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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 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	22/10/2019 15:23
Date Of Accident	30/09/2019 06:10
Exact Location Of Accident	PUNGGOL WEST FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6891A
Insured/Policyholder	
Name Of Registered Owner	TRAVEL GSH PTE LTD
Co Reg No	199205400K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86133011

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H AUTO
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	GURPREET SINGH
NRIC No	G8033837L
Date Of Birth	13/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83153742
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	101 UPPER CROSS ST #B1-17M
Postcode	058357
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	RAINING
Road Surface	WET

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)	45

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA8605Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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. 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:

- (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:



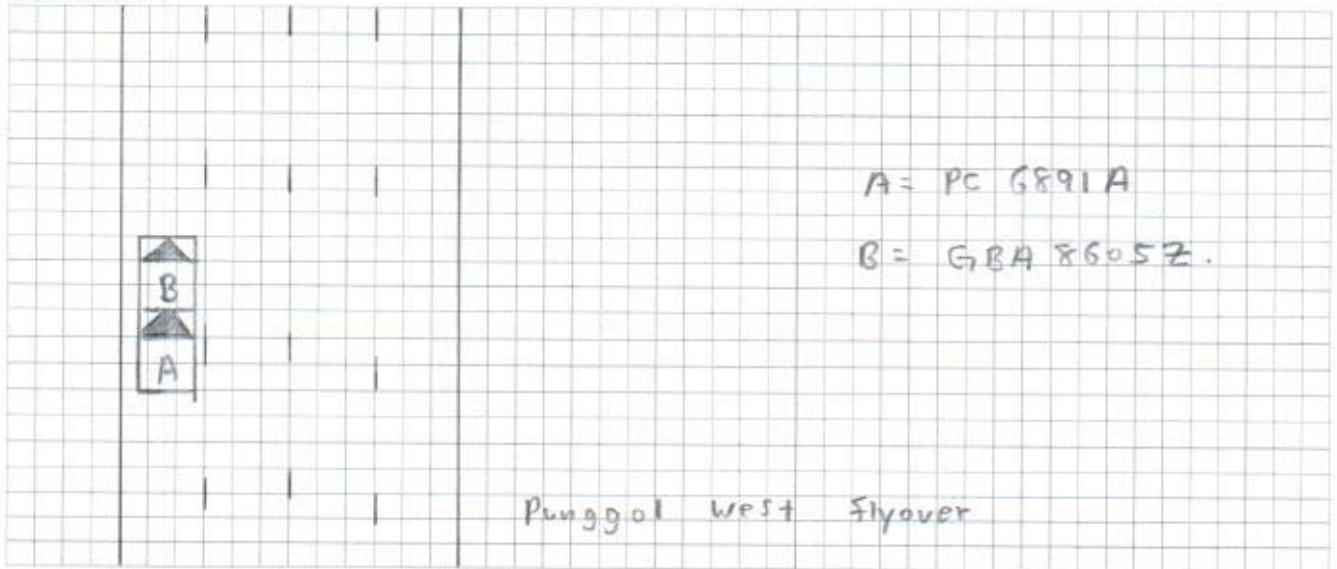


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A = PC 6891A
B = GBA 8605Z.

Punggol West Flyover


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Punggol west flyover.

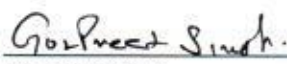
It was a raining day. When suddenly Veh B jammed brake. I manage to stop but due to slippery road. My veh skidded and hit onto Veh B rear portion.

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: (30 / 9 / 19) (DD/MM/YYYY), TIME: (6 : 10) (HH:MM)

LOCATION: Pungol west flyover.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 6891A
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 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8613 3011
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Gurpreet Singh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8315 3742
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: GBA 86052 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 passenger
(Including driver)
(45)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

veh take photo.

Email =

fax =

VIDEO = Yes.

Hello, NAC_PAYA_UBI_800601

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

Policy No.

Date of Accident

Vehicle No.(For Motor)

PC6891A

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5067996244-04		TRAVEL GSH PTE LTD	199205400K	GFT	Comprehensive	PC6891A	PC6891A	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 CENTRE	Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.		Related Policy Number	5104559207		

► Insured Object: PC6891A

▼ 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	<p>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. PC70518 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.</p> <p>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 Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	23/11/2018 00:00	Basic Information Endorsement	000001286948644	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 29 Nov 2018, the following amendment(s) is/are made to this policy for PC3000A: EXCESS (SECT 1): \$3,000.00 EXCESS (SECT II): \$1,500.00</p>
3	29/11/2018 00:00	Basic Information Endorsement	000001286952754	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm and endorse that from 29 Nov 2018, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER PREMIUM (INCL GST) 1. PC3000A \$1,338.07 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</p>
4	29/11/2018 00:00	Basic Information Endorsement	000001286952676	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm and endorse that from 29 Nov 2018, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER PREMIUM (INCL GST) 1. PC3000A \$1,338.07 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</p>

Claim Handling

Accident MT/1064922

Policy No.	5067996244-04	Vehicle No.	PC6891A	GST Registration No.	199205400K
Certificate No.					
Policyholder Name	TRAVEL GSH PTE LTD			Policyholder NRJC	199205400K
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	01/10/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	30/09/2019	Time of Accident hh:mm	06:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE EXIT PUNGGOL WAY				

▼ 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 CENT	Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.		Related Policy Number	5104559207		

▼ OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRJC		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 checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OO-MX	Insured Name	TRAVEL GSH PTE LTD	Insured NRJC	199205400K	
Contact No.(Mobile)	93805854	Contact No. (Home)		Contact No. (Office)	653631	
Email Address		OT Vehicle Number	PC6891A	TP Vehicle Number	GBA86	
Claim Description	PC6891A / GBA8605Z ON 30 Sept 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received	
Report No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown			
Date Registered		Claim Close Date	22/10/2019 15:34	Date Received	22/10/2019	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1064922	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/10/2019 15:35
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2019 15:35	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-10-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2019 15:35	SAS		Normal	SAS 2019-10-22



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2019 15:34	Photos	Normal	Photos 2019-10-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2019 15:34	Photos	Normal	Photos 2019-10-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2019 15:34	Photos	Normal	Photos 2019-10-22
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2019 15:34	Photos	Normal	Photos 2019-10-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2019 15:34	Photos	Normal	Photos 2019-10-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
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