a part of their

# 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 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.
   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	27/03/2019 09:06
Date Of Accident	26/03/2019 08:30
Exact Location Of Accident	SERENADE WALK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDE33G
Insured/Policyholder	
Name Of Registered Owner	CHUAH KIAN WIN WINCENT (CAI JIANYING)
NRIC No	S8830254J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83885456
Alternative Phone No	OFFICE-83885456
Vehicle Particulars	Edward Committee of the Release of the Committee of the C
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5085033571-02
Cover Note Number	Difference of the control of the Con
Driver	
Name of Driver	CHUAH MOOI KIAK
NRIC No	S2676843H
Date Of Birth	11/10/1950
Occupation	INDOOR
Date Of Driving Pass	29/03/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90671120
Fax Number	
Contact Number	

NOEMAIL

Address BLK 468B ADMIRALTY DRIVE #10-19

Postcode 752468

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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.

0

NO

NO

NO

2

Number of Passengers (Including Driver)

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

MY VEH WAS PARKED OUTSIDE HOUSE NO:48. EVERYTHING WAS INTACT, SUDDENLY I HEARD A BANG SOUND AND I WENT OUT TO CHECK MY VEH, I REALIZED VEH B (BEARING NO SJF2108K) REVERSING OUT FROM HIS HOUSE NO:27 AND HIT ONTO MY VEH LEFT REAR PORTION.

# Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF2108K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ONG TUN CHEIK NRIC/Passport Number S1362561A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

# IMPORTANT NOTICE

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  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)

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) 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:

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

M.K. Chuax

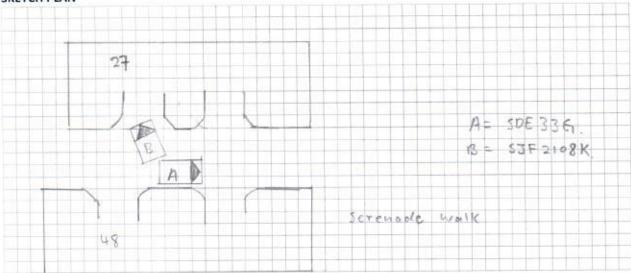
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	t.	statement	
		1		

# DECLARATION

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

Policyholder's Signature

Date & Time:

M. K. Chuar Driver's Signature

(If driver is not the policyholder)

Date & Time:

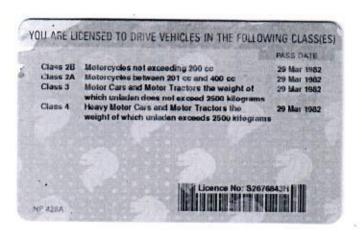
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		26/03/2019	09:04	7
	Vehicle	No.(For Motor)	SDE33	G		Certif	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	Đ	5085033571- 02		CHUAH KIAN WIN WINCENT (CAI JIANYING)	\$88302543	GPC	drivo CLASSIC	SDE33G	SDE33G	01/10/2018	30/09/2019
					Г	Continue					

#### 3/27/2019 Claim Handling(accident reporting Claim Task ) Claim Handling Accident MT/1037711 5085033571-02 Vehicle No. SDE33G GST Registration No. Certificate No. Policyholder Name CHUAH KIAN WIN WINCENT (CAI JIANYING) Policyholder NRIC \$8830; Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No. (Mobile) 83885456 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No \* KFK • No Yes TCA . No Yes eCode Reason NCD Protection NCD Entitlement(%) 20 Private Hire No Accident Details Report Date 27/03/2019 15:45 Accident Report Within 24 hrs. Yes Accident Type Damag Date of Accident 26/03/2019 Time of Accident hh:mm 08:30 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location SERENADE WALK ♥ Excess Own damage Excess 600.00 Additional Excess 0 Windscreen Excess 100.00 Unnamed Driver Excess 500.00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 **▽** Benefits GST Registered Information GST Registered No GST Registration Date GST Registration No. **GST Status Verified** Modification History ▽ Policyholder Mailing Address BLK 4688 #10-19 Address 2 ADMIRACTY DRIVE Address 3 SINGA Address 4 Address Type Singapore address Post Code 752461 Unit No. 10-19 Related Policy Number 5085033571-02 ₩ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name CHUAH MOOI KIAK Driver NRIC S2676843H Driver DOB 11/10/ Register Date of Driver License 29/03/1982 Driver Age **Driving Experience** 36 Contact No.(Mobile) 90671120 Contact No.(Office) Contact No.(Home) Address 1 BLK 468B #10-19 Address 2 ADMIRALTY DRIVE Address 3 SINGA Address 4 Address Type Singapore address Post Code 752461 Linit No. 10-19 Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? Yes . No Modification History Claim 001 New

Claim Type *					OD-MX	▼ Insured Name	CHUAH KIAN WIN WINCENT (C
Contact No.(Mobile)					83885456	Contact No. (Home)	
Email Address						OI Vehicle Number	SDE33G
Claim Description					SDE33G / SJF2108K ON 2	6 Mar 2019	
Preferred Workshop 0 Bookset No. Yes	Preférered ▼ Repair	Preferred Workshop, Name unknown	GIA Received	•		, Claim	
Date Registered	Option				27/03/2019 15:48	Close	
Report Taken By					LIEW SHAN HUI	Date	

Save Submit Attachment

Accident No.

Claim No.

001

Message Read

Last Doc. Received ● Yes □ No Upload Date 27/03/2019 15:49 Path \* Category \* Confidential Urgency \* Choose File No file chosen ▼ No Clear Please Select ▼ Normal Choose File No file chosen ▼ NO Clear Please Select ۲ . Normal Choose File No file chosen Clear \* NO Please Select Choose File No file chosen Clear Please Select \* NO 7 \* Normal Chaose File No file chosen Please Select \* Clear \* NO \* Normal Choose File No file chosen Clear Please Select \* NO ▼ Normal

Attachment Li	ist					
Attachment		Uploaded By/Date	Category	8	Urgency	Description
RM 37"	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:49	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-3-27
1	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Mar 2019 15:49	SAS		Normal	SAS 2019-3-27
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14	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:49	Photos		Normal	Photos 2019-3-27
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	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:48	Photos		Normal	Photos 2019-3-27
	NAC_PAYA_UB1_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:48	Photos		Normal	Photos 2019-3-27
Video List						
	Uploaded By/Date	Folder Date	F	file Name		Source

Display in New Window Scan and uploading