

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 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. 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.

ACCIDENT STATEMENT

Date Of Report	04/07/2019 13:53
Date Of Accident	29/06/2019 17:40
Exact Location Of Accident	CHANGI BUSINESS PARK VISTA & CHANGI S AVE 3 JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8492R
Insured/Policyholder	
Name Of Registered Owner	TRAVEL GSH PTE LTD
Co Reg No	199205400K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93805854

Vehicle Particulars

Manufacturer	ZONDA
Model	YCK6106HG
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067996244-04
Cover Note Number	-

Driver

Name of Driver	SEAH SOON TECK
NRIC No	S1184938E
Date Of Birth	03/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1981
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93918330
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 629 HOUGANG AVE 8 #11-88
Postcode	530629
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 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)	1

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC980R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

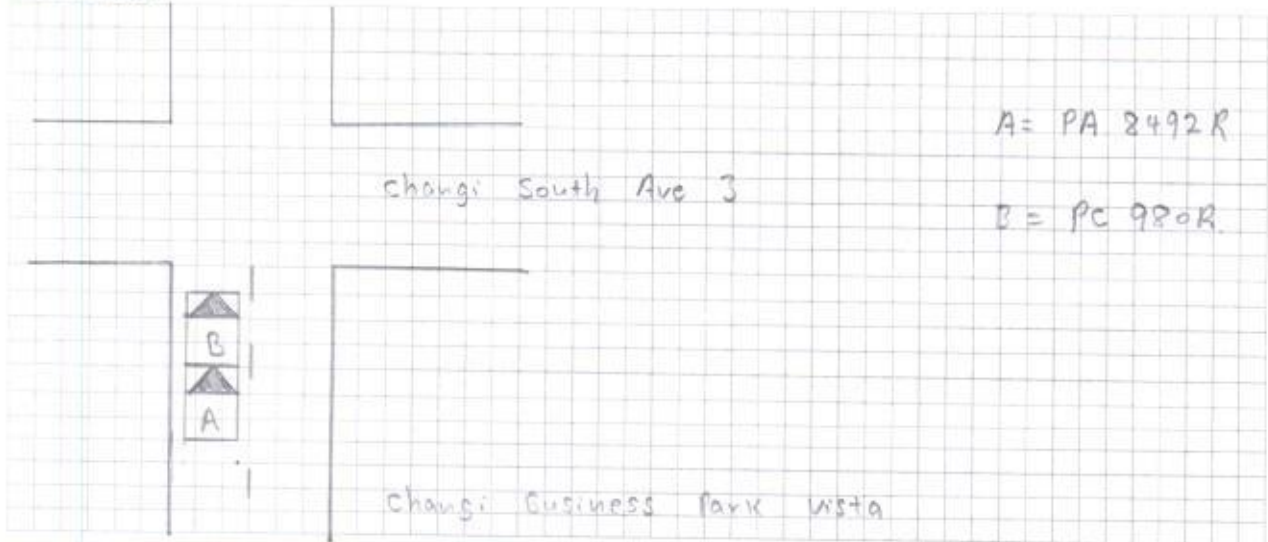
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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
- (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)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at the traffic Junc of changi Business Park vista & changi South Ave 3 , My Veh accidentally Rolled forward touch onto Veh B rear portion.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 6 / 19) (DD/MM/YYYY), TIME: (17 : 40) (HH:MM)

LOCATION: Changi Business Park Vista June with
Changi South Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 8492 R
b) INSURANCE COMPANY: Inc
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Travel GSH Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 9380 5854
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Seah Soon Teck (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 9391 8330
c) ADDRESS:

*d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 980R MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

writing bus
take photo

Email = coach - incentive @ travelgsh.com
fax =
VIDEO = Yes.

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1184938E

Name SEAH SOON TECK

Issue Date 19/3/2013

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1184938E

Name SEAH SOON TECK

余 順 德

Race CHINESE

Date of birth 03-06-1956

Country/Place of birth SINGAPORE

Sex M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S1184938E

Name SEAH SOON TECK

Date of birth 03 Jun 1956

Issue Date 14 Feb 2003

10601543170

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	21/09/1981



5926865

Barcode

NRIC No. S1184938E

Date of issue 30-04-2018

Address APT BLK 629 HOUGANG AVENUE 8 #11-88 SINGAPORE 530629

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	29 May 1960
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Mar 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Oct 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	04 Jul 1980

NP 42

Licence No. S1184938E

For LKK/NAC Use Only

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/06/2019 10:18"/>
Vehicle No.(For Motor)	<input type="text" value="PA8492R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5067996244-04		TRAVEL GSH PTE LTD	199205400K	GFT	Comprehensive	PA8492R	PA8492R	09/10/2018	

▼ Policy Information

Policy No.	5067996244-04	Policyholder Name	TRAVEL GSH PTE LTD	Policyholder NRIC	199205400K
Certificate No.					
Address	101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE SINGAPORE 058357				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
Third Party Excess	1500.00	Own damage Excess	3000.00	Windscreen Excess	500.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	101 UPPER CROSS STREET	Address 2	#B1-17M PEOPLE'S PARK CENTR	Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.		Related Policy Number	5104559207		

► Insured Object: PA8492R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/11/2018 00:00	Basic Information Endorsement	000001286935289	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. PC7051B 01-11-2018 \$1,575.11 In view of this amendment, a refund of \$1,575.11 (inclusive of GST) will be adjusted against the outstanding premium.
2	23/11/2018 00:00	Basic Information Endorsement	000001286948644	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm and endorse that from 26 Nov 2018, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PC108T 26-11-2018 \$1,350.86 An excess of S\$5,000.00 for both Section I & II is applicable for accidents arising in West Malaysia. In view of this amendment, an additional premium of \$1,350.86 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC

Claim Handling

Accident MT/1051818

Policy No.	5067996244-04	Vehicle No.	PA8492R	GST Registration No.	199201
Certificate No.					
Policyholder Name	TRAVEL GSH PTE LTD			Policyholder NRIC	199201
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	04/07/2019 10:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	29/06/2019	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CHANGI SOUTH ST/CHANGI SOUTH AVE 3 TRAFFIC JUNCTION				
Excess					
Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	26/10/1998		
GST Registration No.	199205400K	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	101 UPPER CROSS STREET	Address 2	#B1-17M PEOPLE'S PARK CENTI	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	05835
Unit No.		Related Policy Number	S104559207		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	TRAVEL GSH PTE LTD
Contact No.(Mobile)	93805854	Contact No. (Home)	
Email Address		OI	PA8492R
Claim Description	PA8492R / PC980R ON 29 Jun 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Contract No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered			04/07/2019 17:43
Report Taken By			LIU SHAN HUI
<input type="checkbox"/> Print AK letter			










Save Submit

Attachment

Accident No.	MT/1051818	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/07/2019 17:44
Choose File	No file chosen	Category *	Please Select
		Confidential	NO
		Urgency *	Normal

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:44	SAS	Normal	SAS 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:44	Photos	Normal	Photos 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:43	Photos	Normal	Photos 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:43	Photos	Normal	Photos 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:43	Photos	Normal	Photos 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:43	Photos	Normal	Photos 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:43	Photos	Normal	Photos 2019-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:43	Photos	Normal	Photos 2019-7-4

Video List

Uploaded By/Date	Folder Date	File Name	Source
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