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invoice Fre	paration Checklist	Anit (S) Anit (3)
	SECTION NEWS ASSURANCE OF THE PROPERTY OF THE	Ant (S) Ant (S
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	SAS e-filing  E-mail (within Shrs, AIC 2hrs)  i-Motor Claim Form  i-Motor W/O (Within: OD 2hr  i-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Hand  INC (  eriod: ( )  Date:  [Note-Est. Status (WO): N: 0-2  Warranty: YES ( )/NO (  000 ( )/\$2,000 ( )  commation strictly Confidential & Status (WG): N: 0-2  Permation strictly Confidential & Status (WG): N: 0-2	SAS e-filing  E-mail (within Shrs, AIC 2hrs)  i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Hand to Owner/Wksp  Tel:  Fil:  Fil:

A span de tale

# SINGAPORE ACCIDENT STATEMENT

# 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 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.

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

ACC	IDEN	тет	$\Lambda$ $\Pi$	MENT
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Date Of Report

19/02/2018 22:10

Date Of Accident

17/02/2018 19:15

Exact Location Of Accident

Country/State of Loss

JUNC PHILIPS AVE & SANDILANDS RD

SINGAPORE

DETAILS OF OWN VEHICLE

SGN3348X Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

CHUI SEOW WING

NRIC No.

S1377911B

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96601869

Alternative Phone No

OFFICE-96601869

Vehicle Particulars

Manufacturer

TOYOTA

Model

COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at

PRIVATE USE

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

NO

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

5065863046-03

Cover Note Number

Driver

Name of Driver

CHUI SEOW WING

NRIC No

S1377911B

Date Of Birth

28/08/1959 INDOOR

Occupation Date Of Driving Pass

03/03/1978

Driving Experience

39 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96601869

Fax Number

Contact Number

OFFICE-96601869

**EMail Address** 

NOEMAIL

4 RICHARDS AVENUE Address

546397 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### 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

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

1

NO

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH9065L HYUNDAI Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

LEE KIM LENG, NEIL Name of Driver

S1465358I NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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.
- 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")
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		, Phillips, Ave
i.e.	A = SGN 33 K 8 X B = SH 9065L	
	B = SH9065L	A MILLION
		Sandilands 1
	CUMSTANCES OF THE ACCIDENT	1 1
00000	- 1 0 ( )	1915 hrs., I was travelling along and Rd. Suddenly vehicle SH90bs.  Int on to the Right cide of
DECLARATIO	on he foregoing particulars are true in every respect.	

Policyholder's Signature

Date & Time:

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

Name:

NRIC/FIN No.:

# **ACCIDENT STATEMENT**

	ACCIDENT DATE: 17,02, 2018 (DD)	MM/YYYY), TIME: (9 : (5)(HH:MM)
	LOCATION: Phillips Ave.	Constitution (1 and 2
o	1. DETAILS OF VEHICLE	6
	a) VEHICLE NUMBER: SGN 33	
	b)INSURANCE COMPANY: N7	
	C)POLICY NUMBER: 50658630	
	d)POLICY TYPE: (COMPREHENSIVE)	THIRD PARTY / THÍRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Toyo	Ta Altik
	f)TYPE:(SALOON) COUPE / MPV /VA	N / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / CO	DMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT T	TIME: 17 07 7018 74500 8
	I) ARE YOU CLAIMING UNDER YOUR O	OWN INSURANCE (YES (NO)
	IF NO, PLEASE STATE (THIRD PARTY C	LAIM REPORTING ONLY)
	2. INSURED / POLICY HOLDER	11/
	A)NAME: CHY! SEOW WI	The state of the s
	b)NRIC/FIN/PASSPORT: S/37791	COMPACI. 70 TO TO
	CLADDRESS: 4 Richard Ave	S'AU 546397
	* CONTINUE TO A JUST DRIVER AND D	
Auc of pa	* CONTINUE TO 3.d IF DRIVER ALSO PO	OLICY HOLDER
( ) of be	alname: CHUI SEOW WIN	16
Concluding	driver) HINDIC/EIN/BASSDORT (1777791)	MALE / FEMALE
(01)	() I ( )	5'pore 566397.
	7 A 15 17 17 18	
	*d) DATE OF BIRTH: (28 / 08 / 1959	(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOO	PR)
	f)YEARS OF DRIVING EXPRERIENCE:	
	<ol> <li>WAS DRIVER AN EMPLOYEE OF THE</li> </ol>	INSURED'S COMPANY? (YES (NO)
	IF NO, RELATIONSHIP OF THE DRIV	ER WITH INSURED: Owner
	5. a) WEATHER CONDITION: (CLEAR / RAIL	NING / OTHERS)
	b)ROAD SURFACE: (DRY) WET / OTHER	RS
	6. WAS ANYBODY INJURED (YES (NO)	
	7. a) REPORTED TO POLICE (YES (NO)	SERVICE AND SERVIC
	IF YES, PLEASE STATE WHICH POLICES  8. THIRD PARTY VEHICLE	TATION:
the of pass.	8, THIRD PARTY VEHICLE  ANGEL OF VEHICLE NUMBER: SH9065L	H 40 1
	driver) b) DRIVER'S NAME: LEE KIM	MODEL: Hyundi
( A) is	c) NRIC/FIN/PASSPORT: 5/46535	PZ CONTACT:
(1)	9. THIRD PARTY VEHICLE	CONTACT:
atta el acci	-// AVELUGUE AND LEEP	MODEL
the of pas	A DRIVED'S NAME	MODEL:
Induding	clesive; f) NRIC/FIN/PASSPORT:	CONTACT:
( )	Dr. M. Branch Child Charles and Call Co.	CONTACT
-	17	

email = choymfor YAMOU. COM. Sg fax = 67440124







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 03 Mar 1978 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: \$1377911B



olicy No.	5065863046-03	Policyholder Name	CHUI SEOW WING	Policyholder NRIC	S1377911B
ddress	4 RICHARDS AVENUE SINGAPO	11/1/10/10/10/19			
				Group	N
Product Name	PRIVATE CAR INSURANCE	Plan		Policy Flag	14
Policy ssue Date	11/05/2017	Effective Date	27/05/2017 00:00	Expiry Date	26/05/2018 23:59
Third		Own	-1450E)	Windscreen	100.0
arty excess	0.0	damage Excess	600.0	Excess	100.0
Additional Excess	0	OS Premium	0		
Outside		Outside			
Singapore	600.0	Singapore	0.0		
DD Excess		TP Excess			
Agent	KA-HUP VEHICLES TRADING	Agent Tel.	64589997	GST Flag	Y
Co- Insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	4 RICHARDS AVENUE	Address 2	SINGAPORE 546397	Address 3	
Address 4		Address Type	Singapore address	Post Code	546397
Unit No.		Related Policy Number	5065863046-03		
<b>♪</b> Insure	d Object: SGN3348X				
<b>▽</b> Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endor	rsement Status	Endorsement Content

laim Handling										
cident MT/0982726			33000000000	300000000000000000000000000000000000000	1/4	OT BANKS OF THE				
SREY NO.	5065863046-03		Vehicle No.	SGN3348X		ST Registration No.	82	13779118		
Reynolder Name	CHUI SEOW WING					alicyholder NRIC				
oduct Code	PRIVATE CAR INSURANCE	E	Cover Type	drive CLASSIC		geitheo		0		
ontact No.(Mobile)	96601869		Contact No.(Office)			ontact No. (Home)	-	O True 💟		
med Address			Special Remark			Code	10			
PK .	® No ○ Yes		TCA	® No ○ Yes		Code Reason		. No.		
CD Protection	rection No		NCD Entitlement(%)	30	p	rivate Hire	N	No		
Accident Details										
	19/02/2018 22:23		Accident Report Within 24 hrs.	Yes		eccident Type	0	ollision - Crass I	lunction	
port Date	57/02/2018		Time of Accident hh:mm	19:15		Country of Accident	S	ingapore		
ate of Accident	2770222014		Orange Force		6.0	QM No.				
sporting Centre			W. W. W. W. W. W.							
codent Location	JUNC PHILIPS AVE & SA	NDILANDS KU								
<b>▽</b> Benefits										
© Excess					1000	Windscreen Excess			100.00	
wn damage Excess		600.00	Additional Excess		0.00	Windscreen Excess			200000	
nnamed Driver Excess		0.00	Outside Singapore OD Excess		600.00					
nird Party Excess		0.00	Outside Singapore TP Excess		0.00					
GST Registered Inform	ation									
ST Registered	No			GST 8	tegistration Date					
ST Registration No.				GST 5	status Venfied	Yes				
todification Hittory										
Policyholder Mailing Ac	ddress									
Vddress I	4 RICHARDS AVENUE		Address 2	SINGAPORE		Address 3				
Address 4			Address Type	Singapore ad	dress	Post Code	-	546397		
init No.			Related Policy Number	5065863046	-03					
♥ OI Driver Info										
Onver Name	CHULSEOW WING		Driver Type	Main Driver						
Innamed driver Name			Driver MRIC	\$13779118		Driver DOB	9	28/08/1959		
Register Date of Driver Cicense	e 03/03/1976		Driver Age	58		Driving Experience	3	39		
Comact No. (Mobile)	96601869		Contact No.(Office)	0		Contact No.(Home)		0		
"dutact workwoner"										
	Commission Commission			SINGAPORE	546397	Address 3				
Address 1	4 RICHARDS AVENUE		Address 2	SINGAPORE				546397		
Address 1 Address 4	4 RICHARDS AVENUE			SINGAPORE Singapore ad		Address 3 Post Code		546397		
Address 4 Unit No:			Address 2 Address Type		direts	Post Code		546397		
Address 4	4 RICHARDS AVENUE  ○ Yes   No		Address 2		direts			546397		
Address 4 Unit No. Dues he own a Singapore Registered car?			Address 2 Address Type		direts	Post Code		546397		
Address 4 Jinit No- Does he own a Singapore Registered car?	⊜ ves ® No		Address 2 Address Type Driver Vehicle No.	Singapore ao	ddress	Post Code		546397		
Address 4  Unix No.  Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Telit			Address 2 Address Type		ddress	Post Code		546397		
Address 4 Unit No: Does he twn a Singapore	⊜ ves ® No		Address 2 Address Type Driver Vehicle No.	Singapore ao	ddress	Post Code		546397		
Address 4 Unit No- Does he own a Singapore Registered car? Declaration Breathalyser or Bood Test Reading?	⊜ ves ® No		Address 2 Address Type Driver Vehicle No.	Singapore ao	ddress	Post Code		546397		
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Address 4  Jink No: Does he own a Singapore Registered Car?  Declaration Steathalyser or Bood Test Reading?  Claim 1001 Mere  Claim Type *  Contact No. (Motrie) Email Address	Orng		Address 2 Address Type Univer Vehicle No. Any Injury?	O Yes ⊕ No	ddress	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number	eny [	\$13779118		
Address 4  Jink No: Dees he own a Singapore Registered car?  Dedaration  Breathayser or Blood Test Reading?  Claim 1912  Claim 1901  Mere  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description	O res ® No		Address 2 Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	OHUE SEOW NIL SGN3348X	wing	Post Code  Driver Insurer Comp  Insured NRIC  Contact No.(Office)	eny [	\$1377911B 67440917		
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eddress 4  unit No: bees he own a Singapore Registered car?  Jedaration Beathayser or Blood Test Reading?  Claim Oo1 New  Claim Oo1 New  Claim Type *  Contact No. (MoDile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation	O mg  O mg  OD-MX  GGN3348x / SH9065.	ON 17 Feb 2018	Address 2 Address Type Driver Vehicle No.  Any injury?  Insured Name Centact No.(Home) Od Vehicle Number  Insured Liability *	OHUE SEOW NIL SGN3348X Not at Fault	wing	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W	eny [	\$1377911B 67440917 5H9065L		
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Attachment		ploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
274	NAC_RAVA_UBI_800601[ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 22:26	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-19	Edit
## <u>.</u>	NAC_PAYA_UBI_B00601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 22:26	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-2-19	Edit
<b>(4)</b>	NAC_PAYA_UBI_800603( NATIO	INAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 22:26	SAS		Normal	SAS 2018-2-19	Edit
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4	NAC_PAYA_UBI_800601( NATIO	INAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 22:26	Photos		Normal	Proptos 2018-2-19	Edit
	NAC_PAYA_UBI_BOOKOTE NATK	ONAL ASSESSMENT CENTRE SERVICES) on 19 Fq b 2018 22:23	Photos		Normal	Photos 2018-2-19	Edit
<b>66</b>	NAC_PAYA_UBI_800601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 19 Fe to 2018 22:25	Photos		Normal	Photos 2018-2-19	Edit
*	NAC_PAYA_USI_800601( NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 19 Fé 6 2018 22:75	Photos		Normal	Photos 2018-2-19	Edit
	NAC_PAYA_UBI_B00801[ NATX	ONAL ASSESSMENT CENTRE SERVICES) on 19 FM to 2018 22:25	Photos		Normal	Photos 2018-2-19	Edit
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-	NAC_PAYA_UBL_BOOGDL( NAT)	CMAL ASSESSMENT CENTRE SERVICES) on 19 Fe 5 2018 22:25	Photos		Normal	Photos 2018-2-19	Edit
→ Video List	uproaded By/Dete	Folder Date	File Name		9	Source	Action