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	SAS e-filing				
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D.O.A: 3M20-18:30		O (Within: OD 2hr)	- Li	11/12	0.14
OD (TP) Reporting Only			s, 11 4013)		
V	i-Photo Uplo				
TP Insurer:		urvey Report	0		
	Ass't Report I	by Fax / Hand	o Owner/Wksp	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (		DIC/	Tel: )/Non-INC()		
TP Particulars: Veh No: M2	9001	. INC(	/ Non-INC ( )	· ·	
Owner / Driver: (					
	eriod: (		Cover Type: (		
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)			0%; P: 21-79%. P: 80	)-100%]	
Year of Registration: ( )	Warranty: YES (		)	-	
	000()/\$2,000	)( )			
General Remarks:-			TO THE RESIDENCE OF THE PARTY O	Shaker A.	
( ) Walk-In Customer: Customer's inf	ormation strictly Co	onfidential & St	rictly NO refer of repaire	er.	
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	(4)			
			owing Co: (		)
Dilve-III )/ ) (iven-III ) . IIIvoli	.c. 1100 ( ) / 1	,,,	on mig co. (	CARLES AND DESCRIPTION	
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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.
- 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,	
Market State and Colombia and State County	ACCIDENT STATEMENT
Date Of Report	04/08/2020 16:05
Date Of Accident	03/08/2020 18:30
Exact Location Of Accident	KAKI BUKIT RD 3
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD6282L
Insured/Policyholder	
Name Of Registered Owner	KR AUTO
Co Reg No	5XXXX703D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91729140
Alternative Phone No	OFFICE-91729140
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4 TSI AT 1T32B4 FL
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116863574
Cover Note Number	
Driver	
Name of Driver	JULIAN CHIA CHUN HAO
NRIC No	SXXXX295B
Date Of Birth	27/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84688371
Fax Number	
Contact Number	OFFICE-84688371
EMail Address	NOEMAIL

7 TAMPINES AVENUE 8 Address #07-12 529597 Postcode Was driver an employee of the Insured's Company NO 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 COLLISION - HEAD TO REAR Type Of Accident Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** YES Was the accident reported to the police? If Yes. Please state which Police Station Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION) ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-2440000 - FAX NO: 64443009 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - G/20200804/7039. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SHD900L	
Vehicle Make/Model/Colour		
Details Of Properties		
Vehicle Category	TAXI	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Postcode		
Insurance Company Name		
		Page 2 of 21

1

# **DETAILS OF INJURED PERSON 1**

JULIAN CHIA CHUN HAO Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SKD6282L

YES

NO

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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:
  - 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.

THE ACTION OF THE PROPERTY OF

Policyholder's Signature Date & Time: W

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

PALL	A:51002821 B:SHDG00L
KIGO TENE	les les Bulest Rd
Refer to police report.	

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

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCI	DENT DATE: 3 /8 /_	20 )(DD/MM/YYYY	), TIME:( <u>8</u> :3	(MM:HH)(
LOCA	110N: 144 5 BUIGH	nd 2.		
	DETAILS OF VEHICLE			
1.	a) VEHICLE NUMBER:	SICD 62821.		
	bJINSURANCE COMPAN	v. NTIC		
\$77		I. NIVO		
	c)POLICY NUMBER:	ELIENIEN E A TURO DA C	TV / TUÍDO D A DTV	CIDE OTHER
		EHENSIVE / THIKD PAK	(IY / THIRD PART)	FIRE &I HEFT
	e)MAKE & MODEL:			
	FITYPE: (SALOON / COUP)			
	g) VEHICLE CATEGORY: (F			
	h) PURPOSE OF USING AT			
	I) ARE YOU CLAIMING UN			· ·
	IF NO, PLEASE STATE (TH	Billion was a series of the se	PORTING ONLY)	
2.	INSURED / POLICY HOLDE		12	
	A)NAME:			FEMALE)
	b) NRIC/FIN/PASSPORT:		CONTACT:	411404143
	c) ADDRESS:			+
70 70	* CONTINUE TO 3.d IF DRI	VED ALSO BOLICY HO	NDER	+
Min D	DRIVER	IVER ALSO FOLICT HO	LUER	
Ano of bassonder	a)NAME:	\$6 m	(MATA) E	/ FEMALE)
4 No of passenger (Including driver)	binric/fin/passport:			84688371
(1.)	c)ADDRESS:		CONTACT	0 1000-71
	C/ADDRESS.			
	*d)DATE OF BIRTH:	/ / )(DD//	MM/YYYY)	7
ā (5	eJOCCUPATION: (INDOC	R / OUTDOOR)	A 50	
	f) YEARS OF DRIVING EXPI	RERIENCE:	241	view-
4.	WAS DRIVER AN EMPLO	YEE OF THE INSURE	ED'S COMPANY?	(YES / NO)
	IF NO, RELATIONSHIP O	OF THE DRIVER WITH	H INSURED: H	75.
5.	a) WEATHER CONDITION:	(CLEAR / RAINING / C	OTHERS	
	HIDOAD SUBEACE / LOV	/WET / OTHERS		
6.	WAS ANYBODY INJURED	(YES)/NO) - DAVE I	シューン	
7.	a)REPORTED TO POLICE (	(E3 / NO)		
	a)REPORTED TO POLICE ( IF YES, PLEASE STATE WH	INCH POLICE STATION:		
8.	THIRD PARTY VEHICLE	0.00		
	a) VEHICLE NUMBER:	JHD 400L	MODEL:	
Inducting driver)	b) DRIVER'S NAME:			
/ 1 1	c) NRIC/FIN/PASSPORT:		CONTACT:	
10.1	THIRD PARTY VEHICLE			
6 No of necrease	d) VEHICLE NUMBER:		MODEL:	
1	e) DRIVER'S NAME:			1.00
Induding driver	d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:		CONTACT:	
4	100			4.5
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8	· Pax	3		
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	VIDEO	, - X		





1 of 2

Report No. G/20200804/7039

# POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 04/08/2020 15:58	Vide Report No. Station Diary No  Address 7 TAMPINES AVENUE 8 #07-12 SINGAPORE 529597						
Name Of Informant JULIAN CHIA CHUN HAO							
ID Type / ID No. NRIC NO / S9340295B	Contact No. Home/Office: Mobile: 84688371						
Nationality SINGAPORE CITIZEN	Email Address JULIANCHIA4@GMAIL.COM						
Occupation	Sex	Age	Date of Birth	Race			
Grab driver	Male	26	27/10/1993	Chinese			
Institution/School Name	Language English						
Date/Time Of Incident 03/08/2020 18:30 - 04/08/2020 15:50	Location Of Incident KAKI BUKIT ROAD 3 SINGAPORE 417817						
Brief details							

I was stationery awaiting for the green light. The taxi was turning right and bang me from the back causing a huge impact. I visited the doctor and on 4 days MC

Subjects Involve	d		OF BAR		
Victim					
Person Name	JULIAN CHIA CHUN HAO	u-stage - u			
ID Type	NRIC NO	ID No		S9340295B	
Gender	Male	Age		26	
Signature Of Off Not applicable	ficer Recording The Report:		The identification report has	Of Informant: ty of the person making this been authenticated by No signature is required.	
Signature Of Into Not applicable		Date/Time: 04/08/2020 15:58			
Officer In-Charge Of Case:			Classification Of Case:		
Authentication S	Stamp				





2 of 2

POLICE REPORT (NP299)

**Authentication Stamp** 

# CONTINUATION OF REPORT

Report No. G/20200804/7039

Race	Chinese	Language	English
Occupation	Grab driver	Address	7 TAMPINES AVENUE 8 #07- 12 SINGAPORE 529597
Mobile No	84688371	Is Informant A Victim?	Yes
Person Name	JULIAN CHIA CHUN I	HAO (Informant)	

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2020 15:58
Officer In-Charge Of Case:	Classification Of Case:

<b>eBao</b> Tech		GeneralCla				alClaim				
Hello, NAC_PAYA_UBI_80	0601			Control of the Contro		· Change	e Language	• Chan	ge Password	· Log Out
My Desktop	Policy Q	uery								100
Notice of Loss	Policy No. Vehicle No.(For Motor)		SKD6282L			[ <u>6</u>	03/08/2020 18:30			
					Search					
	Select Poli			yholder Policyhol ame NRIC		Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5116	863574	KR	AUTO 5327770	3D GPC	Third Party	SKD6282L	SKD6282L	21/03/2020	20/03/2021
					Continue					

→ Police	y Information						
Policy No.	5116863574	Policyholder Name	KR AUTO		Policyholder NRIC	53277703D	
Certificate No.							
Address	BLK 190 #03-431 BISHAN STRE	ET 13 SINGAP	ORE 570190				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	20/03/2020	Effective Date	21/03/2020	00:00	Expiry Date	20/03/2021 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/I	Inexperience Driver Excess
Agent	GS ASSURANCE AGENCY PTE. L	Agent Tel.	96967969		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 190 #03-431	Addres	s 2	BISHAN STREET 13		Address 3	SINGAPORE 570190
Address 4		Addres		Singapore address		Post Code	570190
Unit No.	03-431	Related Numbe	Policy	5117964909			
) Insured	d Object: SKD6282L	econos.					
<b>▽</b> Endors	ements						
Sequen	ce Date of Endorsement	E	ndorsement	Type	Endorsement	Status	Endorsement Content

Claim Handling								
ccident HT/1098916								
olicy No.	5116563574		Vehicle No.		SKD6282L		GST Registration No.	
ertificate No.								
blicyholder Name	KR AUTO						Policyholder NRIC	532777030
roduct Code	PRIVATE CAR INSURANCE		Cover Type		Third Party		Loading	0
ontact No. (Mobile)	91729140	-	Contact No.(Office)		0		Contact No.(Home)	G
neil Address		119	Specal Remark				eCode	E V
×	® Nu ○ Yes	-	TCA		® No ⊜ Yes		eCode Reason	
D Protection	No	10	NCD Entitlement(%)	100	0			
Accident Details			The Control of the Co	28			Private Hire	Yes
port Date								
	04/08/2020 (6:13	A	Accident Report Witt	hin 24 his	Yes		Accident Type	Collision - Head to Rear
te of Accident	03/08/2020		Time of Accident his	ren	19:30		Country of Accident	Singapore.
porting Centre			Orange Force				ICM No.	
cident Location	MAKI BUKIT ND 3							
Yotal Excess Applicable	•							
cess Type	Per Accident	v	Windscreen Excess		0.00			
					257000			
Standard Excess	0.0	ю т	P Standard Excess		1,500.00			
D OD Excess	0.0	10 Y	TED TP Excess				Oriver is Covered?	
Stional Excess							Bover is Covered?	
al OD Excess Applicable	0.0	£ 99	Cotos VII Economic Ann	Carleto .				
Benefits		ž (2)	otal TP Excess Appl	scattle.				
			_					
GST Registered Inform								
Registered	No				GST Registration Date			
Registration No.	004000000000000000000000000000000000000				GST Status Verified		Yes	
ification History	04/08/2020 16	14:55 System cha	anged GST Status V	entied from	1 No to Yes			
	2270505							
Policyholder Mailing Ac								
dress 1	BLK 190 #03-431	A	ddress 2		BISHAN STREET 13		Address 3	SINGAPORE 570190
Irans 4		A	ddress Type		Singapore address		Post Code	570190
t No.	03-431	R	eleted Policy Number	er	5117964909			
OI Driver Info								
ver Name	Unnamed Driver	D	nver Type		Unnamed Driver			
named driver Name	JULIAN CHIA CHUN HAO		river NRJC		593402958		Driver DOS	25040000
ister Date of Driver License			nver Aga		26			27/10/1993
riact No.(Mobile)	84688371						Driving Experience	7
			ontact No.(Office)		0		Contact No.(Home)	0
ress t	7 TAMPINES AVENUE 8	A	ddress 2		ARC AT TAMPINES		Address 3	SINGAPORE 529597
tress 4		A	ddress Type		Singapore address		Post Code	\$29597
rt No.	07-12							
es he own a Singapore pistered car?	○ Yes ® No.	De	river Vehicle No.				Driver Insurer Company	
							The state of the s	
faration								
atheryser or Blood Text	0 mg		ny injury?		® Yes ○ No			
iding <sup>3</sup>	(154)(B)		A. 108-25 (1)		0.400			
Incation History								
laim 001 New								
m Type •	00-MX	10 50	200					
			sured Name		KR AUTO		Insured NRIC	532777030
act No.(Mobile)	NIL		intact No.(Home)				Contact No.(Office)	MIL
il Address			Vehicle Number		SKD6282L		TP Vehicle Number	SHD900L
nant Type Claimant Type *	Please Select V	Ty	ge of Benefit. *		Please Select			
ment Name *		22 0	eimant NR3C +		(A)			
mant Address		i Lamana						
n Description	SKD6282L / SHD900L ON 3 Aug	2020					Name of Preferred Workshop	
erred Workshop Contact	THE PARTY OF THE P	875000	sured Liability *		Not at Fault			.1
are finalisation	Yes V					-	020000000	
	Approximate the second		eferered Repair Opti	ion	Preferred Workshop, Name unknown	V	GIA report	Received
Registered	04/08/2020 16:15	0	am Close Date				Date Received	04/08/2020 00:00
ort Taken By	Jackson	E						
Print AK letter								
				1	ieve Submit			
tachment								
tent No.	MT/1098916		Claim No.		001			
Doc. Received	® Yes ○ No		Upload Da	ite	04/08/2020 16:17			
	Path *						The same of the sa	232
	- Fam 7		O (	Denver	Category *		Confidential Urgen	
				Browse	Clear Please Select	2755	Normal × Normal	Y
		KE SI BU		Browse	Clear Please Select	V	Normal V Normal	V
				Browse	Clear Please Select	V	Normal V Normal	V
			(4	Browse	Clear Please Select	v	Normal	
				Browse	Clear Please Select	V		
				- CONTRACTOR				Y
				Browse	Clear Please Select		The Married	· · ·

