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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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.
- 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.

manufacture and professional tracks.	ACCIDENT STATEMENT
Date Of Report	21/07/2018 15:17
Date Of Accident	20/07/2018 16:45
Exact Location Of Accident	MOULMEINRD TWDS THOMSONRD TURNTO JALAN TANTOCKSENG
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ7317J
Insured/Policyholder	
Name Of Registered Owner	CHUR CHIN SOON
NRIC No	S9125374G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97204967
Alternative Phone No	OTHERS-97204967
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X 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	THIRD PARTY
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	5092789935-01
Cover Note Number	
Driver	
Name of Driver	CHUR CHIN SOON
NRIC No	S9125374G
Date Of Birth	25/07/1991
Occupation	INDOOR
Date Of Driving Pass	11/11/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97204967
Fax Number	
Contact Number	OTHERS-97204967

NOEMAIL

Address BLK 167 HOUGANG AVENUE 1

#01-1566 530167

Was driver as employee of the Insured's Company NO

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

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO 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)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

MOULMEIN NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2508999 - FAX NO: 63554312

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180720/2176

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 SKW9754Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMAD FADHLI BIN JAFFAR

NRIC/Passport Number S8315239G Contact Number 87006484

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHUR CHIN SOON

NECK & SHOULDER

SLQ7317J

YES

IMPORTANT NOTICE

- Please report <u>correctly</u> 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>grathful</u> and accurate as possible. 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.
- 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.
- 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.
- 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.

Chun

Policyholder's Signature Date & Time: ritia.

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

Name: NRIC/FIN No.:

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DECLARATION	iculars are true in every res	pect.		\	<u> </u>
DECLARATION i/We declare the foregoing part		pect.		\	21/7/
DECLARATION //We declare the foregoing part CHU! Policyholder's Signature	iculars are true in every responding to the designature	pect.	Reportir	ng.Centre Person	21 7

2 of 3

Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101

Report No. T/20180720/2176

Tel No: 1800-25089999

CONTINUATION OF REPORT

Any Pedestrian	Involved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Name	Muhamad Fadhli Bi	n Jaffar		ID No).	S8315239G	
Related Vehicle	SKW9754Y (Car)				act No.	87006484	
Hospital/Clinic	NIL			tal/Clinic NIL Class of Driving Licence & Expiry Da		g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		
Driver							
Name	CHUR CHIN SOON	CHUR CHIN SOON				S9125374G	
Related Vehicle	SLQ7317J (Car)		Conta	ct No.	97204967		
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL		
No. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

On 20/07/2018 at about 1645hrs, I was travelling along Moulmein road towards Thomson Road in my vehicle (SLQ7317J). I wanted to turn into Jalan Tan Tock Seng and waited at the junction for the traffic light. Suddenly I felt an impact from the rear and discovered that one Ambulance (SKW9754Y) had collided into my vehicle.

The driver and I then met up at the Tan Tock Seng Emergency and exchanged particulars. I was informed that the ambulance was from SengKang fire station and was advised to lodge a traffic accident report.

My vehicle had in car camera installed. My vehicle rear bumper was dented.

No police was called in

V 8-47

Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 Tel No: 1800-25089999 3 of 3 Report No. T/20180720/2176

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: E / Staff Sgt LEE CHONG SAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2018 19:01
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
SN 080	

TICE

..e and submit this form to the individual insurance authorised reporting centre. se report correctly on the details of the accident to speed up the claim process.

this form must be filled up by the policy holder and/or authorised driver.

information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

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 traffic police department for investigation.

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Was other vehicle damaged?	Yes 🗹	No 🗆		
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Name	Muhamad FadHI: Bin Jaffar
NRIC / Fin / Passport number	583152396
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Was injured conveyed to	Yes 🗆	No a
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BIBI NESS HERS HARE SIN LABOR BIRTH EET 1881





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04-08-2006

Addices

APT BLK 167 HOUGANG AVENUE 1

#01-1566 SINGAPORE 530167 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 11 Nov 2011 of the driver; and other motor vehicles =< 2500kg

Licence No: S9125374G

NP 428A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9125374G



Hame

CHUR CHIN SOON

徐 Race

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Race CHINESE

CHINESE Date of birth 25-07-1991 Country of with

SINGAPORE

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REPUBLIC OF SINGAPORE DRIVING LICENCE

DESCRIPTION BY 1 2 5 3 7 4 G

GHURCHIN SOON

1 That: 25 Jul 1991

There Date: 11 Nov 2011

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Notice of Loss	Policy N	lo.				Date of Acc	ident	20/07/	2018 16:45	7
	Vehicle	No.(For Motor)	SLQ73173					J.		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092789935- 01	CHUR CHIN SOON	S9125374G	GPC	drivo CLASSIC		SLQ73173	20/07/2018	19/07/201

Policy Information

Policy No.	5092789935-01	Policyholder Name	CHUR CHIN SOON	Policyholder NRIC	S9125374G
Address	BLK 167 #01-1566 HOUGANG	AVENUE 1 SING	GAPORE 530167	THE STATE OF THE S	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/07/2018	Effective Date	20/07/2018 00:00	Expiry Date	19/07/2019 23:59
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		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	BLK 167 #01-1566	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530167
Address 4		Address Type	Singapore address	Post Code	530167
Jnit No.	01-1566	Related Policy Number	5092789935-01		
▶ Insured	d Object: SLQ7317J				
▼ Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endor	rsement Status	Endorsement Content

Continue Cancel

Attachment

Claim Handling Accident MT/1004008 Policy No. 5092789935-01 Vehicle No. SLQ73171 GST Registration No. Policyholder Name CHUR CHIN SOON Policyholder NRIC 591 Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 97204967 Contact No.(Office) Contact No.(Home) 0 Email Address Special Remark eCode No . No Yes TCA No S Yes eCode Reason NCD Protection No NCD Entitlement(%) 10 Private Hire No **▽** Accident Details Report Date 23/07/2018 09:40 Accident Report Within 24 hrs Yes Accident Type Colli Date of Accident 20/07/2018 Time of Accident hh:mm 16:45 Country of Accident Sing Reporting Centre Orange Force ICM No. Accident Location MOULMEINRD TWDS THOMSONRD TURNTO JALAN TANTOCKSENG **▽** Benefits ▽ Excess Own damage Excess 600.00 Additional Excess 0 Windscreen Excess 100 Unnamed Driver Excess 0.00 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** Yes Modification History Policyholder Mailing Address Address 1 BLK 167 #01-1566 Address 2 HOUGANG AVENUE 1 Address 3 SIN Address 4 Address Type Singapore address Post Code 530 Unit No. 01-1566 Related Policy Number 5092789935-01 ♥ OI Driver Info Driver Name CHUR CHIN SOON Driver Type Main Driver Unnamed driver Name Driver NRIC S9125374G Driver DOB 25/0 Register Date of Driver License 11/11/2011 Driver Age 26 Driving Experience Contact No.(Mobile) 97204967 Contact No.(Office) 0 Contact No.(Home) 0 Address 1 BLK 167 Address 2 HOUGANG AVENUE 1 Address 3 Address 4 Address Type Singapore address Post Code 530 Unit No. #01-1566 Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test 0 mg Any injury? Yes No Reading? Modification History Claim 001 OD-MX Claim Type * OD-MX . Insured Name CHUR CHIN SOON Insured NRIC 591 Contact No.(Mobile) 97204967 Contact No.(Home) 63447667 Contact No.(Office) Email Address stupizboz@hotmail.com OI Vehicle Number SLQ73173 TP Vehicle Number Claim Description SLQ7317) / SKW9754Y ON 20 Jul 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability . Not at Fault • Require Finalisation Preferered Repair Option . Preferred Workshop, Name unknown GIA report Rec Date Registered 23/07/2018 09:48 Claim Close Date Date Received 23/0 Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired Print AK letter Save Submit

Accident No.

MT/1004008

Claim No.

Last Doc. Received

* Yes O No

Upload Date

23/07/2018 09:45

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	Category •		Confide	ential	Urgency *	
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▽ Attachment List

Attachment		Uploaded By/Date	9/#220.000000	0		
·		opioaca appare	Category	P	Urgency	Descr
2 " 1212	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:47	NRIC/ Driving License		Normal	NRIC/ Driving Lk
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War.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:45	Photos		Normal	Photos 20
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6	NAC_PAYA_UB1_800601(N	ATTIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:44	Photos		Normal	Photos 20
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