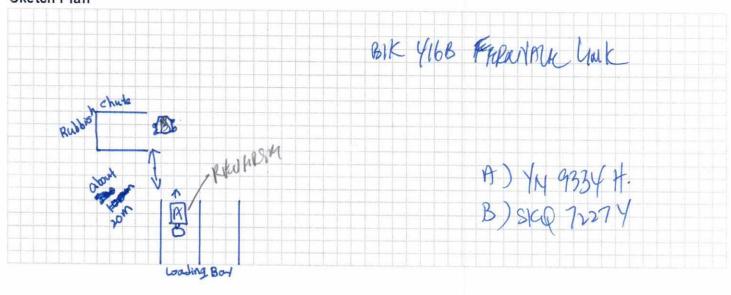
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident	
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the vehicle was Pork of the Rubbish Chute which wa	s not on my Blind spot with
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### Declaration

We declare the foregoing particulars are true in every respect.

PRESTIGE MOVING AND STORAGE SERVICES

UEN:53411866J

Contact: 83953253 / 87423253

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: ( 15 / 03 / 2021 ) (DD/MM/YYY), TIME: ( 10 . 45 )(HH:	MM).
	LOCATION: 416B Fernuale Link	
7	1. DETAILS OF VEHICLE YN  GIVEHICLE NUMBER: \$\frac{1}{2} \frac{1}{3} \frac{1}{4} \frac{1}{	5) .
	CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER  DRIVER  Clincluding driver)  CH)  Wei Quar  CH)  Waley FEMALE  BINRIC/FIN/PASSPORT: SEGISEZA CONTACT: 96331077  CHADDRESS: 588 A MONTICEN Drive FO3-60	
	d) date of birth: (10 / 06 / 1986 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) DAY (5 OF DRIVING PASC 17 Jm 2016  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. d) WEATHER CONDITION; (CLEARY RAINING / OTHERS DIY  6. WAS ANYBODY INJURED (YES / NO)  7. d) REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:	0)
	# He of passinger a) VEHICLE NUMBER: 5 KQ 727 MODEL: BMW XI	
	(Including driver) b) DRIVER'S NAME: Chin to Tie  ON NRIC/FIN/PASSPORT: \$ 591449482 CONTACT: 8280 1241	
	MODEL:	
	(Induding driver) of NRIC/FIN/PASSPORT: CONTACT:	
	emarl = hellvampire86@ amail.com	
	emarl = hellvame	
	, INDAR	

## Claim Handling

Accident M1/1124581					
Policy No.	5117046255	Vehicle No.	YN9334F	•	CCT D
Certificate No.					GST Registration No.
Policyholder Name	LEOW MUI CHOO				Policyholder ND10
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Compreh	ensive	Policyholder NRIC Loading
Contact No.(Mobile)	NA	Contact No.(Office)			1000
Email Address		Special Remark			Contact No.(Home) eCode
KFK	No Yes	TCA	No	Yes	
NCD Protection	No	NCD Entitlement(%)	0		eCode Reason
Accident Details					Private Hire
Report Date	16/03/2021 14:51	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	15/03/2021	Time of Accident hh:mm	10:35		Country of Accident
Reporting Centre		Orange Force			ICM No.
Accident Location	416B RUBBISH CHUTE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100,00	
OD Standard Excess	600.00	TP Standard Excess		0.00	
YIED OD Excess		YIED TP Excess		0.00	
Additional Excess					Driver is Covered?
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00	
▽ Benefits		Landanian tomonesses (CE 1177-114)		0.00	97
<b>▽ GST Registered Inform</b>	ation				
GST Registered	No		GS	T Registration Date	
SST Registration No.				T Status Verified	Yes
lodification History					rea
	ddress				
Address 1	BLK 202 #	Address 2	MARSILIN	C DRIVE	
ddress 4		Address Type			Address 3
Init No.	#14-26	Related Policy Number	Singapore 51170462		Post Code
OI Driver Info		Processor Andreas Control Control (1985) Andreas (1	31170402	33-01	
Priver Name		Driver Type			
Innamed driver Name		Driver NRIC			
egister Date of Driver License		Driver Age			Driver DOB
Contact No.(Mobile)		Contact No.(Office)			Driving Experience
ddress 1		Address 2			Contact No.(Home)
ddress 4		Address Type	Foreign add	iress	Address 3
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Attachment	Uploaded	By/Date	Category	8	Urgency		Description

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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 15/03/2021 16:59 Vehicle No.(For Motor) YN9334H Certificate Number Search Certificate Number Select Policy No. Policyholder Name Policyholder NRIC Vehicle Insured Product Cover Type Commence Date Expiry Date No. Object LEOW MUI 5117046255 0 S1213101A

Continue

GCV Comprehensive YN9334H YN9334H

03/05/2020 07/04/2021