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Owner / Driver: (Tel:)	
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SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate 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

dictional,	
Mary Control of the C	ACCIDENT STATEMENT
Date Of Report	25/07/2018 14:39
Date Of Accident	09/02/2018 16:35
Exact Location Of Accident	BEATTY LANE TWDS TYRWHITT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM1410H
Insured/Policyholder	
Name Of Registered Owner	KOH LAI KIAT
NRIC No	S7502666H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93638080
Alternative Phone No	OFFICE-93638080
Vehicle Particulars	
Manufacturer	HONDA
Model	EDIX 1.7 A
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089452750
Cover Note Number	
Driver	

Name of Driver KOH LAI KIAT (XU LAIJIE) NRIC No S7502666H

Date Of Birth 26/01/1975 Occupation INDOOR Date Of Driving Pass 02/02/1993

Driving Experience 25 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93638080

Fax Number

Contact Number OFFICE-93638080

EMail Address NOEMAIL Address 31 BISHAN STREET 11

#27-06

Postcode 579819

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

8

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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) 0

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?

If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS STATIONARY PARKED ON A PARKING LOT ALONG BEATTY LANE. WHEN I COME BACK MY VEHICLE AND I REALIZE THAT MY VEHICLE WAS OUT OF THE PARKING LOT WHICH SLIGHTLY GRAZED ONTO VEHICLE FRONT PORTION. I ASSUME THAT I DID NOT PULL UP MY VEHICLE HANDBRAKE.

NO

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 SJN2679L

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)

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.
- 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.
- 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:

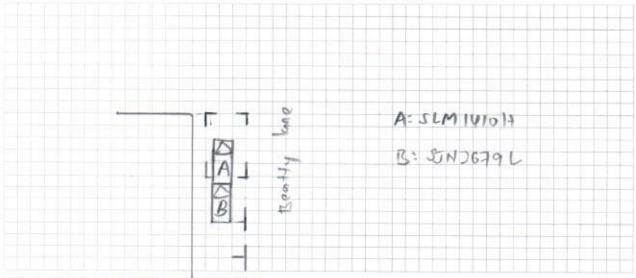
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

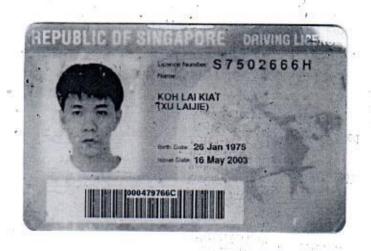
DECLARATION

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

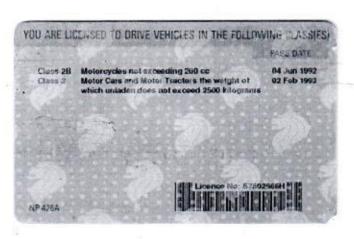
Policyholder's Signature Date & Time:

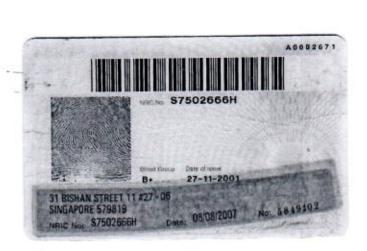
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GUARAC Seatch/fundor - Va









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Hello, NAC_PAYA_UBI_80	0601					13	Change Lan	guage '	Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	la.				Date of Ac		09/02	2018 16:35	7
	Vehicle	No.(For Motor)	SLM1410H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089452750	KOH LAI KIAT	S7502666H	GPC	drivo CLASSIC	SLM1410H	SLM1410H	05/04/2017	04/04/2018
	0	5089452750				J. Section and Section .		200000000000000000000000000000000000000		

Claim Handling Accident MT/0988705							
Policy No.	5089452750	Vehicle No.	SUM1410H	GST Registration N	No.		
Policyholder Name	KOH LAI KIAT			Policyholder NRIC		57502666H	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		0	
Contact No.(Mobile)	NA.	Contact No.(Office)	and opposit	Contact No.(Home		0	
mar Address		Special Remark				Total Control	
EFK .	® No ○ Yes	TCA	8 to 0 to	eCode		No. V	
ICD Protection	Yes		® No ○Yes	eCode Reason			
♥ Accident Details	146	NCD Entitlement(%)	50	Private Hire		Not available	
eport Date	03/04/2018 11:21	With the Property of the Control of					
		Accident Report Within 24 hrs	Yes	Accident Type		Unknown	
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Reporting Centre		Orange Force		JCM No.			
vocident Location	BEATTY LANE						
▽ Benefits							
₩ Excess							
Iwn damage Excess	600.00	Additional Excess	0	Windscreen Excess	s	100	
Innamed Driver Excess	0.00	Outside Singapore OD Excess	600.00				
hird Party Excess	0.00	Outside Singapore TP Excess	0.00				
SGST Registered Inform	sation						
ST Registered	No		GST Registration Date				
ST Registration No.			GST Status Verified	Yes			
fodification History							
▼ Policyholder Mailing Ar	ddees						
ddress 1	31 BOSHAN STREET 11	Arktrase 3	ACT DE BURNAN LOUY	440000		MANAGEMENT OF THE STATE OF THE	
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	200	Address Type	Singapore address	Post Code		579819	
Init No.	27-06	Related Policy Number	5089452750				
		1220000					
nnamed driver Name		Oriver Type					
		Driver NRIC		Driver DOS			
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		Driver Age		arriving coperation			
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Register Date of Driver License Contact No. (Mobile) Address :1 Address 4 Janes 4 Josephe own a Singapore Legistered car?	○ Yes ③ No	Contact No. (Office) Address 2	Foreign address	Contact No.(Home) Address 3	0.0		
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