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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 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

LANGUE BURNEY BURNEY	ACCIDENT STATEMENT
Date Of Report	14/03/2018 10:33
Date Of Accident	13/03/2018 15:00
Exact Location Of Accident	JUNCTION OF LOCK ROAD AND DEPOT ROAD
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	VI SALONS ASSESSMENT
Vehicle Registration Number	SLV6601T	
Insured/Policyholder		

SINGAPORE

Name Of Registered Owner CHANCHAL SINGH S/O UDHAM SINGH NRIC No S0502995C

Email Address ATHWALCS@YAHOO.COM.SG

Mobile Phone No. (LOCAL) +65-90216711 Alternative Phone No. OTHERS-90216711

Vehicle Particulars

Manufacturer HYUNDAI

Model ELANTRA-1.6 D/AB 2WD 4DR (A)

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?

If No, Please state action to be taken REPORTING ONLY

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 5097848804

Cover Note Number

Driver

Name of Driver CHANCHAL SINGH S/O UDHAM SINGH

NRIC No S0502995C Date Of Birth 10/07/1947 Occupation OUTDOOR Date Of Driving Pass 25/11/1971

Driving Experience 46 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90216711

Fax Number

Contact Number OTHERS-90216711

EMail Address ATHWALCS@YAHOO.COM.SG

BLK 57 TELOK BLANGAH HEIGHTS Address

#05-149

Postcode 100057

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JSB2248 (MOTORCYCLE)

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TELOK BLANGAH NEIGHBOURHOOD POLICE POST

ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180313/2161 (COLLISION TYPE IS HEAD TO SIDE)

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

JSB2248

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

HAZMI

NRIC/Passport Number

G8585567R

Contact Number

81668864

Address

Postcode

Insurance Company Name

Page 2 of 16

The second second		the last of the la	the second second second second
	16051	MILIDED	PERSON 1
UCIA	LOUFI	NJUKED	PERSUNT

Name

HAZMI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

JSB2248

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Page 3 of 16

SKETCH PLAN

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 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.
- 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 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
- (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:
 - (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.

Policyholder's Signature

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

Reporting Centre Personnel's Signature
Name: ADD AL WHYDO

Policyholder's Signature

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

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





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1 of 4

Report No. T/20180313/2161

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 13/03/20	e Report N 18 19:32	Made: -	Vide Report No.:	Station Diary No.: 43
Informar	nt's Partic	ulars		THE THE STEEL STEELS
	Informant: IAL SINGF	S/O UDHAM	Address: APT BLK 57 TELOK BLANGA SINGAPORE 100057	AH HEIGHTS #05-149
ID Type / NRIC NC	ID No.: 0 / S05029	95C	Contact No.: Home/Office:	Mobile: 90216711
Nationalit SINGAPO	ty: ORE CITIZ	EN	Email:	7, 93, 65, CO (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Sex: Male	Age: 70	Date of Birth: 10/07/1947	Type of Informant: Driver	
Race: Sikh	721	id id	Language:	Institution / School Name:
Occupati FREELAI	on: NCE DRIV	ER	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/03/2018 15:00	Type of Location: T-Junction	
LOCK ROAD DEPOT ROA	D		8		
01		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion; ing Vehicles - Head To	Side	: a	Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d	COLUMN TO THE REAL PROPERTY.		Den Line of	University of the
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSB2246	Motorcycle				Slightly Damaged	0
SLV6601T	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0

Details of V	ehicle Insurance		Training to the same	AUTO - I
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20180313/2161

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV6601T	NTUC Income Insurance Co-Operative Limited	5097848804	05/02/2018	04/02/2019

Details of Perso	n Involved			ALC: N	12 1-15 10 10 10 10
Any Pedestrian II	nvolved: No				-
No. of Pedestrian	ns Injured: NIL	Use	of Pedestrian	Cross	sing: NA
Rider					
Name	HAZMI		ID No		G8585567R
Related Vehicle	JSB2246 (Motorcycle)		Conta	ict No.	81668864
Hospital/Clinic	ALEXANDRA HOSPITAL		Drivin Licen	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2018	Date	Discharge		3/2018
No. of Days gran	ted Medical Leave 03	-	ee of Injury		
Driver					THE PARTY OF THE PARTY.
Name	CHANCHAL SINGH S/O U	DHAM SING	H ID No		S0502995C
Related Vehicle	SLV6601T (Car)	Conta	ict No.	90216711	
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date	Discharge	NIL	
No. of Days gran	ted Medical Leave NIL	Degr	ee of Injury	NIL	

Brief Details.

On the 13/03/2018 at about 1500hrs I was driving my vehicle bearing registration plate number SLV6601T (V1) on my way to fetch a passenger at Interlace Condo. I came out from Lock Road towards Depot Road. I check for oncoming traffic from both side of Depot Road and saw no vehicle therefore I started to move forward. When V1 was about to cover half of the dual carriageway, I saw a motorcycle approaching my car. I managed to brake thinking the motorcycle would swerve around my vehicle but the motorcycle did not managed to do so, therefore it collided with the side of my car. As the motorcyclist did managed to slow down in time, the collision only made the motorcycle came into a stop.

I went out of my car and checked whether the motorcyclist was safe. I observed that he had some abrasion on one of his knees. I then told the motorcyclist to sit by the side of the road. I saw that the damages on both vehicle was not serious. Therefore I helped the motorcyclist to push his bike to the side and offered him to get medical attention at Alexandra Hospital. The doctor assessed that there were no serious injuries on him and that the motorcyclist was given 3 days of MC.





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

3 of 4 Report No. T/20180313/2161

CONTINUATION OF REPORT

I wish to state that the motorcyclist actually offered to settle the damages privately with the written Private Settlement form from the insurance company.





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

4 of 4 Report No. T/20180313/2161

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 MUHAMMAD HAIQAL BIN AZMAN	Range
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2018 19:32
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
uthentication Stamp	N 145
Singapore Police Force	

Accident MT/0985957				
Policy No.	5097848804	Vehicle No.	SLV6601T	GST Registration No.
Policyholder Name	CHANCHAL STNGH 5/O UDHAM SINGH			Policyholder NR3C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90216711	Contact No.(Office)		\$555WW.
Email Address		Special Remark		Contact No.(Home)
KFK	No Yes	TEA	G No. Yes	eCode
NCD Protection	Yes	NCD Entitlement(%)		eCode Reason
Accident Details		near remoderations (as)	50	Private Hire
Report Date	14/03/2018 10:52	Arcident Report William 24 hrs	Yes	V/(C) 1455
Date of Acodent	13/03/2018	Time of Accident his min		Accident Type
Reporting Centre			15:00	Country of Accident
Accident Location	JUNCTION OF LOCK ROAD AND DEPOT SOAD	Grange Force		ECM No.
□ Benefits	The state of the s			
₩ Excess				
Own damage Excess	2,000.00	V2220000000000000000000000000000000000		
Unnamed Driver Excess		Additional Excess	0.00	Windscreen Excess
Third Party Excess	0:00	Dutside Singapore OD Excess	2,000,00	
GST Registered Inform	1,500.00	Outside Singapore TP Excess	2,500.00	
GST Registered				
GST Registration No.	No		GST Registration Date	
Modification History			GST Status Verified	Yes
- 6				
⇒ Policyholder Malling Ad	ddress			
Address 1	DLK 57 #05-149	Address 2	The first section of the section of	
Address 4	570810		TELOK BLANGAH HEIGHTS	Address 3
ünit Na,		Address Type	Singapore address	Post Code
OI Driver Info		Related Policy Number	5097848804	
Driver Name	CHANCHAL SINGH		110-11-11-11-11-11-11-11-11-11-11-11-11-	
Unnamed driver Name	The second second	Driver Type Onver NRIC	Main Driver	
Register Date of Driver License	01/01/1970	Onver Age	50502995C	Driver DGB
Contact No.(Mubile)	90216711		70	Driving Experience
Address 1	BLK 57 W05-149	Contact No (Office)		Contact No. (Home)
Address a	BCA 57 #02-149	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Jnit No.		Address Type	Singapore address	Post Code
Does he own a Singapore				
Registered car?	Yes (i) No	Driver Vehicle No.	SLV66017	Driver Disurer Company
Declaration				
Breathalyser or Blood Test				
Reading?	0 mg	Any injury?	Yes is No	
lodification History				
Claim 001 New				
	00-нх -	Insured Name	CHANCHAL STIGH 5/0 UDHAM	Impred NOV
lem Type *	ana harakan a		CHANCHAL SINGH 5/O UDHAM	Insured NRIC
larm Type * portact No.(Mobile)	90216711	Contact No.(Hame)	62710491	Contact No.(Office)
lerm Type * Dottact No.(Mobile) mail Address	90216711	Contact No.(Hame)	PARTIE AND ADDRESS OF THE PARTIES OF	Contact No. (Office) TP Vehicle Number
Nam Type + britact No. (Mobile) mail Address laim Description	90216711 SLV660IT / 3582248 ON 13 Mar 2018	Contact No.(Hame) Of Vehicle Number	62718491 SLV6601T	Contact No.(Office)
Description Telegraph of the Content	90216711 SLV8601T / 3582248 ON 13 Mar 2018	Contact No.(Hume) Of Vehicle Number Insured Liability *	62718491 SLV6601T Fully At Feuit	Contact No. (Office) TP Vehicle Number
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Darm Type * Contact No. (Mobile) mail Address Raim Description referred Workshop Contact c. equire Finalisation ata Registered aport Taken By	90216711 SLV8601T / 3582248 ON 13 Mar 2018 Yes - 14/03/2018 10154	Contact No.(Hame) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	62718491 SLV6601T Fully At Feuit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report
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Description referred Workshop Contact of Control of of Con	90216711 SLV6601T / 3582248 ON 13 Mar 2018 Yes - 14/03/2018 10:54 ROSLI WAHAB	Contact No.(Hame) Of Vehicle Number Insured Liability • Preferend Aspair Option Cusin Close Date	62718491 SLV6601T Fully At Fault Preferred Workshop, Name ucknown ** Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report

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			Browse Clear	Please Scient	*	14.71	- Normal
			Browse Clear	Please Select	*	NO	- Normal
Charles	100		Browse Clear	Please Select	*		- Normal
Attachmen	t List						
Attachment		Uploaded By/Date	Category	7	Urgency		
11 Aug	NAC_SUKIT_MERAH_BOD	676(NATIONAL ASSESSMENT CENTRE SERVICES (BUM MERAH)) on 14 May 2018 10:55	NRIC/ Orlving Lie	ente	Normal		NRIC/ Driv
993	NAC_BUKIT_MERAH_BOOK	75(NATICINA), ASSESSMENT CENTRE SERVICES (BUI MERAH)) on 14 Mar 2018 10:55	SAS		Normal		si
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E	NAC_BUKIT_MERAH_8000	TO(NATIONAL ASSESSMENT CENTRE SERVICES (BLIK (ERAH)) ON 14 Mar 2018 10:55	Phuras		Normal		Pho
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Video List	NAC_BUKIT_MERAH_8006 IT N	76(NATIONAL ASSESSMENT CENTRE SERVICES (BUK ERAH)) on 14 May 2018 10:54	Photos		Narmal		Phot
	Uploaded By/Date	Folder Date	File Name		· ·		Sec

. A GCIDENT STATEMENT

ACCIDENT DATE: 13,03, 206 (OD/MM/YYY)	1), TIME: (_15. 00] (HH:MM)
LOCATION JUMPIUM OF LOCK PORD /	
A PARALLE OF VEHICLE	ne (le li
a) VEHICLE NUMBER! SLV 6601 T	
OPOLICY NUMBER: 5097845808	DIV A YURD BARYY FIRE ATHEFT
DIPOLICY TYPE: COMPREHENSIVE / THIRD PA	MAD IE S
MITVAE / CALLOON / COURS / MPV /V AN / LOR	CIALI MOIORCYCLE, OTHERS
g) VEHICLE CATEGORY: [PRIVATE / COMMERCE IN PURPOSE OF USING AT ACCIDENT TIME:	PRIVATIA WAY
I) ARE YOU CLAIMING UNDER YOUR OWN INS	REPORTING ONLY)
A) NAME: CHANCHAL SHIGH S/O	WALE / FEMALEL DI
b) NRIC/FIN/PASSPORT:	CONTACT!902/6[1]
CIADORESS:	101000
CONTINUE TO 3 IN IF DRIVER ALSO POLICY	
ONAME: DE PROOR	(MALE / FEMALE)
(Including driver) binRIC/FIN/PASSPORTI	
	DO/MM/YYYY) ; ;
OCCUPATION: (INDOOR / OUIDOOR)	· · · · · · · · · · · · · · · · · · ·
4. WAS DRIVER AN EMPLOYEE OF THE INS	14.111 .1100.11
E CIWEATHER CONDITION: (CLEAR / KAINING	3 / OTHERS
6. WAS ANYBODY INJURED (YES (NO)	RAIMI
7. O) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATE THIRD PARTY VEHICLE	IONI TALLOIC DEBALGIOT
IL UN OF THE CIE NUMBER: JEB 2248	MODELI
(Induding driver) DI DRIVER'S NAME: HAZMI	TR CONTACTI 87668864
(1) 9. THIRD PARTY VEHICLE	MODEL!
4 No of pasonate of DRIVER'S NAME	CONTACTIL
(Including driver) 1) NRIC/FIN/PASSPORT!	y, un se
·	
*//	LOD Yakoo. Com. sg

email: atkwal & Sahoo. Com. sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0502995C



Name

CHANCHAL SINGH S/O UDHAM SINGH

Place SEKH Date of birth 10-07-1947 Country of birth INDIA





3410671



NAIS No. S0502995C

23-09-2003

Address

APT BLK 57 TELOK BLANGAH HEIGHTS #05-149 SINGAPORE 100057 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!
PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilograms

25 Nov 1971

NP 478A



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	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097848804	CHANCHAL SINGH S/O UDHAM SINGH	50502995C	GPC	driva CLASSIC	SLV6601T	SLV6601T	05/02/2018	04/02/2019
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