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Preferred Wksp / INC Assign Wksp / QW: (DIC.	Tel:		
TP Particulars: Veh No:	\36BC .	, INC ()/Non-INC().	1	777
Owner / Driver: (Period: (1	Cover Type: (
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Confirmed by : (Date:	Time:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Insured/Driver Liability: (%)	Note-Est. Status (W	VO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	20/11/2019 15:53
Date Of Accident	07/11/2019 22:30
Exact Location Of Accident	JUNC HOUGANG AVE 4 & HOUGANG AVE 8
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC20C
Insured/Policyholder	
Name Of Registered Owner	KSL LEASING PTE LTD
Co Reg No	201607864R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67990775
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108955849
Cover Note Number	
Driver	
Name of Driver	TAN CHI WAH
NRIC No	S2199845A
Date Of Birth	20/06/1969

 Name of Driver
 TAN CHI WAR

 NRIC No
 \$2199845A

 Date Of Birth
 20/06/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/03/2010

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84687256

Fax Number

Contact Number OFFICE-84687256

EMail Address NOEMAIL

Address

BLK 33 JALAN BAHAGIA

#02-262

Postcode

320033

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

1 -

GENDER:

: MALE

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

SJV3613C

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)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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")
- (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.

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer	to statement.	

DECLARATION

I/We declare the wesoing particulars are true in every respect.

Policyholder's Signature

201607864R

Date & Time:

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

Name: NRIC/FIN No.:

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601		The second			No.	· Change Li	anguage	• Chan	ge Password	• Log Out
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Notice of Loss	Policy N	io.	510895	5849		Date o	of Accident	07	711/2019	22:30	
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					10	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108955849	5108955849- 000003	KSL LEASING PTE LTD	201607864R	GFM	Comprehensive	GBC20C	GBC20C	28/04/2019	27/04/2020
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		Time of Accident hhomm	22:20		Count	ry of Accident		Singapore		
	07/11/2019	Orange Force	26160		ICM N					
aporting Centre		Grange Force								
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	No.		GST R	egistration Date						
ST Registered ST Registration No.	5000			acus Venfied		Yes				
Soldification History										
OTTO DESCRIPTION AND DESCRIPTI										
Policyholder Melling Add	Iress									
Address 1	24 KJAN TECK AVENUE	Address 2	LEVEL 3		Addre	155 3		SINGAPOR	£ 628596	
Address 4		Address Type	Singapore add	fress	Post (Code		628896		
Int No.	03-03	Related Policy Number	5108958015							
♥ OI Driver Info										
Driver Name		Driver Type								
innamed driver Name:		Driver NRIC			Drive	r 008				
Register Date of Driver License		Driver Age			Drivin	ng Experience				
Contact No. (Mobile)		Contact No.(Office)			Conta	ect No.(Home)				
Address 1		Address 2			Addre	255 3				
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Address 4		Address Type	Foreign addre							
nddress 4 Unit No. Does he own a Singapore Registered car?	○ Yes	Driver Valvicle No.	Foreign addre		Drive	r Insurer Comp	arty			
Unit No. Does he own a Singapore	∵Yes ⊕ No		Foreign addre		Drive	r Insurer Comp	any			
Unit No. Does he own a Singapore Registered car?	○Yes ® No		Foreign addre		Drive	r Insurer Comp	arry			
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Unit No. Does he own a Singapore Registered car? Claim 002 New Claim 1092 New Claim 1096 * Comact No. (Mobile) Email Address Osiment Type Claimant Type * Claimant Name * Claimant Address	OD-MX	Insured Name Conset No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	KSL LEASING GBC20C Please Selec Fully at Faul	PTELTD	Insur Cont TP VI	red NRIC act No. (Office) enicle Number e of Preferred W		66946567 SIV3613C		
Unit No. Does he own a Singapore Registered car? **Country Claim 002 New Claim 1092 New Claim 1	OD-MX	Insured Name Comact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	KSL LEASING GBC20C Please Selec Fully at Faul	; PTE LTD	Insue Cont TP VI	red NRJC act No.(Office) ensole Number e of Preferred W		66946567 SJV3613C	V	
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Unit No. Does he own a Singapore Registered car? Claim 002 New Claim 002 New Claim 109 * Comact No.(Mobile) Email Address Claims Name * Claimant Type Claimant Type * Claimant Address Claim Description Preferred Workshop Cortact No. Require Final Carlion Date Registered	OD-MX	Insured Name Comact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	KSL LEASING GBC20C Please Selec Fully at Faul	PTELTD	Insue Cont TP VI	red NRJC act No.(Office) ensole Number e of Preferred W		66946567 SJV3613C	V	
Unit No. Does he own a Singapore Registered car? Claim 002 New Claim 002 New Claim 100 New	OD-MX	Insured Name Comact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	GBC20C Please Selec Fully of Faul Preferred Wi	PTE LTD	Insue Cont TP VI	red NRJC act No.(Office) ensole Number e of Preferred W		66946567 SJV3613C	V	
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275.545 675.745	NAC_PAYA_UBI_800601(NATIO CES) on 20 N	MAL ASSESSMENT CENTRE SERVI lov 2019 16:06	NRIC/ Driving Doense	Y :	Normal	NR3C/ Driving	License 2019-11-20		
43	NAC_PAYA_UBI_800601(NATIO CES) on 20 h	ONAL ASSESSMENT CENTRE SERVI NOV 2019 16:06	SAS		Normal	SAS :	2019-11-20		
dhara	NAC_PAYA_UB1_800601(NATIO CES) on 20 M	INAL ASSESSMENT CENTRE SERVI Nov 2019 16:06	Photos		Normal	Photos	2019-11-20		
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