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TP Particulars Yell No. SJUG	77.2L, INC(	)/ Non·INC( ) *.	ax!
Otyner / Driver: (	1 12 - 1 110 /		
Policy No: (. ) Period: (	. )	Tel: / Cover Type: (	
Confirmed by : '(	Dalei	Time:	
insured/Driver Liability: ( %) [Note-Bst. S	Status (WO): N: 0-209	7 P: 21-79%. P: 30-10	)
Warranty:	YES( )/NO( )	1, 21, 27, 20, 7, 30-11,	1034)
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# 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
- 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

<ol><li>By the lodgement of this report to the insurers, your aforesaid.</li></ol>	bu hereby consent to the archiving or this report at the centre and to oppose	Men in the line of the
	ACCIDENT STATEMENT	Mary Control
Date Of Report	19/03/2018 13:32	
Date Of Accident	18/03/2018 16:35	
Exact Location Of Accident	PIE TWDS TUAS BEFORE EUNOS EXIT	
Country/State of Loss	SINGAPORE	
THE PARTY OF THE PARTY OF THE PARTY.	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE5172K	
Insured/Policyholder		
Name Of Registered Owner	SHUI PAU SHING	
NRIC No	S0132157I	
Email Address	NOEMAIL	

(LOCAL) +65-90214380

Mobile Phone No OTHERS-90214380 Alternative Phone No Vehicle Particulars

HONDA Manufacturer HONDA CIVIC 1.8L 5AT Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident Are you claiming under your own insurance policy NO

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5083220272-01 Policy Number

Cover Note Number

Driver

SHUI SEOW JUN, ALAN Name of Driver

S8927330G NRIC No 05/08/1989 Date Of Birth OUTDOOR Occupation 30/11/2009 Date Of Driving Pass

8 YEARS AND 3 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-90214380 Mobile Number

Fax Number

OTHERS-90214380 Contact Number

NOEMAIL EMail Address

BLK 691A CHOA CHU KANG CRESCENT Address

#04-48

681691 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

3

General Information of the Accident

CHAIN COLLISION 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

: TAN LI TZE KRYSTABELLA NAME:

GENDER: : FEMALE

Passenger 2 : SHUI JING KAI ALZANDER NAME:

> : MALE GENDER:

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

SJU6772L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKU3270B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SLL3847Z

Vehicle Make/Model/Colour

Details Of Properties

Details Of Freperio

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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: Drivér's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN

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A > SLESIAZK

> STU 67AZL

> SKU3240R

> SLL 3847Z

INDX E Di C DX DID

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# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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On 18/3/18 at about 1635hrs, I was travelling along PIE
towards Tucs. At that time, it was slow and heavy
transfer, I was travelling along the serond lone
out of a sudden the front vehicle CRI Tempred
brake this I Januared brake however my vehicle
collided into relich B. After the collision, I came
out of my vehicle and task shorts, and realized it
Was a chain collision.
I also notices that their were two vehicles at
the road shoulder and unsum in in was the
cause of it as the oriver unique to lasking
at it causing him to jamued his broke at
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### DECLARATION

I/We declare the 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

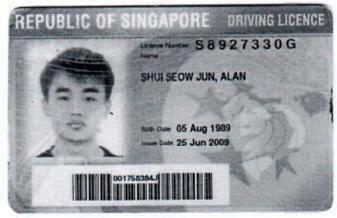
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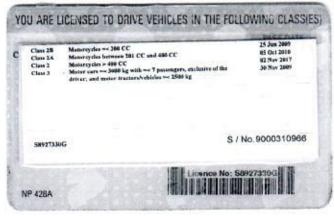
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Notice of Loss	Policy N	10.				Date of Acc	cident	18/03	/2018 16:35	
	Vehicle	No.(Far Mator)	SLE5172K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5083220272- 01	SHUI PAU SHING	S0132157I	GPC	drivo CLASSIC	SLE5172K	SLE5172K	02/12/2017	01/12/2018
					ſ	Continue				

### Policy Information

			[- 1]		
Sequenc	te Date of Endorsement	Endorse	ement Type	Endorsement Status	Endorsement Content
Unit No.	08-230 d Object: SLE5172K	Related Policy Number	5083220272-01		
Address 4	SINGAPORE 271023	Address Type	Singapore address	Post Code	271023
Address 1	BLK 23 #08-230	Address 2	GHIM MOH LINK	Address 3	GHIM MOH VALLEY
<b>▽</b> Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	0	GST Flag	Υ
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Additional Excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy ssue Date	22/11/2017	Effective Date	02/12/2017 00:00	Expiry Date	01/12/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 23 #08-230 GHIM MOH LIN	K GHIM MOH	VALLEY SINGAPORE 2	71023	
Policy No.	5083220272-01	Policyholder Name	SHUI PAU SHING	Policyholder NRIC	S0132157I

Continue Cancel

#### Claim Handling

Policyholder Name SHU Product Code PRI Contact No.(Mobile) NA Email Address KFK * NCD Protection Yes Accident Details Report Date 20/ Date of Accident 18/ Reporting Centre	J3220272-01 JI PAU SHING VATE CAR INSURANCE No Yes	Cover Type Contact No.(Office) Special Remark	drivo CLASSIC	GST Registration No. Policyholder NRIC Loading Contact No.(Home)	501
Product Code PRI Contact No.(Mobile) NA Email Address  KFK ** NCD Protection Yes  Accident Details  Report Date 20/ Date of Accident 18/ Reporting Centre	VATE CAR INSURANCE	Contact No.(Office)	drivo CLASSIC	Loading	
Contact No.(Mobile) NA Email Address KFK * NCD Protection Yes  Accident Details  Report Date 20/ Date of Accident 18/ Reporting Centre	No Yes	Contact No.(Office)	drivo CLASSIC	The state of the s	0
Email Address  KFK *  NCD Protection Yes  Accident Details  Report Date 20/ Date of Accident 18/ Reporting Centre				Contact No.(Home)	
KFK Yes  Accident Details  Report Date 20/ Date of Accident 18/ Reporting Centre		Special Remark			person
NCD Protection Yes  Accident Details  Report Date 20/ Date of Accident 18/ Reporting Centre				eCode	No
Report Date 20/ Date of Accident 18/ Reporting Centre		TCA No Yes		eCode Reason	
Report Date 20/ Date of Accident 18/ Reporting Centre		NCD Entitlement(%)	50	Private Hire	No
Date of Accident 18/ Reporting Centre					
Reporting Centre	03/2018 08:55	Accident Report Within 24 hrs	Yes	Accident Type	Cha
3.	03/2018	Time of Accident hh:mm	16:35	Country of Accident	Sing
		Orange Force		ICM No.	
Accident Location PIE	TWDS TUAS BEFORE EUNOS EXIT				
<b>▽</b> Benefits					
♥ Excess					
Own damage Excess	600,00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
<ul> <li>Policyholder Mailing Addres</li> </ul>	15			binPosecute	
Address 1 BLK	K 23 #08-230	Address 2	GHIM MOH LINK	Address 3	GH
Address 4 SIN	NGAPORE 271023	Address Type	Singapore address	Post Code	271
Unit No. 08-	-230	Related Policy Number	5083220272-01		
▽ OI Driver Info					
Driver Name Unr	named Driver	Driver Type	Unnamed Driver		
Unnamed driver Name SHI	UI SEOW JUN, ALAN	Driver NRIC	S8927330G	Driver DOB	05/
Register Date of Driver License 30/	/11/2009	Driver Age	28	Driving Experience	8
Contact No.(Mobile) 902	214380	Contact No.(Office)		Contact No.(Home)	
Address 1 BLK	K 691A #04-48	Address 2	CHOA CHU KANG CRESCENT	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	681
Unit No. 04-	-48				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test 0 m	99	Any injury?	Yes No		
Reading?		1011001			
Modification History					
Claim 002 OD-MX New					
Claim 002 OD-MX					
				ram servey Apparatess	- Contract
Claim Type * Of	D-MX	Insured Name	SHUI PAU SHING	Insured NRIC	S01
Contact No.(Mobile) 903	214380	Contact No.(Home)		Contact No.(Office)	-
Email Address		OI Vehicle Number	SLE5172K	TP Vehicle Number	SJU
Claim Description SLI	E5172K / SJU6772L ON 18 Mar 2018		240	Name of Preferred Workshop	L
Preferred Workshop Contact		Insured Liability *	Partially at Fault		
No. Leguire Finalisation Ye	·s v	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Re
THE STATE OF THE S	/03/2018 10:12	Claim Close Date		Date Received	20/
		Workshop Repairer		Total Loss but Repaired	
490,9880,0880,0880	ISHNASAMY	tron rearrest treatment			
Print AK letter					_

# Claim Handling( Claim Task 002 OD-MX)

Accident No.

MT/0986700

Claim No.

Last Doc. Received

Yes O No

Upload Date

20/03/2018 10:10

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#### Attachment List

✓ Attachment	List					
Attachment		Uploaded By/Date	Category	9	Urgency	Descrip
二里	NAC_PAYA_UBJ_800601( NA	ATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 10:12	NRIC/ Driving License		Normal	NRIC/ Driving Lice
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