

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 willful 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	05/06/2018 18:28
Date Of Accident	03/06/2018 14:30
Exact Location Of Accident	JUNC CHOA CHU KANG RD & BRICKLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8648L
Insured/Policyholder	
Name Of Registered Owner	GS DESIRES
Co Reg No	53327986X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077441710-02
Cover Note Number	

Driver

Name of Driver	KOIT ENG GIOK
NRIC No	S6875112H
Date Of Birth	06/11/1968
Occupation	INDOOR
Date Of Driving Pass	31/03/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96982405
Fax Number	
Contact Number	OFFICE-96982405
Email Address	NOEMAIL

Address BLK 13 BEDOK RESERVOIR VIEW
#02-03

Postcode 478932

Was driver an employee of the Insured's Company YES

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

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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: : -
GENDER: : MALE

Passenger 2
NAME: : -
GENDER: : FEMALE

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

REFER TO 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 SLN8125E

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)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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.

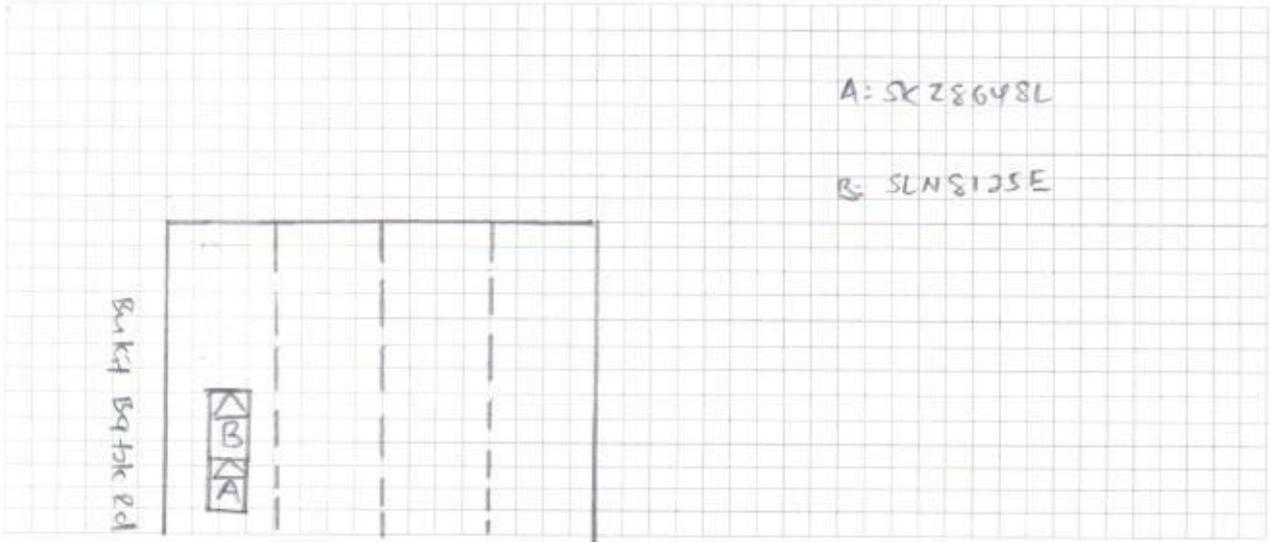


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/6/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

(The rest of the form is crossed out with a diagonal line.)

DECLARATION

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



Policyholder's Signature
Date & Time:

(Handwritten signature)

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

Date & Time: 5/6/18

(Handwritten signature)

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEHIND VEHICLE B AS IT WAS CONGESTED. I PULLED UP MY VEHICLE HAND BRAKE AND I WAS STEPPING THE BRAKE. SUDDENLY MY VEHICLE INCH FORWARD AND SLIGHTLY TOUCH ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 6 / 18) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: Junc choa chu kang Rd & Bridleland Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JKZ8648L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 507741710-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: GS Desires (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53327986X CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Kaif Eng Gialk (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 56875124 CONTACT: 96982405
c) ADDRESS: Blk B Bedole Reservoir view #02-03 (428932)

*d) DATE OF BIRTH: (6 / 11 / 1968) (DD / MM / YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 31 / 3 / 1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SUN8125E MODEL: _____ *No of passs
b) DRIVER'S NAME: _____ (Including dr
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (2)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of passi
e) DRIVER'S NAME: _____ (Including d
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (-)

email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6875112H



Name
KOIT ENG GIOK

郭英月

Race
CHINESE

Date of Birth
06-11-1968

Sex
F

Country of Birth
KELANTAN



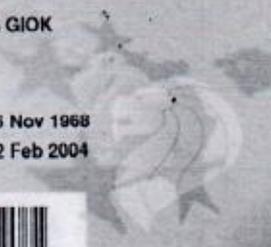

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6875112H

Name
KOIT ENG GIOK

Birth Date: 06 Nov 1968

Issue Date: 12 Feb 2004


001118567E

8113489




NRIC No. S6875112H

Nationality
MALAYSIAN

Blood Group Date of issue
A+ 31-03-1994

BLK 13 BEDOK RESERVOIR VIEW #02-03
SINGAPORE 478932

NRIC No. S6875112H Date 05-03-2002 No. 4182688

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	31 Mar 1994
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Mar 1994



NP 428A

Licence No. S6875112H



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"/>	5077441710-02	GS DESTRES	53327986X	GPC	drivo CLASSIC	SKZ8648L	SKZ8648L	05/02/2018	04/02/2019

Continue

Policy Information

Policy No.	5077441710-02	Policyholder Name	GS DESIRES	Policyholder NRIC	53327986X
Address	13 BEDOK RESERVOIR VIEW #02-03 AQUARIUS BY THE PARK SINGAPORE 478932				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/01/2018	Effective Date	05/02/2018 00:00	Expiry Date	04/02/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	TAN WEI AUTO PTE. LTD.	Agent Tel.	64535535	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	13 BEDOK RESERVOIR VIEW	Address 2	#02-03 AQUARIUS BY THE PARI	Address 3	SINGAPORE 478932
Address 4		Address Type	Singapore address	Post Code	478932
Unit No.	01-29	Related Policy Number	5077441710-02		

Insured Object: SKZ8648L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/0997429

Policy No.	5077441710-02	Vehicle No.	SK28648L	GST Registration No.	
Policyholder Name	OS DESIRES	Cover Type	drive CLASSIC	Policyholder NRIC	53327966X
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		

Accident Details

Report Date	05/06/2018 20:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/06/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC CHOA CHU KANG RD & BRICKLAND RD				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	13 BEDOK RESERVOIR VIEW	Address 2	#02-03 AQUARIUS BY THE PARK	Address 3	SINGAPORE 478932
Address 4		Address Type	Singapore address	Post Code	478932
Unit No.	01-29	Related Policy Number	5077441710-02		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/11/1968
Unnamed driver Name	KOIT ENG GIOK	Driver NRIC	S6875112H	Driving Experience	24
Register Date of Driver License	31/03/1994	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	96982405	Contact No.(Office)	0	Address 3	SINGAPORE 478932
Address 1	13 BEDOK RESERVOIR VIEW	Address 2	AQUARIUS BY THE PARK	Post Code	478932
Address 4		Address Type	Singapore address		
Unit No.	02-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
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Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	OS DESIRES	Insured NRIC	53327966X
Contact No.(Mobile)	96982405	Contact No.(Home)		Contact No.(Office)	63668773
Email Address		01 Vehicle Number	SK28648L	TP Vehicle Number	SLN8125E
Claim Description	SK28648L / SLN8125E ON 3 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	05/06/2018 00:00
Date Registered	05/06/2018 20:46	Claim Close Date			
Report Taken By	Jarkoon				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0997429	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/06/2018 20:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	SAS	Normal	SAS 2018-6-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 20:46	Photos	Normal	Photos 2018-6-5		Edit

or [Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
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