Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: JW 48 0) C Owner / Driver: (Policy No: () Period: (Confirmed by: (Date Insured/Driver Liability: (%) [Note-Est. Status (WO): Year of Registration: () Warranty: YES () / N Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confident () Total Loss Case: to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time: Actions Invoice: YES () / No () Injury: (Invoice: YES () / No () Injury: () / No () Invoice: YES () / No () Injury: () / No () / No () Injury: () / No () / No ()	m M7 10675 09 201 : OD 2hrs, TP 4hrs) eport Hand to Owner/Wksp Tol: F INC ()/Non-INC () Tel:) Cover Type: (: Time: N: 0-20%; P: 21-79%. P: 80-100 ())
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	Accident Reporting (\$30); Darmage Assessment (\$100); INC (\$80	
iver/Owner: 3) TF: 7	owing Fee . S40/	\$45
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	iming against INC Only (wef 10 Jan 2005)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.

aforesaid.	ACCIDENT CTATEMENT
CONTRACTOR OF THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	18/10/2019 16:42
Date Of Accident	17/10/2019 23:10
Exact Location Of Accident	JUNC PETAIN RD & STURDEE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA8937J
Insured/Policyholder	
Name Of Registered Owner	GOH LIAN SOON GILBERT (WU LIANSHUN GILBERT)
NRIC No	S7733372Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88007701
Alternative Phone No	OFFICE-88007701
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101296052-01
Cover Note Number	
Driver	
Name of Driver	GOH LIAN SOON GILBERT (WU LIANSHUN GILBERT)
NRIC No	S7733372Z
Date Of Birth	11/11/1977
Occupation	INDOOR
Date Of Driving Pass	02/10/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88007701
Fax Number	AND THE PROPERTY OF THE PROPER

OFFICE-88007701

NOEMAIL

Address BLK 433B SENGKANG WEST WAY

#12-537

Postcode 792433

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 Registration Number of Driver's Own

20 - 8820 8927 276 01 8277 100000000

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

YES

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

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

was there any video captured by Car Camera?

0.00000

Was there any audio recorded?

NO

SLN4802K

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

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)

1

SKETCH PLAN

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.
- 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)

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")
- 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.:

Vehicle A: SKA 8937J

Vehicle B: SLN480JK.

Sturdee Road

Stophine.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on the stated date 4 time, I, vehicle A',
STAS	937J, was travelling straight along the stated ven
Sudde	enly, vehicle 13°, SLN4802k., came out of sturdee Poal
and	conided onto my venice is front right portion.

DECLARATION

I/We declare the for going 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

ACCID	DENT DATE: 17 10	2019_1(DD/MM/YYY	Y), TIME: (33 : 10)(HH:MM)
LOCAT	NON:JUY	iction of Petai	n Rd & sturdee Rd
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPAN	SKA89373	
	INCHES AND AREA		RTY / THÍRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: f)TYPE:(SALOON / COUPE g)VFHICLE CATEGORY:(P	/ MPV /V AN / LORR RIVATE / COMMERC	Y / MOTORCYCLE / OTHERS) IAL / MOTORCYCLE)
	h) PURPOSE OF USING AT i) ARE YOU CLAIMING UNI IF NO, PLEASE STATE (THI	DER YOUR OWN INSU RD PARTY CLAIM / RE	RANCE (YES/NO) EPORTING ONLY)
	INSURED / POLICY HOLDER A) NAME: 40N b) NRIC/FIN/PASSPORT: 433 B	Gan Soon Gi S77333727 Sengrang Wes	16074 (MANE / FEMALE)
	CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HO	DLDER
die	DRIVER D)NAME:		(MALE / FEMALE)
(Industing driver) t	O)NRIC/FIN/PASSPORT:		CONTACT:
e	d)DATE OF BIRTH: ((/ OUTDOOR)	
4. V	VAS DRIVER AN EMPLOY	EE OF THE INSURE THE DRIVER WITH	H INSURED: WINT
5 0)WEATHER CONDITION: (CHEAR / RAINING / C	OTHERS
6. W	VAS ANYBODY INJURED (Y)REPORTED TO POLICE (Y) IF YES, PLEASE STATE WHIC	ES/NO). ES/NO)	
. 8. TI-	HIRD PARTY VEHICLE S) VEHICLE NUMBER:	PLAULENIK	_MODEL:
Including driver) t	D) DRIVER'S NAME:		_CONTACT:
COL) Marg. TH	HIRD PARTY VEHICLE I) VEHICLE NUMBER:		_MODEL:
	DRIVER'S NAME:		_CONTACT:
(_)	TARIOTHAN PION ON .		

email =

fax =

Hello, NAC_PAYA_UBI	_800601						• Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date o	f Accident	[1	7/10/2019 2	3:10	
	Vehicle	No.(For Motor)	SKA89	37)		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101296052- 01		GOH LJAN SOON GILBERT (WU LIANSHUN GILBERT)	S7733372Z	GPC	drivo CLASSIC		SKA8937)	13/10/2019	12/10/2020

Policy No.	5101296052-01	Policyholder Name	GOH LIAN	SOON GILBERT (WU	Policyholder NRIC	S7733372Z	
Certificate No.							
Address	BLK 433B #12-537 SENGKANG	WEST WAY S	INGAPORE 7	92433			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	27/09/2019	Effective Date	13/10/201	9 00:00	Expiry Date	12/10/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 433B #12-537	Addre	ss 2	SENGKANG WEST V	VAY	Address 3	SINGAPORE 792433
		Addre	ss Type	Singapore address		Post Code	792433
Address 4		Delate	ed Policy	5101296052-01			
Address 4 Unit No.	13-01	Numb	er				
Unit No.	13-01 d Object: SKA8937J		er				
Unit No.	d Object: SKA8937J		er				

ccident HT/1067509					
A. 10'		600 WW	19/00/00		
licy No.	5101296052-01	Vehicle No.	SKA89373	GST Registration No.	
ertificate No.					
Nicyholder Name	GOH LIAN SOON GILBERT (WU LIANSHUN G	LBERT)		Policyholder NR3C	S7733372Z
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	88007701	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	nc 🗸
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
port Date	18/10/2019 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ate of Accident	17/10/2019	Time of Accident Nicmm	23:10	Country of Accident	Singapore
sporting Centre	17/10/2019	Orange Force	23.20	3CM No.	angayare.
	WALCOUTANIA DO A CTUROCE DO	Grange Force		SCH 740.	
cident Location	JUNC PETAIN RD & STURDEE RD				
P Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
	3 000 00	TP Standard Excess	1,500.00		
Standard Excess	2,000.00				V #410000
ED OO Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Covered
Iditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Informa	ition				
T Registered	No		GST Registration Date		1
IT Registration No.			GST Status Ventiled	Yes	
dification History					
P Policyholder Mailing Ad	dress				
idvess 1	BLK 433B #12-537	Address 2	SENGKANG WEST WAY	Address 3	SINGAPORE 792433
Idress 4	NA CAMBO INTERNA	Address Type	Singapore address	Post Code	792433
ne No.	13-01	Related Policy Number	5101296052-01		
	13-01	Reaco Poscy remover	5101290052-01		
OI Driver Info		- Will Disease	March March Co.		
river Name	GOH LIAN SOON GILBERT	Driver Type	Main Driver	Driver ODS	110110000
named driver Name		Driver NRIC	57733372Z		11/11/1977
igister Date of Driver License	02/10/2017	Driver Age	41	Driving Experience	2
ontact No.(Mobile)	88007701	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLK 433B	Address 2	SENGKANG WEST WAY	Address 3	SINGAPORE 792433
idress 4		Address Type	Singapore address	Post Code	792423
nit No.	12-512				
	12-537				
oes he own a Singapore	12-537 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
nit No. loes he own a Singapore egistered car?		Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car? eclaration		Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore registered car?		Driver Vehicle No. Any injury?	○ Yes ⑥ No	Driver Insurer Company	
oes he own a Singapore egistered car? sclaration reathalyser or Blood Test	○ Yes ® No	31 - M. W.	○ Yes No	Driver Insurer Company	
loes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading?	○ Yes ® No	31 - M. W.	○ Yes ® No	Driver Insurer Company	
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oles he own a Singapore registered car? Indirection reethalyser or Blood Test leading?	○ Yes ® No	31 - M. W.	Û Yes ® No	Driver Insurer Company	
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des he own a Singapore rigistered car? Indirection Teathalyser or Blood Test adding? Indirection History Claim 001 New	○ Yes ® No	31 - M. W.	○ Yes No OCH LIAN SOON GILBERT (WU	Driver Insurer Company Insured NRIC	\$7733372Z
des he own a Singapore rigistered car? Indirection Teathalyser or Blood Test and Greation Indirection History Claim 001 New and Type *	○ Yes ® No 0 mg	Any injury?		2002/19/06	\$7723372Z
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visine own a Singapore orgistered car? diaration eathalyser or Blood Test adding? diffication History Claim 001 New with Type * incact No. (Mobile) half Address	○ Yes No 0 mg 00-MX 88007701 GOH, GILBERT#GMAIL.COM	Any injury? Insured Name Contact No.(Home) Of Venicle Number	GOH LIAN SOON GILBERT (WU) NIL SKAB9373	Insured NRIC	U.C. Taranta
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ces he own a Singapore repistered car? Indication reachalyser or Blood Test cading? Indication History Claim 001 New Indication History	O mg O mg O mg O mg O mg O mg Sold Glibert's GMail.com Please Select ≥≥ SKA89371 / SLNA802K ON 17 Oct 2019 Yes U 18/10/2019 17:29	Any injury? Insured Name Contact No.(Nome) Of Venicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	OOH LIAN SOON GILBERT (WU) MIL SKAB9373 Please Select Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SLN4802K
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