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TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Profured Wisp / INC Assign Wksp / QW: (Tol: I	io:)
17 Particulars: Veh No: 6	BF 9362 R INC ()/Non-INC()	
Dwner / Driver: (<u> </u>	'fcl:)
Policy No: () Pcrio	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	tc-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 90-1	.00%]
Year of Registration: () Wa	rranty: YES ()/NO ()	
Excess: (\$) Londing: \$1,000		The state of the s	Mblifikasikasanisasa ••
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() Walk-In Customer : Customer's Information	ation strictly Confidential & St	rictly NO refer of repairer.	•••
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	05/02/2020 15:16
Date Of Accident	15/01/2020 12:55
Exact Location Of Accident	POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3005L
Insured/Policyholder	
Name Of Registered Owner	CHAN HONG WAI DAVID (CHEN HONGWEI DAVID)
NRIC No	SXXXX060B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82249356
Alternative Phone No	OFFICE-82249356
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114868731
Cover Note Number	
Driver	
Name of Driver	CHAN HONG WAI DAVID (CHEN HONGWEI DAVID)

NRIC No SXXXX060B Date Of Birth 29/05/1979 Occupation INDOOR Date Of Driving Pass 14/08/2003

Driving Experience 16 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82249356

Fax Number

Contact Number OFFICE-82249356

EMail Address NOEMAIL Address BLK 520 BEDOK NORTH AVE 1 #09-352

Postcode 460520

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

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 NO

NO

2

YES

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200115/2139

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF9362R

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

- 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.
- 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.
- 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.

Policyholder's Signature

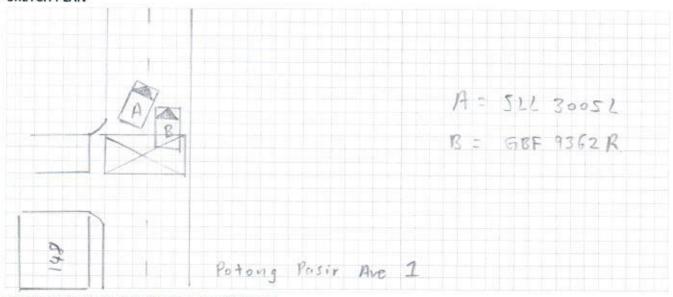
Date & Time:

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

ia s		-		
Refer	to	Police	Report	T/ 20200115/2139
	-			
			/	
		/		

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 .:





Road Speed Limit:

Anyone conveyed by

Traffic Volume:

Moderate

ambulance:

No

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Weather:

Two Way

Traffic Flow:

Type of Collision:

Between Moving Vehicles - Head To Side

Clear

1 of 3 Report No. T/20200115/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 15/01/20	Date/Time Report Made: 15/01/2020 16:28		Vide Report No.:				Station Diary No.:	
Informa	nt's Partic	ulars		PPER DE LA			SAME WEST BURNS	
Name of Informant: CHAN HONG WAI DAVID			Address: APT BLK 520 BEDOK NORTH AVENUE 1 #09-352 SINGAPORE 460520					
ID Type NRIC NO	ID Type / ID No.: NRIC NO / S7918060B			Contact No.:				
Nationality: SINGAPORE CITIZEN		Home/Office: Mobile: 82249356 Email:						
Sex: Male	Age: 40	Date of Birth: 29/05/1979	Type of Inf	Type of Informant:				
Race: Chinese		Language:			Institution / School Name:			
	Occupation: Interior designer		Driving Licence Information: Class: 3 Date			Date of E	of Expiry:	
General Ir	nformation	of the Accident						
Type of Accident:	Others		Driv Driv No		Date/Time Accident: 15/01/202		Type of Location: T-Junction	
Location: Along Roa POTONG	ad 1 PASIR AV	/ENUE 1			, ivivii ii Zuz	V 12.00		

Details of V	ehicle Invo	lved		Company of the last		BARRON I
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF9362R	Van	ТОУОТА	TOYOTA HIACE VAN TURBO 5 DR MANUAL		Condition	0
SLL3005L	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey	Slightly Damaged	0

Road Surface:

Traffic Control:

Traffic Light - Working

Dry





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200115/2139

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLL3005L	NTUC Income Insurance Co-Operative Limited	5114868731	17/12/2019	16/12/2020			

Brief Details.

At the above mention date time and location,

I was sending my wife to work. I was leaving the carpark gantry. There was a van that had stopped in the yellow box. I wanted to turn left and onto the most right lane. Before turning I made sure that I have signal my vehicle. Right after I start to turn, the van which had stopped in the yellow box drove forwards and collided into the right side of my vehicle. I then stopped and take picture of the other car and left that's all.





3 of 3

Report No. T/20200115/2139

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant	is	not	able	to	provide	sketch	nlan
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IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

the certificate with you now, please fax a copy to 654	174885 stating the report number as reference.
Signature Of Officer Recording The Report: TP / SM NAYKIB SYAWAL BIN NAZMUL HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2020 16:28
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 15/01/2020 15:13 Vehicle No.(For Motor) SL1.3005L Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Policy No. Insured Commence Date Select Product Cover Type Expiry Date No. Object CHAN HONG WAI DAVID drivo CLASSIC 5114868731 (CHEN HONGWEI DAVID) SLL3005L SLL3005L 17/12/2019 16/12/2020 S7918060B Continue

Accident MT/1080977 Policy No. Certificate No.										
	5114068731		Vehicle No.	SLL3005L		GST Re	gistration I	No.		
Policyholder Name	CHAN HONG WAI DA	AVID (CHEN HONGWEI	DAVID							
Product Code	PRIVATE CAR INSUR		Cover Type	drive CLASSIC			ider NRIC		379180606	
Contact No.(Mobile)	NEL:		Contact No.(Office)	with Consider		Loading		2 3)	
Email Address			Special Remark			eCode	No.(Home		200000	
KFK	- No Yes		TCA	= No Yes		eCode i	tack auto-	I.	No *	
NCD Protection	No		NCD Entitlement(%)	0		Private			iot available	
							100		ot available	
Report Date	20/01/2020 15:57		Accident Report Within 24 hrs	Yes		Acciden	Tune		ollsian - Major	
Date of Accident	15/01/2020		Time of Accident Ah:mm	13:05			of Accider		ingapore	PHILIDE IN
Reporting Centre			Orange Force			ICM No.				
Accident Location		ILK148 POTONG PASIR	AVE 1							
✓ Total Excess Applicable										
Excess Type	Per Accident		Windscreen Excess		100.00					
OD Standard Excess		600.00	TP Standard Excess		0.00					
YIED OD Excess			YIED TP Excess		0.00		Sent Indian	0 9		
Additional Excess		0				Driveris	Covered?	N	ot Applicable	
Total OD Excess Applicable		600.00	Total TP Excess Applicable		0.00					
♥ Benefits					4,44					
GST Registered Informa	ition									
aST Registered	No	EC.		GST Reg	istration Date					
GST Registration No. Modification History				GST Stat	us Verified		Yes			
Housing allowing										
Policyholder Mailing Ade	dress									
Address 1	BLK 520 #09-352		Address 2	BEDOK NORTH AV	VENUE 1	Address	3	e	NGAPORE 4605	E NO.
Address 4			Address Type	Singapore address		Post Cod			0520	320
Mit No.	09-352		Related Policy Number	5114868731				37/28		
OI Driver Info										
Oriver Name Unnamed driver Name			Driver Type							
logister Date of Driver License			Oriver NR3C			Driver Do	38			
Contact No.(Mobile)			Oriver Age			Driving E	xperience			
Address 1			Contact No.(Office) Address 2				to.(Home)			
ddress 4			Address Type	400,000,000		Address :				
init No.			жания туре	Foreign address		Post Code	5			
oes he own a Singapore registered car?	Yes + No		Driver Vehicle No.							
Claim 002 New										
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