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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- This report will be forwarded by the insurers of the GtA 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

A	EXI	21	AUE	MENI
- 22	 	-Vai	Check	

Date Of Report

12/02/2018 18:56

Date Of Accident

11/02/2018 11:55

Exact Location Of Accident

CALTEX BALESTIER AT CAR WASH

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJL3875R

Insured/Policyholder

Name Of Registered Owner

CHONG MO-UE ANNE

NRIC No

S7014415H

Email Address

CMU\_ANNE@HOTMAIL.COM

Mobile Phone No

(LOCAL) +65-96706292

Alternative Phone No

OTHERS-96706292

## Vehicle Particulars

Manufacturer

MITSUBISHI

Model

COLT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

### Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5056823945-05

Cover Note Number

## Driver

Name of Driver

CHONG MO-UE ANNE

NRIC No Date Of Birth

Occupation

S7014415H 05/04/1970

Date Of Driving Pass

INDOOR 28/07/1988

Driving Experience

29 YEARS AND 6 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-96706292

Fax Number

Contact Number

OTHERS-96706292

EMail Address

CMU\_ANNE@HOTMAIL.COM

Address

10 AVA ROAD

Postcode

#12-01 329949

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG2709Y

Vehicle Make/Model/Colour

MNI COOPER CLUBMAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH SOO HUI

NRIC/Passport Number

G7161662U

Contact Number

96155535

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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>.
- 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.
- 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.
- 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:
  - 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
- (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 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.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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.

Policyholder's Signature

Date & Time: 12 - 2 - 1 8

Ame Chang

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Bersonnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BALESTIBL CALTEX SLG 23094 SJL38751

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SJL 38	SR WAS WAITING FOR CAR WASH AT CALTE	X
BALEST	ER ON 11-2-18 AT 11:55AM.	
SL4 2	DOY WAS BEHIND SJL 3875R BUT DID NO	07
PULL :	PAKES & PUT VEHILLE TO PARK. 814 270	97
FRONT	216H7 LAMP SLG 2709 Y COLLIDED INTO	
SJL 38	OR REAR BUMPER & REAR BOOT LID.	

# DECLARATION

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

Policyholder's Signature

Date & Time:

12-2-18

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

#### Accident MT/0982064 Dulicy No. 5056823945-84 Vehicle No. 53.3875R GST Registration No. Policyholder Name CHONG MO-UE ANNE Policyholder NRSC Product Code PRIVATE CAR INSURANCE Cover Type drivo PREMIUM Leading Contact No. (Mobile) 96706292 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode. KEK No Yes TUA (i) No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire Accident Details Report Date 13/02/2018 09:30 Accident Report Within 24 hrs. Accident Type Collision - Head Date of Accident 11/02/2018 Time of Accident hhomm 11/35 Country of Accident 5/прароге Reporting Centre Orange Force ICH No. Acciding Liscation CALTEX BALESTIER AT CAR WASH D Benefits Coverage Sum Insured Excess Waiver 90990999 99 \* Excess Own damage Excess 0.00 Additional Excess Windscreen Excess Unnamed Oriver Excess 90,00 Outside Singapore OD Excess 0.66 Third Party Excess 0:00 Outside Singapore TF Excess 0.60 GST Registered Information **GST Registered** GST Registration Date GST Registration No. GST Status Verified Modification History Pelicyholder Mailing Address Address 1 TO AVA ROAD Address 2 #12-01 AVA TOWER Address 3 Address d Address Type Singapore address Post Code Unit No: Related Policy Number 5856823945-05 @ DI Driver Info Driver Name CHONG MO-UE ANNE Oriver Type Main Driver Unnamed driver Name Driver NRIC \$7014415H Driver DOB Register Onte of Driver Compe. 78/07/1988 Driver Age Driving Experience Contact No.(Mobile) 96706292 Contact No.(Office) Contact No.(Home) Address T 10 AVA ROAD Address 2 #12-UL AVA TOWER Address 3 Address 4 Address Type Singspore address Past Code Unit No. Does he own a Singapore Registered car? Wes (C) No Driver Vehicle No. 58,38758 Driver Insurer Company Breathalyser or Blood Test Reading? Any injury? Yes (ii No Modification History Claim 001 New Claim Type \* GD-MX Insured Name CHONG MO-UE ANNE Inquired NRIC Contact No.(Mobile) 96706292 Contact No. (Home) 96706292 Contact No. (Office) Email Address CMU\_ANNE@HDTMAIL.COM Of Vehicle Number 53.3825A Claim Description SJL38758 / SLG2709Y ON 11 Feb 2018 Name of Preferred Workshop Preferred Workshop Contact No. Insured Liability \* Not at Fault Require Finalisation Preference Repair Option Preferred Workshop, Name unknown GIA report Date Registered 13/02/2018 09:35 Claim Close Date Date Received Report Taken By ROSLI WAHAE Print AX letter Save Submit Attachment Accident No. MT/0982084 Claim No. 005 Last Doc. Received W Yes C No Upload Date 13/02/2018 00:36

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A:CCIDENT'STATEMENT	A:CCI	DENT	STATEN	AENT.
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. ACC	IDENT DATE: 11 / 0/ 2018 (DD/MM/YYYY), TIME: 11. 55 (HH:MM)	
3	ATION: CALTEX BALESTIER (@ CAR WAS +H)	
	ANON.	
22	DETAILS OF VEHICLE	
	OVEHICLE NUMBER: SJL 38.75 R	
	BINSURANCE COMPANY: NTUC INCOME	
	C)POLICY NUMBER:	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY ) THIRD PARTY FIRE &THEFT)	
	BIMAKE & MODEL MITSUBISHI GOLT	
	() TYPE: (SALOON / COUPE / MPY (V AN / LORRY / MOTORCYCLE, / OTHERS)  g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE)	
	HIPURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) 3 RD PARTY GLALIU	ß.
8		
12	INSURED / POLICY HOLDER	
	ANAME: CHONG MO-UE ANNE (MALE (FEMALE))	
in in	DINRIC/FIN/PASSPORT: STO-14415H CONTACT: 96706292	
	CIADDRESS: 10 AVA F.D # 12-61	
5). (1)	* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER	
14 No of person ga		
21.75 (M. M. M	EXTRICTE: IDS WILEYID RETURNED	
Clincluding driver	b) NRIC/FIN/PASSPORTICONTACTI	
(T)	c ADDRESS:	
30	45 - 17 - 17 - 18 - 18 - 18 - 18 - 18 - 18	
<b>X</b>	HIDATE OF BIRTH: 105 04 1970 (DD/MM/YYYY)	
-	OCCUPATION: (INDOOR) OUTDOOR 188 07/26	
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ND)	
	IF NO, RELATIONSHIP OF THE ORIVER WITH INSURED!	
5	. O WEATHER CONDITION: CLEAR PRAINING / OTHERS	
14	b) ROAD SURFACE: DRY WET / OTHERS	
	a)REPORTED TO POLICE (YES (NO))	
78 W	IF YES, PLEASE STATE WHICH POLICE STATIONI	
	THIRD PARTY VEHICLE SLG 2709Y MODEL MINI COOPER CLUB MAN	O.
# 100 of passonger	Col con HUI	100
Claduding driver	b) DRIVER'S NAME: GOH SOO HUI c) NRIC/FIN/PASSPORT: G 7161662 U CONTACT: 9615 5535	
( ) .	THIRD PARTY VEHICLE	
	PLUGIS MUNICIPAL MODEL MODEL 1	
A 10 of baconude	S OF DRIVER'S NAME:	
(Including driv	F) 1) NRIC SIN/PASSPORTICONTACTI	
(_)		
7) == == 1		

fax = .

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7014415H





CHONG MO-UE ANNE

鐘 蒙 惠

CHINESE

05-04-1970 F

SINGAPORE







<b>eBao</b> Tech								GeneralClaim		
Hello, NAC_BUKIT_MERA	H_800676				-		Change La	nguage	· Change Passwor	
My Desktop Notice of Loss	Pol	icy Query						NISSE	Change Passwor	a - Log Out
	Policy	No.				Date of Acc	ident	11/02	2/2018 17:13	
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						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Caver Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5056823945-05	CHONG MO-UE ANNE	57014415H	GPC	drivo PREMIUM	53L3875R	53L3875R		25/11/2018
					1	Continue				