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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.
- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

22/03/2021 15:37 (SGT) 21/03/2021 08:44 (SGT) King's Rd, Singapore JUNCTION OF LUTHERAN ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKX69X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No CHIA SERH MEI SHARON MRS TANG SERH MEI SHARON SXXXX410I solnren@yahoo.com (Phone) +65-96888863 +65-96888863

VEHICLE PARTICULARS

Manufacturer 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 Transmission CC

Mercedes Cla 180

Private use

No - Claiming third party Private car Auto 1595

NTUC Income Insurance Co-operative Ltd

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

Comprehensive 5114940863-01

DRIVER

Name of Driver NRIC No

CHIA SERH MEI SHARON MRS TANG SERH MEI SHARON SXXXX410I

Date Of Birth 06/08/1975 Occupation Indoor Date Of Driving Pass 16/08/1993 Driving experience 27 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-96888863 Alt. Phone Number +65-96888863 Email Address solnren@yahoo.com Address 48 EWE BOON ROAD #14-01 Address complement Postcode 259342 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Cross Junction Weather Conditions Clear Road Surface Dry 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name TANG CHI YUNG SOLOMON Gender Male PASSENGER 2 Name YEOH KIM WHEE Gender Female PASSENGER 3 Name TANG WEI LIN JESSICA Gender Female 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 AND ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6672U
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	<u>-</u>
Name of Driver	Private car
NRIC No	LIANG YI
The state of the s	SXXXX952Z
Contact Number	(Phone) +65-90680839
Address	-
Address complement	
Postcode	-
Insurance Company Name	
Noture Of Demons	-
	-
Details of property damaged in accident	3
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 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
- 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
- (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 & 2021 22 03

Sketch Plan

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

Witnessed by Reporting Centre

Personnel

PRINCE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SKETCH PLAN Jon 22/03/2021 KING'S ROAD LUTHRAN RD VEARRER RA (B) ->SLP 6672 U CA) PSKX 69X

1000 1501/2 MM.

Describe Circumstances of the Accident
on 21/03/2021 at 8.44 am, while driving along
King's Road (towards Prince Road) at the junction
of Lutheran Road, the vehicle I was driving
SKX 69 X collided with vehicle SLP 66724
(driving to wards farrar Road).
Traffice was clear.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time 22 03 20 21

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

Witnessed by Reporting Centre

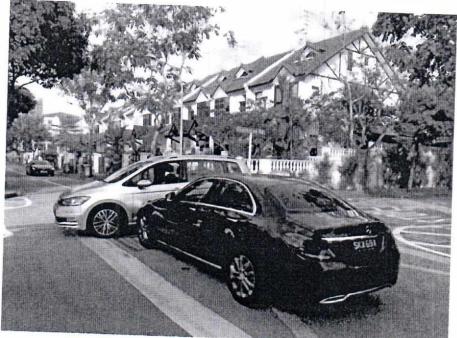
Witnessed by Reporting Centre Personnel

ACCIDENT'STATEMENT

ACCIDENT DATE: (21, 03, 202) (DD/MM/YY)	Y), TIME: (08:44) (HHMM).
LOCATION: JUNCTION OF KINGS	RD & LUTHERAN RD
1. DETAILS OF VEHICLE	A CONTRACTOR OF THE PROPERTY O
a) VEHICLE NUMBER: SKX 69 X	
b)INSURANCE COMPANY: NOME	
CIPOLICY NUMBER: 5 11 4940 863	
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PA	RIY / THIRD PARTY FIRE & THEFT)
TANG CHI YING FITYPE: (SALOON / GOURE / MPV /VAN / LORI	
SOLOMON. (M) GIVEHICLE CATEGORY: (PRIVATE / COMMERCE	CIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:	
YEOH KIM WHEE (W) IJAREYOU CLAIMING UNDER YOUP OWN INST	
2 INSUPED A POLICY HOLDER	EPORTING ONLY)
TANG WELLIN C. A AINAME CHIA SERH MEI SHA	RON (MALE / FEMALE)
JESSICA (N) BINRIC/FIN/PASSPORT: S7522410T	CONTACT: 9688 8863
CIADDRESS: 48 ENE BOON RA	#14-01
SINGAPORE 25934	
. * CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER .
Tho of passanger DRIVER	
(Including driver) GINAME: AS ABOVE	(MALE / FEMALE)
(4)	CONTACT:
c)ADDRESS:	
*d)DATE OF BIRTH; (06/08/1975)(DD/	(MM/YYYY) ·
eloccupation: (INDOOR / OUTDOOR)	
FIDATE OF DRIVING PASC 16/08/1	·
4. WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES YNO)
IF NO, RELATIONSHIP OF THE DRIVER WIT	
5. d) WEATHER CONDITION; (CLEAR /-RAINING /- b) ROAD SURFACE; (DRY / WET / OTHERS	OTHERS.
6. WAS ANYBODY INJURED (YEST NO)	
7. a) REPORTED TO POUCE (YEST NOT "	
IF YES, PLEASE STATE WHICH POLICE STATION	
8. THIRD PARTY VEHICLE	
	MODEL: VOLKS WAGEN
(Including driver) b) DRIVER'S NAME: LIANG YI CI NRIC/FIN/PASSPORT, 58 3 72952	ZCONTACT: 90680839
9. THIRD PARTY VEHICLE	CONTACT
A) VELICIE AUTURED.	_MODEL:
THO OF PRISONAL EL DRIVER'S NAME	
(Including driver) f) NRIC/FIN/PASSPORT:	CONTACT::
()	
· •	1

email = SOLNREN @ YAHOO. COM





Jun 22/08/2021



Jun >> 103/2021



Claim Handling

Accident MT/1125132					
Policy No.	5114940863-01	Vehicle No.	SKX69X		V
Certificate No.		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	PKYOAX		GST Registration No.
Policyholder Name	TANG SERH MEI SHARON				
Product Code	PRIVATE CAR INSURANCE	Cover Type		Parent L	Policyholder NRIC
Contact No.(Mobile)	96888863	Contact No.(Office)	drivo CL	ASSIC	Loading
Email Address	solnren@yahoo.com	Special Remark			Contact No.(Home)
KFK	No Yes	TCA	- N	V.	eCode
NCD Protection	Yes			Yes	eCode Reason
	11.000	NCD Entitlement(%)	50		Private Hire
Report Date	22/03/2021 10:24				
Date of Accident	21/03/2021	Accident Report Within 24 hrs			Accident Type
Reporting Centre		Time of Accident hh:mm	08:44		Country of Accident
Accident Location	Jamaliah Bte Hashim	Orange Force	No		ICM No.
▼ Total Excess Applicable	Cross Road Junction of Kings Road and Luthera	an Road			
Excess Type	Per Accident				
Excess Type	Per Accident	Windscreen Excess		100.00	
OD Standard Excess	600.00	TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess		0,00	
Additional Excess	0	TEO IT EXCESS		0.00	Driver is Covered?
Total OD Excess Applicable	600.00	Total TP Excess Applicable			
▽ Benefits	333.33	Total 11 Excess Applicable		0.00	
▽ GST Registered Informa	ation				
GST Registered	No		0	ST Depletration Date	
GST Registration No.	,,,,			ST Registration Date ST Status Verified	Yes
Modification History				o y o tatas y o i i i o	res
Policyholder Mailing Ade	dress				
Address 1	48 EWE BOON ROAD	Address 2	#14-01 (CLIFTEN	Address 3
Address 4		Address Type	Singapore		Post Code
Unit No.	14-01	Related Policy Number	5114940	863-01	
♥ OI Driver Info					
Driver Name	CHIA SERH MEI SHARON MRS TANG SERH MEI	Driver Type	Main Driv	er	
Unnamed driver Name	SHARON	Driver NRIC			and the second s
Register Date of Driver License	16/08/1993	Driver Age	\$752241	01	Driver DOB
Contact No.(Mobile)	10/00/1993	Contact No.(Office)	45		Driving Experience
Address 1	48 EWE BOON ROAD	Address 2			Contact No.(Home)
Address 4	40 ETTE BOOK KOAD	Address Type	#14-01 0		Address 3
Unit No.	14-01	Address Type	Singapore	address	Post Code
Does he own a Singapore	Yes No	Deline Vehicle No			
Registered car?	Tes wind	Driver Vehicle No.			Driver Insurer Company
Declaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	Yes	No	
Modification History					
No. of Research					
Claim 002 New					
Claim Type *	OD-MX	Insured Name	TANG SE	RH MEI SHARON	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE STREET	
Email Address		OI Vehicle Number	SKX69X		Contact No.(Office) TP Vehicle Number
Claim Description		version and the second	U.17037		1
Preferred Workshop Contact		Insured Liability *	Net st 5	uult	Name of Preferred Workshop
No. Require Finalisation	Vac		Not at Fa		
	Yes	Preferered Repair Option	Preferred	Workshop, Name unknown	GIA report
Date Registered		Claim Close Date			Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer			Total Loss but Repaired
Print AK letter					
			Save S	ubmit	
Attachment					
Attachment					
\triangledown					

File Name

Display in New Window Scan and uploading

Folder Date

Uploaded By/Date

Sou

Rosli

From:

ODsupport < ODsupport@income.com.sg>

Sent:

Monday, 22 March, 2021 4:41 PM

To:

Rosli

Cc:

ODsupport

Subject:

RE: MT/1125132 SKX69X

Dear Rosli,

Thank you for your email.

Please quote the claim no MT/1125132-001 when billing.

Warmest Regards

Hazalysa Bte Ibrahim Admin Assistant Operations, Motor & Personal Lines





From: Rosli [mailto:rosli@lkkauto.com] Sent: Monday, 22 March 2021 4:18 PM

To: ODsupport < ODsupport@income.com.sg>

Subject: RE: MT/1125132 SKX69X

HI HERE ARE THE SAS AND PHOTOS THANKS.

Thanks & Best Regards, **ROSLI WAHAB** NACS Bukit Merah

Tel: 6898 0055 Fax: 6271 8802

Email: rosli@lkkauto.com

From: ODsupport [mailto:ODsupport@income.com.sg]

Sent: Monday, 22 March, 2021 4:03 PM

To: Rosli Cc: ODsupport

Subject: RE: MT/1125132 SKX69X

Dear Rosli,

Please forward us the SAS report and photos.

Thank you.

Warmest Regards

Hazalysa Bte Ibrahim

Admin Assistant
Operations, Motor & Personal Lines





From: Rosli [mailto:rosli@lkkauto.com]
Sent: Monday, 22 March 2021 3:47 PM
To: ODsupport COnsupport Consupport

To: ODsupport < ODsupport@income.com.sg >

Cc: Theresa Vimala D/O Balagangadharan < thrsvim.bala@income.com.sg>

Subject: FW: MT/1125132 SKX69X

Hi here are the id for above mention claim thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah Tel: 6898 0055

Fax: 6271 8802

Email: rosli@lkkauto.com

From: Rosli

Sent: Monday, 22 March, 2021 3:43 PM

To: ODsupport@income.com.sq

Cc: Theresa Vimala

Subject: MT/1125132 SKX69X

Hi the above claim ebao cannot be created thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah

Tel: 6898 0055 Fax: 6271 8802

Email: rosli@lkkauto.com

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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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 21/03/2021 15:49 Vehicle No.(For Motor) SKX69X Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Commence Date Product Cover Type Expiry Date No. Object 5114940863-01 TANG SERH MEI SHARON drivo CLASSIC S7522410I GPC SKX69X SKX69X 29/01/2021 28/01/2022

Continue