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Insured/Driver Liability: ( %) [1	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 8	0-100%]		
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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.

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

	ACCIDENT STATEMENT
Date Of Report	23/11/2018 13:50
Date Of Accident	22/11/2018 21:30
Exact Location Of Accident	TRAFFIC JUNC OF WOODLANDS CROSSING TWDS CHECKPOINT
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX8858H
Insured/Policyholder	
Name Of Registered Owner	MOSES CHAN CHEE KEONG
NRIC No	\$76570291
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81127503
Alternative Phone No	OFFICE-81127503
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5076870691-02
Cover Note Number	
Driver	
Name of Driver	MOSES CHAN CHEE KEONG
NRIC No	\$76570291
Date Of Birth	13/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81127503
Fax Number	
Contact Number	OFFICE-81127503
EMail Address	NOEMAIL
	Page 1

	BLK 323 UBI AVE 1 #09-565
Address	The state of the s
Postcode	400323
Was driver an employee of the Insured's Company	
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?	
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)	2
Passenger 1	NAME: : CHEW SEAT LING
	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	
WHILE APPROACHING TRAFFIC JUNCTION OF ONTO A STATIONARY VEH REAR PORTION.	WOODLANDS CROSSING TWDS CHECKPOINT, I ACCIDENTALLY HIT
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
DETAIL	S OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SLA4718P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DEXTER
NRIC/Passport Number	0.00-0.00000-0.00000
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	
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### IMPORTANT NOTICE

- 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 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.
- 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)

Lunderstand, 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)
  - (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
- 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.
- 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

for complying with requirements under any regulations, laws or court orders.

Date & Time:

Policyholder' gnature Date & Time:

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

Name NRIC/FIN No .:

Reporting Centre Personnel's Signature

TCH PLAN	1	dlords Ch	e elepara 7		
	7 !				SKX 8858 H SLA 4718 P
	B		woodlan	ds crossing	
SCRIBE CIRCUMST	ANCES OF T	HE ACCIDENT			
Pleus	5 e	Refer	+3	Statement	4
ECLARATION We declare the fore	going particula	ars are true in ever	y respect.		<i>f</i>
Mexholder's Signatur Date & Time:	e	Driver's Signat (If driver is no Date & Time:	ure the policyholder)	Reporting Centre F Name: NRIC/FIN No.:	Personnel's Signature

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$76570291



MOSES CHAN CHEE KEONG



CHINESE Date of birth

MALAYSIA

13-12-1976



9376556



MALAYSIAN

06-10-2015

APT BLK 323 UBI AVENUE 1 #09-565 SINGAPORE 400323

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 18 Nov 2015
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 18 Nov 2015
of the driver; and other motor vehicles =< 2500kg

Licence No:S7657029

NP 428A

									Genera	Claim
0601	Query			a constant to	Trusted tell	Change	e Language	• Chang	e Password	Log Out
Policy No.  Vehicle No.(For Motor)		5KX88	5KX8858H		Date of Accident  Certificate Number					
Select	Policy No. 5076870691- 02	Certificate Number	Policyholder Name MOSES CHAN CHEE KEONG	Policyholder NRIC S76570291		Cover Type drivo CLASSIC	Vehicle No. SKX8858H	Insured Object SKX8858H	Commence Date 30/12/2017	Expiry Date 29/12/2018
	Policy No Vehicle N	Policy Query Policy No. Vehicle No.(For Motor)  Select Policy No. 5076870691-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number  5076870691-	Policy Query  Policy No.  Vehicle No.(For Motor)  SKX8858H  Select Policy No. Certificate Number Name  5076870691-  MOSES CHAN	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Policyholder Name NRIC  5076870691-  MOSES CHAN S76570291	Policy Query  Policy No. Date  Vehicle No. (For Motor) SKX8858H Certificate Number Name Name Name  5076870691- Policyholder No. S76570291 GPC	Policy Query  Policy No. Date of Accident  Vehicle No.(For Motor) SKX8858H Certificate Numbe  Select Policy No. Certificate Number Name NRIC Product Cover Type  5076870691- MOSES CHAN S76570291 GPC CLASSIC	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Select Policy No.  Certificate Number  Select Policy No.  Certificate Number  Name  Name  Name  MOSES CHAN  S76570291  GPC  CLASSIC SKX8858H	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Search  Select Policy No.  Certificate Number  Name Name Name NRIC  MOSES CHAN  S76570291  GPC  CHARGE  SKX8858H  Change Language  Change  Ch	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number  Policyholder Name Name Name NRIC  Search  Se

# Claim Handling

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ertificate No.					Policyholder I	NRIC	\$76570
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9K	» No Yes	TCA	- No Yes		Private Hire		No
ICD Protection	NO.	NCD Entitlement(%)	20		Private mire		
Accident Details							Collisio
loport Date	23/11/2018 15:33	Accident Report Within 24 hrs	Yes		Accident Typ		
Date of Accident	22/11/2018	Time of Accident hh:mm	21:30		Country of A	crident	Singap
	120,000	Drange Force			ICM No.		
Reporting Centre	TRAFFIC JUNE OF WOODLANDS CROSSING TWDS O	HECKPOINT					
Accident Location	TRAFFIC JUNE OF WIGGERNES CHOSENS THES						
/ Excess	600.00	Additional Excess	0		Windscreen	Excess	100.00
Over damage Excess	0.00	Outside Singapore OD Excess		600.00			
Jinnamed Driver Excess		Outside Singapore TP Excess		0.00			
Third Party Excess	0.00	Quiside singapare in excess					
- Ronefits							
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GST Registration No.			G31 3(8)09 V	The Control of the Co			
Modification History							
<ul> <li>Policyholder Mailing Add</li> </ul>		Address 3	UBI AVENUE 1		Address 3		SINGA
Address 1	BLK 323 ≠09-565	Address 2	Singapore address		Post Code		40032
Address 4		Address Type					
Linit No.	09+565	Related Policy Number	5076870691-02				
OI Driver Info							
Driver Name	MOSES CHAN CHEE KEONG	Driver Type	Main Driver		Driver DOE	e e	13/12
Unnamed driver Name		Driver NRIC	\$76570291				23
Register Date of Driver License	01/01/1995	Driver Age	41		Driving Exp		0.690
Contact No.(Mobile)	81127503	Contact No.(Office)			Contact No	(Home)	error e
Address t	BLK 323 #09-565	Address 2	UBI AVENUE 1		Address 3		SING
Address 4	# #10 000000000000000000000000000000000	Address Type	Singapore address		Post Code		40032
	09-565	42355COE048SS					
Unit No. Dies he own a Singapore		Driver Vehicle No.			Driver Insi	urer Company	
Registered car?	Yes + No						
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Claim Vote * Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Vorschop Forlies No. Yes I mail Salvo Date Registered Report Taken By Print AK letter	Profession Profession Pully at Fault  Repair  Repair  Preferred Workshop, Nam	GIA Recei	Save Submit	81127503 SKX8858H / SLA4718P 0 23/11/2018 15:36	Contact No. (Home) O1 Vehicle Number ON 22 Nov 2018  Claim Close	SKX8858H	HEE KEONG

Claim Handling(accident reporting Claim Task ) Last Odc. Received Upload Date \* Yes No 23/11/2018 15:37 Confidential Urgency \* Path # Category \* \* NO \* Chaose File No file chosen Clear Please Select Normal ٠ \* NO ٠ Choose File No file chosen Clear Please Select Normal ٠ Chaose File No file chosen Clear Please Select \* NO ٠ Normal ٠ Choose File No file chosen Clear Please Select \* NO Normal · NO ٠ \* Normal Choose File No file chosen Clear Please Select \* NO Choose File No file chosen Clear Please Select Normal Hessage Read Attachment List Attachment Uploaded By/Date Category Urgency Description NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:37 NRTC/ Driving License Normal NRIC/ Driving License 2018-11-23 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:37 SAS 2018-11-23 SAS Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:37 Photos 2018-11-23 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:37 Photos 2018-11-23 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:37 Photos Photos 2018-11-23 Normal NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:36 Photos Normal Photos 2018-11-23 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:36 Photos Normal Photos 2018-11-23 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) a 23 Nov 2018 15:36 Photos 2018-11-23 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:36 Photos 2018-11-23 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) a 23 Nov 2018 15:36 Photos 2018-11-23 Photos Normal NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:36 Photos Photos 2018-11-23 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:36 Photos Normal Photos 2018-11-23 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2018-11-23 Photos Normal 23 Nov 2018 15:36 NAC\_PAYA\_UB1\_600601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 15:36 Photos 2018-11-23 Photos

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