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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

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.
- 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	22/01/2020 17:02
Date Of Accident	02/09/2019 17:00
Exact Location Of Accident	BUKIT TIMAH RD TWDS ROCHOR RD
Country/State of Loss	SINGAPORE
ACCION CONTROL OF THE CONTROL OF MARKETS	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5517R
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	5XXXX597J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98804444
Alternative Phone No	OFFICE-98804444
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 CVT SR
Exact Purpose for which vehicle was being used at time of accident	WOKRING
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	5111925837
Cover Note Number	
Driver	
Name of Driver	PHUA SIM KAI (PAN XINKAI)
NRIC No	SXXXX399B
Date Of Birth	13/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1998
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83825869
Fax Number	
Contact Number	OFFICE-83825869

NOEMAIL

BLK 551 CHOA CHU KANG STREET 52 Address

08-47

680551 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions 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

NO Was any body injured in the Accident?

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

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)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG2012L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

96280331 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.
- 2. 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)

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.

CO CAPA

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: SLUSSTAR. B: SM62012L DESCRIBE CIRCUMSTANCES OF THE ACCIDENT relate to Hatement DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Persopnel's Signature Driver's Signature Policyholder's Signature (If driver is not the policyholder) Name: Date & Time:

Date & Time:

NRIC/FIN No.:

ON STATED DATE AND TIME. MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. AS THE TRAFFIC LIGHT TURN GREEN THEFRONT CAR MOVED OFF, I DID NOT NOTICED THAT VEHICLE B DID NOT MOVE OFF. AS I MOVED OFF MY VEHICLE FRONT PORTION SLIGHTLY TOUCHED ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

	LOCATION: Bully Timah Rd tud	
	1. DETAILS OF VEHICLE	f.
	a) VEHICLE NUMBER: SLU \$172.	
	b) INSURANCE COMPANY: NTUC	
	CIPOLICY NUMBER: 51197877 .	
	d)POLICY TYPE: (COMPREHENSIVE / TH	HRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /VAN	
	g) VEHICLE CATEGORY: (PRIVATE / COM	
	h)PURPOSE OF USING AT ACCIDENT TIME	114
	I) ARE YOU CLAIMING UNDER YOUR OV	WN INSURANCE (YES/1991
	IF NO, PLEASE STATE (THIRD PARTY CL)	AIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	
	A)NAME: ND (AC2	(MALE / FEMALE)
	b)nric/fin/passport:	CONTACT: 9880 4444.
	cJADDRESS:	
		CARROLL VIEW COMPANY
vin D	* CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER
Allo of passi	anga, DRIVER	Village of Schools
Ho of pass	angos DRIVER allame those sim this chan you	(MA) (MA) FEMALE)
Ho of passi (Including d	angos DRIVER a) NAME: Thora Jim 141 (190 yin b) NRIC/FIN/PASSPORT: 5 7838 3	198 CONTACT: 838V 5864
Ho of passion de C.V.)	anger DRIVER a) NAME: Thom Sim this c fan yin b) NRIC/FIN/PASSPORT: 5 7838 3	(MA) (MA) FEMALE)
C.V.)	enger DRIVER a) NAME: thou sim this c fan vin b) NRIC/FIN/PASSPORT: 578383 c) ADDRESS: Ak 351 (hom (hm)	cong street TV \$ 08-43 (CSOST
Ho of passed of C.J.)	chages DRIVER a) NAME: Thyo dim thi (fan yin b) NRIC/FIN/PASSPORT: 5783833 c) ADDRESS: Ak 351 (hom (hm) *d) DATE OF BIRTH: (D / 12/78	LI(DD/MM/YYYY)
C.V.)	enger DRIVER a) NAME: Thyo Jim Mi (190 Vin b) NRIC/FIN/PASSPORT: 578533 c) ADDRESS: Ak 551 (hom (hm) *d) DATE OF BIRTH: (17) / 11/1978 e) OCCUPATION: (INDOOR / OUTDOOF	LI(DD/MM/YYYY)
Ho of passion d	chages DRIVER a) NAME: Thyo dim thi (fan yin b) NRIC/FIN/PASSPORT: 5783833 c) ADDRESS: Ak 351 (hom (hm) *d) DATE OF BIRTH: (D / 12/78	CONTACT: 838V 5864 Contact: 838V 5864 Cong start TV \$ 08-47 (CSOST CI(DD/MM/YYYY)
How of passon de C. M.)	*d)DATE OF BIRTH: () / 1/9 78 *d)DATE OF BIRTH: () / 1/9 78	LICOD/MM/YYYY) RISURED'S COMPANY? (YES / NO)
C.V.)	*d)DATE OF BIRTH: () / 1/9 AS *d)DATE OF BIRTH: () / 1/9 AS	(MAUE / FEMALE) 198 CONTACT: 838V 5869 Cong Hart 1 V 108-47 (6605) (L)(DD/MM/YYYY) R) 1998. INSURED'S COMPANY? (YES / NO) ER WITH INSURED: Mar.
Ho of passion d	*djDATE OF BIRTH: () / 1/9 78 #JYEARS OF DRIVER AN EMPLOYEE OF THE DRIVER D	(MAUE / FEMALE) 198 CONTACT: 838V 5869 Cong Hart 1 V 108-47 (6605) (L)(DD/MM/YYYY) R) 1998. INSURED'S COMPANY? (YES / NO) ER WITH INSURED: Mar.
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the of passess (1.)	DRIVER a) NAME: how Jim hi () 18 38 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(MAUE / FEMALE) GAB CONTACT: 83875869 GAG HALL TV 108-97 (GOST (L)(DD/MM/YYYY) R) 1998. INSURED'S COMPANY? (YES / NO) ER WITH INSURED: MAC. SS. TATION: MODEL:
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	Vehicle No.(For Motor)		SLUSS17R			Certificate Number					
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111925837	5111925837- 000023	GD CARZ	53122597)	GFM	drivo CLASSIC	SLU5517R	SLU5517R	19/08/2019	18/08/2020
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olicy No.	5111925837	Policyholder Name	GD CARZ		Policyholder NRIC	531225973	
Certificate No.	5111925837-000023						
Address	210 TURF CLUB ROAD B16 TURF	CITY SINGAR	ORE 2879	95			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/08/2019	Effective Date	19/08/20	19 00:00	Expiry Date	18/08/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1000	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1000	Outside Singapore TP Excess	1000			Young/	/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	6339259	2	GST Flag	Y	
insurance Flag Open	No						
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insurance Flag Open Policy Info Certificate Info	No:						
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Claim Handling					
Accident MT/1081427					
Policy No.	5111925837	Vehicle No.	SLU5517A	GST Registration No.	
Certificate No.	5111925837-000023				
	GD CARZ			Policyholder NRIC	531225977
Policyholder Name	FLEET MASTER INSURANCE	Cover Type	prive CLASSIC	Loading	a
Product Code Contact No.(Mobile)		Contact No. (Office)	0	Contact No. (Home)	0
	95804444			eCode	
Email Address	W = 2/	Special Remark	diam diam.	0.000	TURES.
KPK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	5420
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
 Accident Details 					
Report Date	22/01/2020 17:11	Acadent Report Within 24 hrs.	Yes	Acodent Type	Collision - Head to Rear
Date of Accident	02/09/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RO TWDS ROCHOR RD				
→ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
00 Standard Excess	1,000.00	TP Standard Excess	1,000.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	ø				
Total OD Excess Applicable	1000.00	Total TP Excess Applicable			
9 Benefits					
GST Registered Informa	ation				
GST Registered	No.		GST Registration Date		
GST Registration No.			GST Status verified	Yes	
Modification History					
CANADA CONTRACTOR					
Policyholder Mailing Ad	dress				
Address 1	210 TURF CLUB HOAD	Address 2	B16 TURF CITY	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287996
Unit No.		Related Policy Number	5111925837		
OI Driver Info					
Onver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PHUA S(M KAJ (PAN XINKAI)	Driver NRIC	5xxxx3998	Driver 008	13/12/1978
Register Date of Driver License		Driver Age	40	Driving Experience	21
Contact No.(Mobile)	83825869	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK 551	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 680551
	BCV 351	Address Type	Singapore address	Post Code	680551
Address 4	2.5	Nutre ens 1 ype	angepare sources	1001,0000	10.0000
Unit No.	08:47			5-3/07/37/32/7/37/7	
Does he own a Singapore . Registered car?	○ Yes (ē) No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
- Walley Company					
Claim 001 New					
	OD-MX	Insured Name	GD CARZ	Insured NRIC	531225971
Claim Type •			SU CANZ	Contact No.(Office)	64649355
Contact No.(Mobile)	82331245	Contact No.(Home)	COURT TO		5MG2012L
Email Address		OI Vehicle Number	SLU5517R	TP vehicle Number	3M32012L
Claimant Type Claimant Type *	particular security of the second	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *	A STATE OF THE STA		
Claimant Address	//				
Claim Description	5LU5517R / SMG2012L ON 2 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require finalisation	Ves 👻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/01/2020 17:12	Claim Close Date		Date Received	22/01/2020 00:00
Report Taken By	Jackson				
Print AK letter	No. of the last of				
C. Francisco					
			Save Submit		
Attachment					
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Accident No.	MT/1061427	Claim No.	901		
Last Doc. Received	● Yes □ No	Upload Date	22/01/2020 17:13		
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	Path *	Bur V	Category *	Comdential Orgen	Ley 7 Description 7
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