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TP Insurer:		Ass't Report by Fax / Han	d to Owner/Wkap		
Preferred Wksp / INC Assi	lgn Wksp / QW: (		Tel:	Fax:	1
TP Particulars:	Veh No: S	DU 10935 INC	( )/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: (	) Per	iod: (	) Cover Type: (	)	
Confirmed by :		Dates	Time:	)	
Insured/Driver Liability	y: ( %) [1	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80	-100%]	
Year of Registration: (	) \	Varranty: YES ( )/NO (	)		
Excess: (\$	) Londing: \$1,0	00 ( ) / \$2,000 ( )			
General Remarks;-	Name of State		A THE STREET, SHILL		
( ) Walk-In Custom	ar : Customer's info	rmation strictly Confidential &	Strictly NO rafer of repairs	t.	
( ) Total Loss Case	: to e-mail Insure	er URGENTLY.			
Drive-In ( )/ Tower	i-in ( ); invoice	:: YES ( ) / NO ( )	; Towing Co (		)
Apply for Transport A     QC Check / Post Repare	ir Inspection	Courtesy Car ( )	Date&Time Completed	Done l	
1) Apply for Transport A	Allowance ( )/C	( )	Date Time Completed	The Party of the P	
1) Apply for Transport A 2) QC Check / Post Repa 3) Upload Resurvey Pho Injury: Date/Time / Actions	Allowance ( )/C	( ) 3000] ( )	Preparation Checklist	Ant (5)	Ani (\$) Add (3)
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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.
- 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.	Section and the state of the section of the sectio
	ACCIDENT STATEMENT
Date Of Report	09/05/2019 18:01
Date Of Accident	09/05/2019 10:10
Exact Location Of Accident	ALONG MARINE PARADE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP6552G
Insured/Policyholder	
Name Of Registered Owner	LOW CHIA CHIN BENJAMIN
NRIC No	S9332498F
Email Address	BENJAMINLOWCHIACHIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92724221
Alternative Phone No	OTHERS-92724221
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	5107680414
Cover Note Number	
Driver	
Name of Driver	LOW CHIA CHIN BENJAMIN
NRIC No	S9332498F

 NRIC No
 \$9332498F

 Date Of Birth
 02/09/1993

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/02/2019

Driving Experience 0 YEAR AND 2 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92724221

Fax Number

Contact Number OTHERS-92724221

EMail Address BENJAMINLOWCHIACHIN@HOTMAIL.COM

Address

BLK 54 CHAI CHEE ROAD

#16-867

Postcode

460054

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)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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:

: WIFE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SDU1093S

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

**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

- 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.
- 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. 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)

I understand, acknowledge, agree and consent that:

- 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:
  - (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.
- (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

09-05-19

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre P

SKETCH PLAN	Alous	MARINA	PORDOTE ROLL	AD	
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DESCRIBE CIRCU	MSTANCES OF T	HE ACCIDENT			
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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. NRIC/FIN No.:

Accident MT/1843832								
Pirsy No.	- ACCEPTAGE							
Cartificate No.	5107880414	Vehicle No.	13765520		GST Registration	Pain.		
Policyholder Name	LOW CHIA CHIN SENJAMIN							
Feduct Code	PHOVATE CAR INSURANCE	Cover Type			Policyholder NIO	5	9332498F	
Contact No.(Moissle)	NA	Contact No.(Office)	6990 CLASSIC		Loading	- 1		
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OK.	+ 70 Yes.	TEA	a No. Yes		eCode Reason	1	40 A	
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river Name		Driver Type						
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# ACCIDENT STATEMENT

	ATION: ALON WASHIN		00AD	(HH:MM)
200	Allow. Means / Higher	TOUBOT	VOIDE	
	I. DETAILS OF VEHICLE			
- 2	a) VEHICLE -NUMBER:	326 P227 C	**	1
	b) INSURANCE COMPANY:	NTUC INCOME		
	C)POLICY NUMBER:	5107680414		
	dIPOLICY TYPE: (COMPRE)		TV / TUĪDO D A DTV EIDE	O THEETI
	e)MAKE & MODEL: H	AIMOUT VALORES	(II / INIKO FAKII FIKE	out it if
				TI (EDA)
	FITYPE: (SALOON / COUPE /			HEK2)
	g) VEHICLE CATEGORY: (PR			90
	h)PURPOSE OF USING AT A			82
	i) ARE YOU CLAIMING UNDE	R YOUR OWN INSU	RANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRE	PARTY CLAIM / RE	PORTING ONLY)	1)
2	. INSURED / POLICY HOLDER	2	police and Marian and American Marian	
	A) NAME: BENTAMIN LO	W CHIA CHIN	(MALE / FEA	AALE)
	b) NRIG/FIN/PASSPORT:_ S		CONTACT: 4272	
1				
WIFE		Commence of the Control of the Contr		
*	* CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HO	IDER	
No of passon 13	DRIVER		LOCK	
hassen 92	d)NAME:AS	ARONE	(11115 / 55)	44151
WIFE No of passengal Including driver	b)NRIC/FIN/PASSPORT:		(MALE / FEN	NA LEJ
(2)	c) ADDRESS:		CONTACT:	
-	C/ADDRESS.		<del></del>	
	"d)DATE OF BIRTH: (02)	19 1 1992 11994	11.1.00000	
3913			ww/tttt)	*
	e)OCCUPATION: (INDOOR /		192	
	FIDATE OF DRIVING PASS	25/02/19		
***	WAS DRIVER AN EMPLOYE	E OF THE INSURE	D'S COMPANY? (YES	1 (10)
	IF NO, RELATIONSHIP OF	THE DRIVER WITH	INSURED: DWILK	
٥.	a) WEATHER CONDITION: (Q		THERS	
own	b)ROAD SURFACE; (DRY / W			
6,	WAS ANYBODY INJURED (YE	s/100)		
7.	a) REPORTED TO POLICE (YES		10	
	IF YES, PLEASE STATE WHICH	POLICE STATION:		
8,	THIRD PARTY VEHICLE	VI-	0	1-0
o of passenger	a) VEHICLE NUMBER: SO	W10935	MODEL: 204/078	Caron
reluding driver)	b) DRIVER'S NAME:			
( )	c) NRIC/FIN/PASSPORT:		_CONTACT:	
9.	THIRD PARTY VEHICLE			
1s . 1	d) VEHICLE NUMBER:	F8	MODEL:	11.4
to of pressenger	al DRIVERIC HALLS			
neluding driver	f) NRIC/FIN/PASSPORT:		_CONTACT:	
	CONTRACTOR OF THE PROPERTY OF		Construction of the Constr	
1 3 .	7		_CONTACT.	

email = BENTAMINION CHIA CHIN @ HOTOMAL- COM VIDEO

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9332498F



LOW CHIA CHIN, BENJAMIN

刘

俊

CHINESE Date of birth 02-09-1993

SINGAPORE





4279113



MIIC No. S9332498F

Date of leave 13-09-2008

APT BLK 54 CHAI CHEE STREET #13-867 SINGAPORE 460054

NRIC No: \$9332498F

Date: 19/07/2018 (R)

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 25 Feb 2019 passengers, exclusive at driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:S9332498F

NP 428A

<b>eBao</b> Tech		27.77.57		Barrell		No. Inc.			Genera	alClaim
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My Desktop Notice of Loss	<b>Policy Query</b>									
	Policy No.				Date	of Accident		09/05/2019	12:05	
	Vehicle No.(For Motor)	SJP65	SJP6552G		Certificate Number					
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5107680414		LOW CHIA CHIN BENJAMIN	S9332498F	GPC	drivo CLASSIC	SJP6552G	NOODE THE ST	20/02/2019	19/02/2020