

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 14:51
Date Of Accident	24/05/2018 17:15
Exact Location Of Accident	WOODLAND AVE 2 TWDS TO WOODLAND AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA9259M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ADRIAN ROGELIO GALAURA @GALAURA ADRIAN RO
NRIC No	S1821401F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97625968
Alternative Phone No	OTHERS-97625968

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5098329371
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ADRIAN ROGELIO GALAURA @GALAURA ADRIAN RO
NRIC No	S1821401F
Date Of Birth	29/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97625968
Fax Number	
Contact Number	OTHERS-97625968
Email Address	NOEMAIL

Address	BLK 622 WOODLANDS DRIVE 52 #07-34
Postcode	730622
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 - 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)	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

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	GBB5666L
Vehicle Make/Model/Colour	TOYOTA / DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANAN
NRIC/Passport Number	
Contact Number	90017444
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.
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
Date & Time:



Driver's Signature
(if driver is not the policyholder)



Reporting Centre Person's Signature

~~Handwritten signature and date 25/5/2018~~

SKETCH PLAN

woodland Ave 2 towards Ave 1

A SJA 9259M

B GBB 5666L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/5/18 AT AROUND 5.15PM I WAS DRIVING MY VEHICLE SJA 9259M ALONG WOODLANDS AVE 2 TOWARDS AVE 1. TRAFFIC WAS HEAVY, FRONT VEHICLES STOPPED, I ALSO STOP, BUT VEHICLE GBB 5666L HIT ONTO MY REAR OF MY VEHICLE DRIVER GBB 5666L WANTED TO DO PRIVATE SETTLEMENT WITH ME. AFTER MY WORKSHOP QUOTED HIM THE DAMAGE OF REPAIR AND RENTAL, HE ADVISE ME TO CLAIM HIS INSURANCE.

DECLARATION

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

Date & Time:

(If driver is not the policyholder)
Date & Time:

Name:
NRIC/FIN No.:

25/5/2018

VEHICLE NO: SJA 9259M

MAKE & MODEL : Toyota vios

DATE OF ACCIDENT	24 / 05 / 2018	
TIME OF ACCIDENT	5 15 AM (PM)	
LOCATION OF ACCIDENT	Woodland Ave 2 Towards to Woodland Ave 1	
Exact Purpose use during accident		
NAME OF OWNER	Muhammad Adrian Rogelio Galaura @ Galaura Adrian Rogelio	
TELP NO	9762 5968	
NRIC	S1821401F	
CLAIM TYPE	OD / (THIRD PARTY) Reporting Only	
PRIVATE HIRE	(YES) NO ?	
INSURANCE CO.	NTUC Income	
TYPE OF COVERAGE	Comprehensive / Third Party / (Third Party Fire & Theft)	
POLICY NO.	509 8 329371	
NAME OF DRIVER	(As above) / If No:	
NRIC		
DATE OF BIRTH	29 / 10 / 1967	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	23 / 06 / 1997	
GENDER	(Male) / Female	
CONTAC NO.	Office:	Home:
ADDRESS		
DRIVER HAVE ANY OWN Vehicle	(NO) / If yes : Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	(Clear) / Raining / Other :	
ROAD SURFACE	(Dry) / Wet / Other :	
ANY INJURIES	(No) / If yes : Who?	
CONTAC NO.		
POLICE REPORT	(No) / If yes : Where?	
VEHICLE B NO.	GBB 5662	Toyota Dyna Any Passenger :
NAME	Karan	
CONTAC NO.	9001 7444	
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	6 Speed Autoworkz Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15	9067 2582 Anson Ang
FAX NO.	Singapore 417883	Fax : 6384 7039
	Telp : 67476106 (6 lines)	email : 6speedautoworkz@gmail.com

* Private Hire

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1821401F**
 Name: **MUHAMMAD ADRIAN ROGELIO GALAURA**
 Birth Date: **29 Oct 1967**
 Issue Date: **10 May 2003**

000469238F



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1821401F**



Name: **MUHAMMAD ADRIAN ROGELIO GALAURA @GALAURA ADRIAN ROGELIO**

Race: **FILIPINO**
 Date of Birth: **29-10-1967**
 Country of Birth: **SINGAPORE**

Sex: **M**

29-10-1967

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

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

PASS DATE
23 Jun 1997

Licence No. **S1821401F**



428A



NRIC No. **S1821401F**

Blood Group: **B+** Date of issue: **30-09-1991**

APT BLK 622 WOODLANDS DRIVE 52 #07-34 SINGAPORE 730622

NRIC No: **S1821401F**

Date: **15-11-2003** No: **4004437**

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"/>	5098329371	MUHAMMAD ADRIAN ROGELIO GALAURO @GALAURO ADRIAN ROGELIO	S1821401F	GPC	Third Party, Fire & Theft	SJA9259M	SJA9259M	26/02/2018	25/02/2019

Continue

▼ **Policy Information**

Policy No.	5098329371	Policyholder Name	MUHAMMAD ADRIAN ROGELIO (Policyholder NRIC	S1821401F
Address	BLK 622 #07-34 WOODLANDS DRIVE 52 SINGAPORE 730622				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/02/2018	Effective Date	26/02/2018 00:00	Expiry Date	25/02/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 622 #07-34	Address 2	WOODLANDS DRIVE 52	Address 3	SINGAPORE 730622
Address 4		Address Type	Singapore address	Post Code	730622
Unit No.		Related Policy Number	5098329371		

▶ **Insured Object: SJA9259M**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/02/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Feb 2018, this policy is extended to include Free NCD protection and is subject to Endorsement M4 enclosed.

Claim Handling

Accident MT/0995936

Policy No.	5098329371	Vehicle No.	SJA9259M	GST Registration No.	
Policyholder Name	MUHAMMAD ADRIAN ROGELIO GALAURA @GALAURA ADRIAN ROGELIO			Policyholder NRIC	S18
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97625968	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

▼ Accident Details

Report Date	25/05/2018 16:54	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	24/05/2018	Time of Accident hh:mm	17:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLAND AVE 2 TWDS TO WOODLAND AVE 1				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 622 #07-34	Address 2	WOODLANDS DRIVE 52	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7300
Unit No.		Related Policy Number	5098329371		

▼ OI Driver Info

Driver Name	MUHAMMAD ADRIAN ROGELIO GALAURA @GALAURA ADRIAN ROGELIO	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S1821401F
Register Date of Driver License	01/01/2000	Driver Age	50
Contact No.(Mobile)	97625968	Contact No.(Office)	0
Address 1	BLK 622	Address 2	WOODLANDS DRIVE 52
Address 4		Address Type	Singapore address
Unit No.	#07-34	Address 3	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	7300
		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 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAMMAD ADRIAN ROGELIO	Insured NRIC	S18	
Contact No.(Mobile)	97625968	Contact No.(Home)	68938334	Contact No.(Office)		
Email Address		OI Vehicle Number	SJA9259M	TP Vehicle Number	GBB	
Claim Description	SJA9259M / GBB5666L ON 24 May 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	25/05/2018	
Date Registered	25/05/2018 17:02	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				

 Print AK letter

Save Submit

Attachment

▼

Accident No. MT/0995936 Claim No. 001
 Last Doc. Received * Yes No Upload Date 25/05/2018 17:00

Path *

Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal
Message Read		Clear	Please Select	Confidential	NO	Urgency *	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:02	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:00	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 17:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 16:58	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------