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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.
- 5. 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.

	ACCIDENT STATEMENT
Date Of Report	08/07/2019 12:14
Date Of Accident	05/07/2019 19:30
Exact Location Of Accident	BOUNDARY RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH4599Y
Insured/Policyholder	
Name Of Registered Owner	O H C TRADING
0 0 11	

Co Reg No 53086582C Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-67483279

Vehicle Particulars

Manufacturer TOYOTA

Model. HIACE VAN TURBO 5DR MT

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?

If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5101180095-01

Cover Note Number

Driver

Name of Driver QUAH HOCK CHUAN

NRIC No S1506626A Date Of Birth 11/05/1961 Occupation OUTDOOR Date Of Driving Pass 29/08/1978

Driving Experience 40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91088398

Fax Number

Contact Number OFFICE-91088398

EMail Address NOEMAIL Address

BLK 166 HOUGANG AVENUE 1

#02-1580

Postcode

530166

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?

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

NAME:

. -

Passenger 1

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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

SLE6765T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

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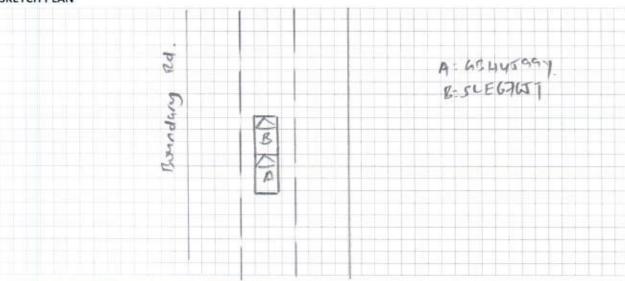
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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.:

GARRET Republications (1)

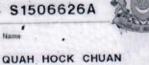
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Bem Dute 11 May 1961 saue Date 26 Aug 2013 For LKK/NAC Use Only

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1506626A





CHINESE Date of birth

11-05-1961 ntry of birth SINGAPORE

4734373

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 03 Jan 1976
Class 2A Motorcycles between 201 cc and 400 cc 03 Jan 1978
Class 2 Motor Cars < 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
*Motor vehicles which are constructed to carry load or passengers and the unlader weight > 2500kg
*Motor vehicles which are not constructed to carry load and the unlader weight < 7250kg

NRIC No. S1506626A

16-06-2011

For LKK/NAC Use

APT BLK 166 HOUGANG AVENUE 1 #02-1580 SINGAPORE 530166

NP 428A

Licence No: \$1506625A

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My Desktop	Policy Query									
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	Vehicle No.(For Motor)	GBH45	99Y		Certi	ificate Number	Ī			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5101180095- 01		Q H C TRADING	53086582C	GCV	Preferred Workshop Plan	G8H4599Y	GBH4599Y	11/06/2019	10/06/2020

nformation						
01180095-01	Policyholder Name	Q H C TRAC	DING	Policyholder NRIC	53086582C	
< 166 #02-1580 HOUGANG A	VENUE 1 SING	GAPORE 5301	166			
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05/2019	Effective Date	11/06/2019	00:00	Expiry Date	10/06/2020 23:5	59
Accident	All Claims Excess					
	Own damage Excess	600		Windscreen Excess	100	
	OS Premium	0				
	Outside Singapore TP Excess				Young/Ir	nexperience Driver Excess
WIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
				April 2000		
er Mailing Address						
BLK 166 #02-1580	Addre	ss 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530166
	Addre	ss Type	Singapore address		Post Code	530166
		ed Policy er	5101180095-01			
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laim Handling					
Dicy No.	5101180095-01	Vehicle No.	GBH4599Y	GST Registration No.	
rtificate No.					
icyholder Name	Q H C TRADING			Policyholder NRIC	53086582C
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	67483279	Contact No.(Home)	0
sail Address		Special Remark		eCode	Till 🗸
S	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
2 Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
ort Date	OB/07/2019 18:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	05/07/2019	Time of Accident nh:mm	19:30	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	Singapore
ident Location	BOUNDARY RD	57		ten mu.	
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ess Type	Per Accident	Windscreen Excess	100.00		
Shandard Excess	600,00	TP Standard Excess	0.00		
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itional Excess					
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ress 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 530166
t No.		Related Policy Number	5101180095-01	Post Code	530166
OI Driver Info			250425000000000000000000000000000000000		
er Name	Umnamed Driver	Driver Type	Unnamed Driver		
emed driver Name	QUAH HOCK CHUAN	Driver NRIC	51506626A	Driver DOS	11/05/1961
star Date of Driver License	29/08/1976	Driver Age	58	Driving Expenence	40
tact No.(Mobile)	91088398	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 166	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530166
iress 4		Address Type	Singapore address	Post Code	530166
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		Contact No.(Home)	- I	Contact No. (Office)	
/ Address			G8H4599Y	TP Vehicle Number	SLE6765T
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nant Type Claimant Type * mant Name * mant Address in Description irred Workshop Contact ure Finalisation Registered art Taken By Print AK letter	≥≥ GBH4599Y / SLE6765T ON 3 Jul 2019 Yes	Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	Fully at Fault	G3A report	and the same of th
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if Address mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact use Finalisation it Registered put Taken By Print AK Setter tachment	≥≥ GBH4599Y / SLE6765T ON 3 Jul 2019 Yes	Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	Futy at Fault Sheferred Workshop, Name unknown	G3A report	and the same of th
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