Lander Frank LLD 1. 79

SN07224L000P / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 21/04/2022 16:11 (SGT) SUBMITTED BY: Chen Jun Liang VERSION: 1 (21/04/2022 16:11 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  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.

- 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.
   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

21/04/2022 16:11 (SGT)

19/04/2022 15:50 (SGT)

Singapore

**EUNOS CRESCENT** 

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBD2061R** 

## INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No

Alternative Phone No.

No

NG HOCK HIN S1584730A

NGHOCKHIN@GMAIL.COM

(Phone) +65-98183532

+65-98183532

# 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

Fiat

Doblo

CARGO

Employment

No - Claiming third party Commercial vehicle

Manual

3000

# INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

ThirdParty

No

5125599550

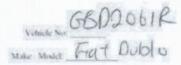
26/01/2022 - 28/01/2023

DRIVER

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	26/05/1963 Outdoor 03/06/1983 38 YEARS AND 10 MONTHS Male (Phone) +65-98183532 +65-98183532 NGHOCKHIN@GMAIL.COM BLK 122C SENGKANG EAST WAY #13-27 - 543122 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	YN319L - -

Name of Driver	1
Contact Number	ä
Address	8
Address complement	3
Postcode	
Insurance Company Name	1
Nature Of Damage	
Details of property damaged in accident	3
No. Of Passenger (Including Driver)	

NHC	Income Motor?	Service (	cone	94	2	2
	No. MI		DOA			



Report Date 21 4 2022 Start Time 3-52 PM porting Type Ind Line

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The recommell be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapare (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the ladgement 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. Conse ti under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that;

- (a) My hisser, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and an 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 Tawvers/law firms, the Monetary Authority of Singapore and any relevant 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 is atmy to the claims.
  - (ii) in rest gating the accident and/or my claims;
  - (iii) c sinving out and/or dealing with my instructions or responding to any enquiries by me:
  - (iv) a finitiistering my claims (including the mailing of correspondence, statements, invoices, reports of 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 to this of envelopes/mail packages); and/or
  - (v) or analying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all its unit(s) who have insured vehicle(s) involved in this accident and the Insurers' lawvers/law firms, may/are permitted to collect, us a chisclose 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 of agents (in ouding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my (hirsonal information wit also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the intermation so collected under (d) above may be shared / disclosed:
  - (i) to all it surers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, take enjoycement and government agencies as reasonable required for the purposes stated, or

(iii) for complying with requirements under any regulations, law or court orders.

21/4/2022 15:52

21/4/2022 15:52

Policyhologi's Signature Date & Vinter Driver's Sign fure (If driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature Name: Chen JunLiang

NRIC/ Fin No. S990765

SKETCH PLAN	
	EUNOS CRESCENT OSCP
Value of A: GBD2061R	Vehicle B: YN319L
REFER TO POLICE REPORT	

DECLARATION

I/We dedict: the foregoing persoulers are true in every respect.

21/4/2022 15:52

21/4/2022 15:52

Policyhold in a Signature Date & Time; Driver's Signature (If driver is not the policyholder) Date & Tyrier. Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/ Fin No: \$990765