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	Assessment/Sur		1		
TP Insurer:	Ass't Report by		Owner/Wksp		
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TP Particulars: Veh No: JUST 10		INC ()/Non-INC()	rax:	
Owner / Driver: (· INC (Tel:	1	
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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 witholding 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.
- 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.

Michigan Company of the Company of t	ACCIDENT STATEMENT
Date Of Report	26/10/2018 16:55
Date Of Accident	25/10/2018 17:20
Exact Location Of Accident	ALONG BKE (SLE) BEFORE SLE EXIT
Country/State of Loss	SINGAPORE
CAN A STATE OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ6299H
Insured/Policyholder	
Name Of Registered Owner	GODSPEED AUTOMOBILE
Co Reg No	53207510B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83383363
Alternative Phone No	OFFICE-83383363
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5087977861-01
Cover Note Number	
Driver	
Name of Driver	YEO ZHI LU
NRIC No	S8433956C
Date Of Birth	18/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94679723
ax Number	
Contact Number	OFFICE-94679723
EMail Address	NOEMAIL

BLK 489A CHOA CHU KANG AVENUE 5 Address

#04-185

Postcode 681489

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

Passenger 2

NAME: .

GENDER: : FEMALE

Passenger 3

NAME:

GENDER: : FEMALE

Passenger 4

NAME:

: -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

5

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 BKE (SLE). SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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

SLS651D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver SEE HONGZE, ALEX (SHI HONGZE, ALEX)

NRIC/Passport Number S8340443D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

PRIVATE CAR

GENDER:

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 <u>truthful and accurate as possible</u>. 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.
- 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:
 - (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:

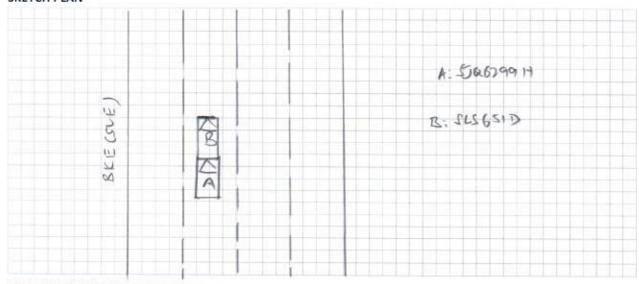
AU

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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neter to	Hatement.	

DECLARATION

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

Policyholder's Signature Date & Time:

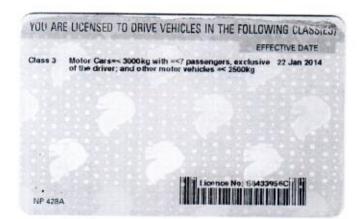
BOC 532075109

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

Name: NRIC/FIN No.:









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Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	Change Pa	ssword •	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date of A	Accident	25/10	/2018 17:20		
	Vehicle	No.(For Motor)	SJQ6299	н		Certificat	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5087977861- 01		GODSPEED AUTOMOBILE	532075108	GFT	Third Party	SJQ6299H		29/03/2018	
					Cor	ntinue					

Policy No.	5087977861-01	Policyholder Name	GODSPE	ED AUTOMOBILE	Policyholder NRIC	53207510B	
ertificate					MARIE		
ddress	BLK 416C #20 - 84 FERNVALE	INK FERNVAL	E RIVERBO	OW SINGAPORE 793416			
roduct	FLEET INSURANCE	Plan			Group	N	
lame		OC SERVICES			Policy Flag	20.	
ssue ate	12/02/2018	Effective Date	13/02/20	018 00:00	Expiry Date	12/02/2019	23:59
xcess ype		All Claims Excess					
hird arty	1500	Own	0		Windscreen		
xcess	1300	damage Excess	0		Excess	0	
dditional xcess	0	OS Premium	0				
outside ingapore D	0	Outside Singapore	1500			You	ng/Inexperience Driver Excess
xcess		TP Excess					
gent	CITY INSURANCE AGENCY PTE.	Agent Tel.	6459867	7	GST Flag	Y	
Co- nsurance lag Open Policy nfo	No						
Certificate nfo							
Policyl	holder Mailing Address						
ddress 1	BLK 416C #20 - 84	Addre	ess 2	FERNVALE LINK		Address 3	FERNVALE RIVERBOW
ddress 4	SINGAPORE 793416	Addre	ess Type	Singapore address		Post Code	793416
nit No.	01-66	Relate Numb	ed Policy per	5087977861-01			
) Insure	d Object: SJQ6299H						
▽ Endors	sements						
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	ment Status	Endorsement Content
	12/03/2018 00:00	Basic Informa	ition	000001286772780	Endorseme	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL2182M 12-03-2018 \$1,590.31 In view of this amendment, an additional premium of \$1,590.31 (inclusive of GST) is payable under your policy. Please ignore this premium payment
	12/03/2018 00:00	Basic Informa Endorsement	tion	000001286772780	Endorseme Effective	ent Take	opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) at follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL2182M 12-03-2018 \$1,590.31 In view of this amendment, an additional premiu of \$1,590.31 (inclusive of GST) is payable under your policy. Please

laim Handling					
ccident MT/1017354	. National Control of the Control of				
olicy No.	5087977861-01	Vehicle No.	53Q6299H	GST Registration No.	
rtificate No.					
icyholder Name	GODSPEED AUTOMOBILE			Policyhalder NR3C	532075108
duct Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
nact No.(Mobile)	83383363	Contact No.(Office)	0	Contact No. (Home)	0
er Address		Special Remark		eCode	The V
	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	(# PESS)
Protection	No	NCO Entitlement(%)	0	Private Hire	No
Accident Details			:7/	Primare rate	140
ort Date	26/10/2016 17:29	ALIENSON A TO CONSCION OF STATE OF			
		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Acodem	25/10/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	ALONG BKE (SLE) BEFORE SLE EXIT-				
Excess					
damage Excess	0.00	Additional Excess	0.	Windscreen Excess	0.00
arned Driver Excess		Outside Singapore OD Excess	0.00	Control and Section 1989	4144
d Party Excess	1,500.00				
	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	12/14/1				
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
and the same of a					
Policyholder Mailing Ad	lifress				
ess I	BLK 416C #20 - 84	Address 1	SECOND LATE CAPPE	(Address of the Control of the Contr	
		Address 2	FERNVALE LINK	Address 3	FERNVALE RIVERBOW
ress 4	SINGAPORE 793416	Address Type	Singapore address	Post Code	793416
No.	01-66	Related Policy Number	5087977861-01		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	YEO ZHI LU	Driver NRIC	S8433956C	Driver DOB	18/10/1964
ister Date of Driver License	22/01/2014	Driver Age	34	Driving Experience	4
tact No.(Mobile)	94679723	Contact No. (Office)	0	Contact No.(Home)	0
ress I	BLX 489A	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SUNSHINE GARDENS
rass 4	51NGAPORE 681489	Address Type	Singapore eddress	Post Code	681489
t No.	04-185	7.00	an gape c and this	FOST CODE	petage
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istered car?	O Yes ⊕ No.	Driver Venicle No.		Driver Insurer Company	
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sding?	D mg	Any injury?	○ Yes ® No		
diffication History					
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m Type *	A	Insured Name	GODSPEED AUTOMOBILE	Insured NATC	532075108
tect No.(Mobile)	82286656	Contact No. (Home)	ND.	Contact No. (Office)	
ii Address	godspeedchris@gmail.com	Of Vehicle Number	SIQ6299H	TP Vehicle Number	SLS651D
nant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
nam Name *	25	Claimant NRIC *			
nant Appress			Market Street		
Description	\$1Q6299H / \$L56510 ON 25 Oct 2018			Name of Preferred Workshop	
rred Workshop Contact		Insured Liability +	Fully at Fault		B
rre Finalisation	Yes 🔻	Preferered Repair Option		VI CIL mont	Descripted
			Preferred Workshop, Name unknown	GIA report	Received
Registered	26/10/2018 17:33	Claim Close Date		Date Received	26/10/2018 00:00
ort Taken By	Jackson				
Print AK letter					
			CONTRA PERSONAL		
		3	Save Submit		
tachment					
dent No.	MT/1017354	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date	26/10/2018 17:34		
	Path *		Category *	Confidential Urger	ncy * Description *
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		Browse	Clear Please Select	V Normal	V
		Browse.	Clear Please Select	V Normal	▼

