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	i-Motor W/O (Within			
OD / TP / Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey F	Report		
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No: Juc	เมรุก	INC()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () P	Period: () Cover Type: () .
Confirmed by : (Dat)
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%.	P: 30-1009	/ 6]
Year of Registration: ()		40()		
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() Walk-In Customer: Customer's inf	formation strictly Confiden	tial & Strictly NO refer of a	epairer.	
() Total Loss Case : to e-mail Insu		* -4 11 3		
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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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/03/2020 16:00
Date Of Accident	21/03/2020 04:30
Exact Location Of Accident	ALONG ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE4655C
Insured/Policyholder	
Name Of Registered Owner	CHUA PETER
NRIC No	SXXXX755F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96562454
Alternative Phone No	OFFICE-96562454
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	5103039779-01
Cover Note Number	
Driver	
Name of Driver	CHUA POH KIAT
NRIC No	SXXXX980I
Date Of Birth	23/03/1994
Occupation	INDOOR
Date Of Driving Pass	18/09/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85119593
Fax Number	

OFFICE-85119593

NOEMAIL

80 BAYSHORE ROAD Address

#13-25

469992 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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

NO

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

soliciting/offering accident claims assistance.

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 audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC6279M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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 on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

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)	accid	entally	collided	onto	the	real	of	vehicle	2 В.		
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	- JP-9-				10-22						

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS						
Date of accident	21/03/2020	(DD/MM/YY)				
Time of accident	0430	(HH:MM)				
Exact location of accident	Along ECP					

全部/HIP 中央系统数据	No. of the last	DETAILS OF	VEHICLE	TO LEASE		
Vehicle registration number	SKE 4655	C				
Vehicle make and model	Mercedes	C180				
Type of vehicle	Saloon Lorry	MPV Bus	(M.7779/57)	□ Van orcycle □	Others:	
Vehicle category	Private 🗆	Comm	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part o	No 🗷	1000	ease select:		

INSURANCE INFORMATION								
Insurance company	NTUC							
Policy number								
Type of policy	Comprehensive	Third party fire & theft \square	TP only □					

INSURED / POLICY HOLDER								
Name	Peter Chua	Male	Female 🗆					
NRIC / Fin / Passport number	S1402755F							
Contact	9656 2454							
Address	in the second se							

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Chua Poh Kiat Male	Female 🗆					
NRIC / Fin / Passport number	\$94109801						
Contact	8511 9593						
Address	80 Bayshore Road #13-25 S(469992)						
Email address							
Date of birth	23/03/1994						
Occupation	Indoor Outdoor						
Driving date pass	18/09/2012						

	GENERAL IN	ORMATION (OF THE ACCIDENT	经独特 化水平等于
Was driver an employee of		No 🗹	/ IIIE AGGIDENT	
the insured's company?			driver and insured:	Parent
Accident captured by camera?		oø	inver and insured.	
Weather condition	Clear 🗹	Raining	Others:	
Road surface		Vet 🗆	Others.	
No of passenger	01	Vet		(Inclusive of driver)
No or passenger	0/			(melasive of arriver)
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Was other vehicle damaged?		No 🗆	CA MILE AND THE STREET	
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		WITNESS	2	
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Name				

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Vehicle registration number	9HC 6279 M
Vehicle make model	3110 62 77 111
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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Name		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
	A HARM	INJURED PERSON 3
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Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	162 🗆	NO L
nospital by ambulance:	277 - 27823	
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Was injured conveyed to	Yes 🗆	No 🗆
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Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
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Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	-	
	Yes 🗆	No 🗆
hospital/by ambulance?	and the same of th	

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	Vehicle	No.(For Motor)	SKE465	5C		Certific	ate Number					
					100	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5103039779- 01		CHUA PETER	S1402755F	GPC	drivo CLASSIC	SKE4655C	SKE4655C	06/09/2019	05/09/2020	

Claim Handling					
Accident MT/1089222	10 GC250107407-V	COLORS STOWN AND	2-2009 M-2004	Series Annual Control	
Policy No.	5103039779-01	Wehicle No.	SKE4655C	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA PETER			Policyholder NR3C	\$1402755F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	٥
Contact No.(Mobile)	96562454	Contact No. (Office)		Contact No. (Home)	
mail Address	21727	Special Remark		eCode	N. V
(PK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
VCD Protection	No	NCD Entitlement(%)	30	Private Hire	Not available
Accident Details					
eport Date	23/03/2020 14:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
lete of Accident	21/03/2020	Time of Accident hh:mm	04:05	Country of Accident	Singapore
seporting Centre		Orange Force		ICM No.	
coldent Location	BOP - CHANGE AIRPORT (BEFORE MARINE	E VISTA)			
♥ Total Excess Applicable cost Type	Per Accident		14.2		
scent type	Per Accident	Windscreen Excess	100.00		
O Standard Excess	0.00	TP Standard Excess	0.00		
IED OD Excess		YIED TP Excess	2365/3	Driver is Covered?	Not Applicable
dditional Excess	0				Sin
ntal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
P Benefits	2,578	A CONTROL OF A CONTROL OF THE CONTRO	35.00		
overage			Sum Insured		
cess Waiver			99999999 99		
GST Registered Inform	nation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Venfied	Yes	
odification History					
Policyholder Mailing Ac	ddress				
idress 1	80 BAYSHORE ROAD	Address 2	#13-25 COSTA DEL SOL	Address 3	SINGAPORE 469992
dress 4		Address Type	Singapore address	Post Code	469992
nit No.	#13-25	Related Policy Number	5103039779-01	Post Code	409992
OI Driver Info	7.77	neithed Policy Hamber	3103039779-02		
river Name		Driver Type			
nnamed driver Name		Driver NR3C		Driver DOB	
egister Date of Driver License		Driver Age		Driving Experience	
ontact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
ddress 1		Address 2		Address 3	
ddress 4		Address Type	Foreign address	Post Code	
nt No.					
mt No. loes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ioes he own a Singapore legistered car?	○ Yes ⑤ No	Driver Vehicle No.		Driver Insurer Company	
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