ASS, FIELD, BY:	SSIGNMENT
A. Share	C(11/1981) 2011 7.1
From: Date:	
Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Honda Vezel. c.c 1496 Colour Silver. A/C: Insured/Std/NI/NA
at Workshop m/s	Colour Silves. A/C: Insured / Std / NI / NA
of	Sp.Reading 19293   T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: RUIII17662 *
Claims No.	Gen. Cond Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
\$750.54 PS ARSHED 1 49	Tyre Size: F: 2(5/60 R/6-
(Policy Condition)	R: 215/60R16
Remark: The veh had commenced its N/S O/	
repair at the time of inspection.	TOYO/YOKO or Falley.
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Nm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 18/05/21.
Lum Sum: % 3 Val.: Yes or No	'Survey held at MH
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear /. O/S / N/S / U/C / Rooftop or
Vehicle: IN / C	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
TP ECICS.	
10 marina Ave. 5002	63 packilla
m∨ :	Value, 40-45" // \$ 2012, 40 8000
PV:	S
Nett:	
15 PLANTS (281) - 49 (287 831)	
AND THE RESIDENCE OF A PARTY.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add	Fee: : Site Insp (\$)S+RSSI
Enquire PARE/COR Rebate for Sel	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (3 ) Others
Lump Sum / LBJ: (\$	:Weetend (*

SN07215E000I / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 14/05/2021 15:12 (SGT) SUBMITTED BY: Tang Chun Kiet VERSION: 1 (14/05/2021 15:12 (SGT))



# 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 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

14/05/2021 15:12 (SGT) Date of Submission 14/05/2021 11:50 (SGT) Date of Accident Singapore **Exact Location of Accident** Slip Road Jurong West Street 93 to Upper Jurong Road Additional Location Information Singapore Country/State of Loss

# DETAILS OF OWN VEHICLE

SGH1199D Vehicle Registration Number

#### INSURED/POLICYHOLDER

No Is company? ONG GEOK ENG Name Of Registered Owner S1810849F NRIC No GRACE.ONG@GRLENERGY.COM **Email Address** (Phone) +65-98381465 Mobile Phone No +65-98381465 Alternative Phone No

## VEHICLE PARTICULARS

Honda Manufacturer Vezel Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission

#### **INSURANCE COMPANY**

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 5117768729 Policy Number drivo CLASSIC Cover Note Number

1600

#### DRIVER

me?

CC

ONG GEOK ENG Name of Driver S1810849F NRIC No

A deces complement	-
Address complement	
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
	1
No. Of Passenger (Including Driver)	

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time:

14 05 2021 15:00

D.O.A. 14 05 2021 1 mic 11:50 hrs Vehicle No SGH1199D Reporting Type:

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 lodgment 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' lawyers/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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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 lawyers/law firms], which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

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

- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

14/05/21 15:00

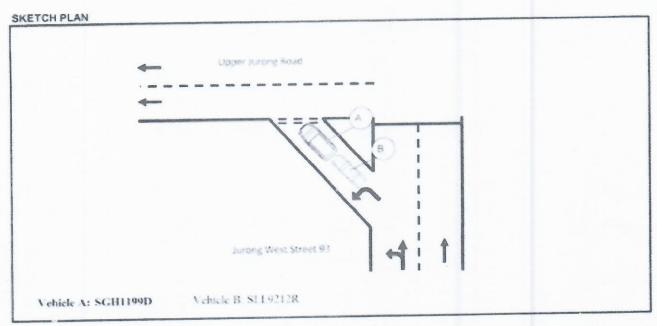
CNIO721EEOOOI

14-05-21 15:00

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Pergnne

tytfolder's Signature / Date & Time



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along the slip road, checking for safety to filter into the main road. Moments after, vehicle B hit into the rear of my vehiele A.

# Declaration

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

Alan Tang (8098825) Customer Care Executive 14/05/21 15:00 Motor Service Centre

Witnessed by Reporting Centre Personnel