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TP Insurer: Assess	sment/Survey Report		
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Owner / Driver: (Tel:)
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1) Apply for Transport Allowance ()/ Courtesy C	u()		
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3) Upload Resurvey Photo [Repair Cost>\$3000]	()	<u> </u>	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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 This report will be forwarded by the insurers of the Got Records 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

	M B SUBSTRIA
。 1000年第二屆第二屆第二屆第二屆	ACCIDENT STATEMENT
Date Of Report	20/03/2019 17:08
Date Of Accident	16/03/2019 14:30
Exact Location Of Accident	TOWARDS WOODLANDS CHECKPOINT FROM BKE EXIT 10B
Country/State of Loss	SINGAPORE
(A)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA2368D
Insured/Policyholder	
Name Of Registered Owner	GOH TOO FUH
NRIC No	\$7475801J
Email Address	AARONGOH@GMAIL.COM
Mobile Phane No	(LOCAL) +65-98636473
Alternative Phone No	OTHERS-98636473
Vehicle Particulars	POLICE CONTRACTOR CONT
Manufacturer	ТОУОТА
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	
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	5107055546
Cover Note Number	
Driver	
Name of Driver	GOH TOO FUH
NRIC No	S7475801J
Date Of Birth	12/07/1974
Occupation	INDOOR
Date Of Driving Pass	02/01/2001
Oriving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98636473
av Numbes	

OTHERS-98636473

AARONGOH@GMAIL.COM

Address

BLK 750 PASIR RIS STREET 71

#04-10

Postcode

510750

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

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: SON

GENDER:

R: : MALE

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

PLEASE REFER TO SKETCH PLAN

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

SMA8483C

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAY JIN HUAT

NRIC/Passport Number

S8216558D

Contact Number

98350155

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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: >0/2/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's &

Name:

NRIC/EIN NO

Towards Woodlands Checkpoit

A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Accident	
It was heavy traffic towards we BKE exit 10B, & all vehicles he eg. moved a little and stopped for a I accidentally hit car B infro	rodlands checkpoint from
BKE exit 10B, I all vehicles he	are been moving very slowly.
eg. moved a little and stopped for a	nivo than 2 hours
I accidentally hit car B infra	at during the hours to le
condition.	at daining the rearry traffit
Company Company	

DECLARATION

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

Policyholder's Signature

Date & Time: 20/3/19

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

Claim Handling Accident MY/L036679 \$1402005599 Sortische No. NAME OF TAXABLE GST Regimenter for Cartificate No Fireconsider Name. GOW TOO FINE Policyholder faltic 574750013 Street, of Colle. PRIVATE CAN INSURANCE Cover Type INVOLUCIASING LONGTON Contact No.(Musile) Contact No. (Office) Contact No. (Home) Drieff Adminis Special Betters. VC/coin No. 4 No. Yes oCain Season NCII Prodetnie NCD Billiament No. Private thee Not available - Accident Details Report Date 20/01/2019 11:34 Accident Report Wilton 24 to 4 Accepted Type Colours - Head to Rear Date of Acotem 10/05/2019 Time of Accident No. min. 14110 Caumny of Account Singuire Kepioraniy Cartire Grange Fings 10M No. Accopere incumos TOWARDS WOODLINDS CHECK FOOL! - Encess Additional Earness 0.00 Westerson from 100.00 Unnormal Driver Decest 0.00 Outside Singapore OCI Excess Those Party Extens 9,00 Duttode Sirgazone 19 Excess 3.00 : Senetite Sam Steward Excess Water 841133999 85 GST Registered Information **GUT Repeterat** GST kegistration Date GDI Registration No. GST Status verified. Missington Hytory Policyholder Halling Address BDE 250 9104-10 Address.T DARREST RES ST. YE Attrine 3 SINGARORE BILLION Address Type Sinjapore admissi Post Came Q5H-Noc Related Policy horosay WILL COLUMN TO Oriver Info Driver Name Unidened Diseas Name Driver NRIII Driver DOB Register Date of Driver License Driver Age Dittring Experience Cornect No.: Mobriel CONTROL RESOURCES Contact No. (Finns) Address 1 Address 7 Attites 3 Attition 6 Appress Type Fireign admess Front Code threer votude too. Driver imsurer Company Hodification Hotory Claim 993 Hew • Trainer Non-Yorkson Clam Type . *. 00-90 Irousus NEIC 574758811 Contact No. 87289087 (Home) Contact No. (Office) Contact No. (Mobile) NO. to Vehicle: SLIQ3660 EINATI ARRESTA benn galdbeg com SMARRUSE Own Resonation SLA23660 / SHA6483C ON 16 Har 2019 | Implied Untilly | Fully at Four | Report | Preferred Worker | Preferred Workshap Fasture No. Yes Final column. Yes Sale Registered 200/02/2019 17:07 Date 20/03/2019 00:00 Report Taken By BAHAN TEDE Front AK letter Save Supre Attachment Account No. HT/1039HT9 Clam ha. unt Last Dec. Belstyed * Yes No biplicad Date 200702019 17:24 Path: +1 Carryley = Description 4 Choose File No tie chosen Clear * NO Choose File: No No chosen Char Please Select Choose File No Ne chosen Cien Protoe Select * NO Choose File No Ne chosen Clear Please Select T NO * Monthell . Choose File No file chosen Clear Choose File No Ne chosen CRAF Please Select * ND * Normal Neverte Seat Serie Personal Attachment List Attachment Disturbed By/bate Category Description 493 NAC_BURIT_MERAY_BIRGTS(NATIONAL ASSESSMENT DENTRE RESVICE S (NEXT MERAY)) as 70 May 2019 17:34 545 \$45,2019-2-20 25 NAC_BURGT_MERAY 8000761 NATIONAL ASSESSMENT CENTRE SERVICE NADC/ DOWNS LIGHTED STRUCT WERAYI) on 25 May 7016 17 July 10 July 1 NATE Driving Course 2019-3-30 NAC_BURTT_MERAN_BOOKTO, NATIONAL ASSESSMENT CENTRE SERVICE £ (BURTT MERAN) IN 70 Mar 2015 17 07 Phone 3019-3-20 NAC BURIT MERAN, BURITS NATIONAL ASSESSMENT CERTAL SERVICE S (BURIT MERAN); or 20 Min 2019 17:07 FF-0100 2319-3-21

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ACCIDENT STATEMENT

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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7,475801J





GOH TOO FUH

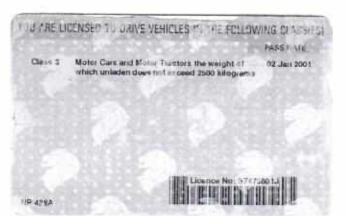
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MALAYSIA









THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

5107055546

The Policyholder

: GOH TOO FUH BLK 750 #04-10 PASIR RIS 5T 71

SINGAPORE 510750

Period of Insurance

: 21 Jan 2019 To 20 Jan 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$858.20

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: GOH TOO FUH

Named Driver (1) Named Driver (2)

: N/A

: N/A

Make/Model

: TOYOTA/HARRIER

Capacity

: 2000cc

Registration Number

; SLA2368D

Registration Year : 2016

Chassis Number

: ZSU600064395

Off-peak Car

Repair at Owner's Preferred Workshop : No

Insure with COE : Yes

: No

Excess (Section 1)

NCD Entitlement : 40%

Excess (Section 2)

: N/A

NCD Protection

: No

Windscreen Excess Additional Excess

: 5\$100

Unnamed Driver Excess

Hire Purchase Company

: Please refer to Terms and Conditions : UNITED OVERSEAS BANK LIMITED

Optional Cover

Transport Allowance

Excess Waiver

Yes

Memo A: N/A

Endorsement Operative : M8

Agency

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 16 Jan 2019 11:35 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive