



## 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 withholding 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.**
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 aforesaid.

### ACCIDENT STATEMENT

|                            |                       |
|----------------------------|-----------------------|
| Date Of Report             | 25/05/2018 10:04      |
| Date Of Accident           | 25/05/2018 08:35      |
| Exact Location Of Accident | AYE TO WOODLANDS CITY |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJX2615T             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | FAST PAUL SERVICES   |
| Co Reg No                   | 53318593M            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96968608 |
| Alternative Phone No        | OFFICE-96968608      |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | TOYOTA          |
| Model  | VELLFIRE 2.4Z A |
| Exact Purpose for which vehicle was being used at time of accident           | WORK            |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO              |
| If No, Please state action to be taken                                       | REPORTING ONLY  |
| Vehicle Category   | PRIVATE HIRE    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5081425699-01                          |
| Cover Note Number         |  |

### Driver

|                      |                                   |
|----------------------|-----------------------------------|
| Name of Driver       | PAUL ANG HIAP HUAT ( WANG XIEFA ) |
| NRIC No              | S7108395J                         |
| Date Of Birth        | 11/03/1971                        |
| Occupation           | OUTDOOR                           |
| Date Of Driving Pass | 04/09/2014                        |
| Driving Experience   | 3 YEARS AND 8 MONTHS              |
| Gender               | MALE                              |
| Mobile Number        | (LOCAL) +65-96968608              |
| Fax Number           |                                   |
| Contact Number       | OTHERS-96968608                   |
| Email Address        | NOEMAIL                           |

Address BLK 13 JOO SENG ROAD  
#02-61  
Postcode 360013  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
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  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance? NO  
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) 3  
Passenger 1  
NAME: : NIL  
GENDER: : FEMALE  
Passenger 2  
NAME: : NIL  
GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: PLS REFER TO WORKSHOP  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH6833P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WANG YEE CHOON ( WANG YICHUN )  
NRIC/Passport Number S8123596A  
Contact Number 90060059  
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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  
Date & Time:

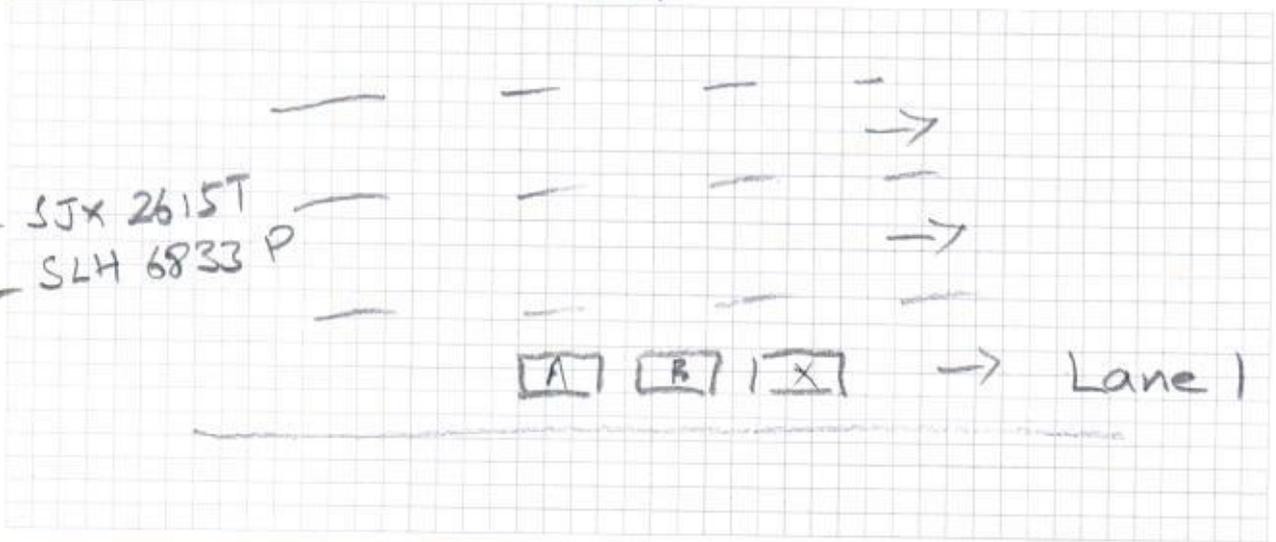
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

AYE to warward City

A - SJX 2615T  
B - SLH 6833 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving towards AYE City direction off Clementi Rd Exit on lane 1. Vehicle B suddenly stop on emergency brake and Vehicle A hit Vehicle B. Vehicle B hit Vehicle X and Vehicle A hit Vehicle B.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

*S. S. 25/5/2018*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7108395J



Name  
**PAUL ANG HIAP HUAT  
(WANG XIEFA)**



Race  
**CHINESE**  
Date of birth  
**11-03-1971**  
Country/Place of birth  
**SINGAPORE**  
Sex  
**M**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7108395J**  
Name:

**PAUL ANG HIAP HUAT  
(WANG XIEFA)**

Birth Date: **11 Mar 1971**  
Issue Date: **04 Sep 2014**



5247718



NRIC No: **S7108395J**



Date of issue  
**27-11-2013**

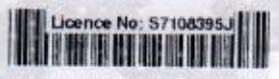
**APT BLK 13 JOO SENG ROAD #02-61  
SINGAPORE 360013**

NRIC No: **S7108395J** Date: **17/05/2015**

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

EFFECTIVE DATE

**Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg** 04 Sep 2014



NP 428A

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Search

| Select                | Policy No.    | Policyholder Name  | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5081425699-01 | FAST PAUL SERVICES | 53318593M         | GPC     | drivo CLASSIC | SJX2615T    | SJX2615T       | 20/09/2017    | 19/09/2018  |

Continue

▼ **Policy Information**

|                             |   |                             |                    |                   |                  |
|-----------------------------|---|-----------------------------|--------------------|-------------------|------------------|
| Policy No.                  | 5081425699-01   | Policyholder Name           | FAST PAUL SERVICES | Policyholder NRIC | 53318593M        |
| Address                     | BLK 13 #02-61 JOO SENG ROAD JOO SENG HEIGHTS SINGAPORE 360013 |                             |                    |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE   | Plan                        |                    | Group Policy Flag | N                |
| Policy issue Date           | 14/09/2017  | Effective Date              | 20/09/2017 00:00   | Expiry Date       | 19/09/2018 23:59 |
| Third Party Excess          | 1500  | Own damage Excess           | 2000               | Windscreen Excess | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                  |                   |                  |
| Outside Singapore OD Excess | 2000  | Outside Singapore TP Excess | 1500               |                   |                  |
| Agent                       | ALPS ASSOCIATE PTE. LTD.                                      | Agent Tel.                  | 62993978           | GST Flag          | Y                |
| Co-insurance Flag           | No  |                             |                    |                   |                  |
| Open Policy Info            |   |                             |                    |                   |                  |
| Certificate Info            |   |                             |                    |                   |                  |

▼ **Policyholder Mailing Address**

|           |                  |                       |                   |           |                  |
|-----------|------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 13 #02-61    | Address 2             | JOO SENG ROAD     | Address 3 | JOO SENG HEIGHTS |
| Address 4 | SINGAPORE 360013 | Address Type          | Singapore address | Post Code | 360013           |
| Unit No.  | 02-61            | Related Policy Number | 5081425699-01     |           |                  |

▶ **Insured Object: SJX2615T**

▼ **Endorsements**

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1        | 27/09/2017 00:00    | Basic Information Endorsement | Endorsement Take Effective | orangeeye0514 -To less \$100 on renewal premium for Orange Eye discount. |

## Claim Handling

Accident MT/0995906

|                     |  |                     |  |                      |     |
|---------------------|--|---------------------|--|----------------------|-----|
| Policy No.          | 5081425699-01                                      | Vehicle No.         | SJX2615T   | GST Registration No. |     |
| Policyholder Name   | FAST PAUL SERVICES                                 |                     |  | Policyholder NRIC    | 533 |
| Product Code        | PRIVATE CAR INSURANCE                              | Cover Type          | drive CLASSIC                                      | Loading              | 0   |
| Contact No.(Mobile) | NA   | Contact No.(Office) |  | Contact No.(Home)    |     |
| Email Address       |  | Special Remark      |  | eCode                | No  |
| KFK                 | <input type="radio"/> No <input type="radio"/> Yes | TCA                 | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason         |     |
| NCD Protection      | No   | NCD Entitlement(%)  | 0  | Private Hire         | Not |

## ▼ Accident Details

|                   |                       |                               |       |                     |       |
|-------------------|-----------------------|-------------------------------|-------|---------------------|-------|
| Report Date       | 25/05/2018 15:09      | Accident Report Within 24 hrs | Yes   | Accident Type       | Colli |
| Date of Accident  | 25/05/2018            | Time of Accident hh:mm        | 08:35 | Country of Accident | Sing  |
| Reporting Centre  |                       | Orange Force                  |       | ICM No.             |       |
| Accident Location | AYE TO WOODLANDS CITY |                               |       |                     |       |

## ▼ Benefits

## ▼ Excess

|                       |          |                             |          |                   |      |
|-----------------------|----------|-----------------------------|----------|-------------------|------|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0        | Windscreen Excess | 100. |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 2,000.00 |                   |      |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |      |

## ▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

## ▼ Policyholder Mailing Address

|           |                  |                       |                   |           |      |
|-----------|------------------|-----------------------|-------------------|-----------|------|
| Address 1 | BLK 13 #02-61    | Address 2             | 100 SENG ROAD     | Address 3 | 100  |
| Address 4 | SINGAPORE 360013 | Address Type          | Singapore address | Post Code | 3601 |
| Unit No.  | 02-61            | Related Policy Number | 5081425699-01     |           |      |

## ▼ OI Driver Info

|   |  |                     |                   |                        |      |
|---|--|---------------------|-------------------|------------------------|------|
| Driver Name                             | PAUL ANG HIAP HUAT                                 | Driver Type         | Main Driver       |                        |      |
| Unnamed driver Name                     |  | Driver NRIC         | S7108395J         | Driver DOB             | 11/0 |
| Register Date of Driver License         | 04/09/2014   | Driver Age          | 47                | Driving Experience     | 3    |
| Contact No.(Mobile)                     | 96968608   | Contact No.(Office) |                   | Contact No.(Home)      |      |
| Address 1                               | BLK 13 #02-61                                      | Address 2           | 100 SENG ROAD     | Address 3              | 100  |
| Address 4                               | SINGAPORE 360013                                   | Address Type        | Singapore address | Post Code              | 3601 |
| Unit No.                                | 02-61  |                     |                   |                        |      |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |      |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 002 OD-MX **New**

|   |                                    |                         |                                  |                            |      |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type *  | OD-MX                              | Insured Name            | FAST PAUL SERVICES               | Insured NRIC               | 533  |
| Contact No.(Mobile)                                 | 96968608                           | Contact No.(Home)       |                                  | Contact No.(Office)        | NIL  |
| Email Address                                       |                                    | OI Vehicle Number       | SJX2615T                         | TP Vehicle Number          | SLH  |
| Claim Description                                   | SJX2615T / SLH6833P ON 25 May 2018 |                         |                                  | Name of Preferred Workshop |      |
| Preferred Workshop Contact No.                      |                                    | Insured Liability *     | Partially at Fault               |                            |      |
| Require Finalisation                                | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Rec  |
| Date Registered                                     | 25/05/2018 17:32                   | Claim Close Date        |                                  | Date Received              | 25/0 |
| Report Taken By                                     | KRISHNASAMY                        | Workshop Repairer       |                                  | Total Loss but Repaired    |      |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                            |      |

Save Submit

## Attachment



Accident No.

MT/0995906

Claim No.

002

Last Doc. Received

Yes  No

Upload Date

25/05/2018 17:25

Path \*

- No file chosen
- 

| Category *                           |               | Confidential | Urgency * |
|--------------------------------------|---------------|--------------|-----------|
| <input type="button" value="Clear"/> | Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> | Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> | Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> | Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> | Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> | Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> | Please Select | NO           | Normal    |

Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Descrip.           |
|------------|--|-----------------------|---------|--------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:32 | NRIC/ Driving License | Normal  | NRIC/ Driving Lice |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:26 | SAS                   | Normal  | SAS 2018           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:25 | Photos                | Normal  | Photos 20:         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:25 | Photos                | Normal  | Photos 20:         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:25 | Photos                | Normal  | Photos 20:         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:24 | Photos                | Normal  | Photos 20:         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:24 | Photos                | Normal  | Photos 20:         |
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|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:23 | Photos                | Normal  | Photos 20:         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:23 | Photos                | Normal  | Photos 20:         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:23 | Photos                | Normal  | Photos 20:         |