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Insured/Driver Liability: ( %)	Note-Est. Status (WC	O): N: 0-2	0%; P: 21-79%. P:	50-10070]		
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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.	
Approximately and the second second	ACCIDENT STATEMENT
Date Of Report	15/08/2020 11:35
Date Of Accident	14/08/2020 17:45
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ4815H
Insured/Policyholder	
Name Of Registered Owner	CHONG FEI PING
NRIC No	SXXXX374C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92376468
Alternative Phone No	OFFICE-92376468
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5 LX CVT
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	THIRD PARTY
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	5115193108
Cover Note Number	
Driver	
Name of Driver	CHONG FEI PING
NRIC No	SXXXX374C
Date Of Birth	14/08/1982
Occupation	INDOOR
Date Of Driving Pass	23/10/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92376468
Fax Number	
Contact Number	OFFICE-92376468
EMail Address	NOEMAIL

BLK 688F WOODLANDS DRIVE 75 Address #16-78 Postcode 736688 Was driver an employee of the Insured's Company NO OWNER 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 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) 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. 2 Number of Passengers (Including Driver) Passenger 1 NAME: : WONG TZE CHIN 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 REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** YM9790D Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** COMMERCIAL VEHICLE Vehicle Category

# Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name

CHONG FEI PING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLQ4815H YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

WONG TZE CHIN

BODY

SLQ4815H

YES

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- Information provided must be as truthful 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.
- 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:
  - (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.

Policyholder's Signature Date & Time:

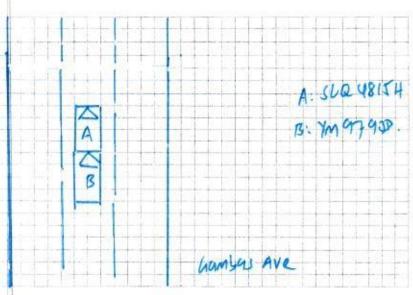
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SCRIBE CIRCOMSTANCES OF THE ACCID	
on stated date and time, I	stopped my vehicle whong wanters are
1) the traffic junction was	red. Judgenly 1 text on impact from the near
and realised that ushicle B	hit onto my vehicle rear portion.
	88

# 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.:

# **ACCIDENT STATEMENT**

- LOCATION: GUMLY						
	AVE					
1 DETAILS OF VEHICLE	-		4			
<ol> <li>DETAILS OF VEHICLE a) VEHICLE NUMBER:</li> </ol>		CLQ Y	RITH		(8)	
b)INSURANCE COMP		MIOC				
c)POLICY NUMBER:_						
d)POLICY TYPE: (CON	MPREHE	NSIVE / TH	IIRD PART	Y / THÍRD	PARTY FIR	E &THEFT)
e)MAKE & MODEL:						
f)TYPE:(SALOON / CO						
g) VEHICLE CATEGOR					RCYCLE)	7
h) PURPOSE OF USING					_	
i) ARE YOU CLAIMING						
IF NO, PLEASE STATE		PARTY CL.	AIM / REP	ORTING C	DNLY)	
2. INSURED / POLICY HO	DLDER	7				
A)NAME:					MALE / FE	MALE)
b)NRIC/FIN/PASSPOR				_CONTAC	T:	
c)ADDRESS:						
				100		
* CONTINUE TO 3.d IF	DRIVER	ALSO PO	LICY HOLI	DER	200	
THE of passangs DRIVER	1.50					
(Including driver) DINAME:				(/	MALE / FE	MALE 77
DJAKIC/FIN/PASSPORI	T:			CONTAC	:T:	9 037
g Tre Chin C)ADDRESS:	-					
J. Print Mark Country of the Country						
*d\DATE OF RIPTU- /	1	,	1/00/11	LBANAA		
*d)DATE OF BIRTH: (_				M/YYYY)	-	*
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e)OCCUPATION: (IND f)YEARS OF DRIVING E 4. WAS DRIVER AN EMP	OOR / C XPRERIE PLOYEE	OUTDOOR NCE: OF THE I	NSURED	'S COMPA	ANY? (YE	s / (Q)
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e)OCCUPATION: (IND f)YEARS OF DRIVING E 4. WAS DRIVER AN EMF IF NO, RELATIONSHI 5. a)WEATHER CONDITIO b)ROAD SURFACE: (DR 6. WAS ANYBODY INJURE	COR / C XPRERIE PLOYEE IP OF TH IN: (CLE IN: (CL	OUTDOOR NCE: OF THE ! HE DRIVE AR / RAIN 1 / OTHERS / NO) 2	(NSURED R WITH :	'S COMP	: Oun (	5 / (Q)
e)OCCUPATION: (IND f)YEARS OF DRIVING E 4. WAS DRIVER AN EMF IF NO, RELATIONSHI 5. a)WEATHER CONDITIO b)ROAD SURFACE: (DF 6. WAS ANYBODY INJURE 7. a)REPORTED TO POLIC	COR / C EXPRERIE PLOYEE IP OF TH IN: (CLE IV / WEI SED (YES /	OUTDOOR NCE: OF THE I HE DRIVE AR / RAIN / OTHERS / NO) 2	INSURED R WITH	'S COMP	: Oun (	\$ / NO)
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e)OCCUPATION: (IND f)YEARS OF DRIVING E  4. WAS DRIVER AN EMF IF NO, RELATIONSHI  5. a)WEATHER CONDITION b)ROAD SURFACE: (DE 6. WAS ANYBODY INJURE 7. a)REPORTED TO POLICE IF YES, PLEASE STATE IN 8. THIRD PARTY VEHICLE AND OF PASSENGER a) VEHICLE NUMBER: Induding driver b) DRIVER'S NAME: c) NRIC/FIN/PASSPORE	COR / C EXPRERIE PLOYEE P OF TH ON: (CLE ON: (CL	OUTDOOR NCE: OF THE I HE DRIVE AR / RAIN I / OTHERS I / NO) 2 NO POLICE ST	INSURED R WITH: ING / OTI	'S COMPA INSURED HERS	: 011(	
e)OCCUPATION: (INDI f)YEARS OF DRIVING E  4. WAS DRIVER AN EME IF NO, RELATIONSHI 5. a)WEATHER CONDITIO b)ROAD SURFACE: (IDE 6. WAS ANYBODY INJURE 7. a)REPORTED TO POLIC IF YES, PLEASE STATE V  8. THIRD PARTY VEHICLE 1 No of passenger a) VEHICLE NUMBER: 1 Induding driver b) DRIVER'S NAME: 2 O) NRIC/FIN/PASSPOR 9. THIRD PARTY VEHICLE	COOR / CO	OUTDOOR  NCE: OF THE I  HE DRIVE  AR / RAIN  / OTHERS  / NO) 2  NO  POLICE ST	INSURED R WITH: ING / OTI	'S COMPAINSURED HERS	: 011(	
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Notice of Loss	Policy N	No.		-		Date of Accident 14/08/2020			14/08/2020	7:45	
	Vehicle	No (For Motor)	SLQ4815H			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115193108		CHONG FEI PING	S8282374C	GPC	drivo CLASSIC	SLQ4815H	SLQ4815H	06/01/2020	12/01/2021
						Continue	]				

Product	BLK 688F #16-78 WOODLAND				Group		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/12/2019	Effective Date	06/01/2020 00:		4.0	12/01/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
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Policy Info Certificate Info Policyh Address 1 Address 4 Juit No. Insured	BLK 688F #16-78 16-78 I Object: SLQ4815H	Addres Related Numbe	s Type Sin	gapore address		Post Code	

Claim Handling								
Accident MT/1100035								
Policy No.	5115193108		Vehicle No.	SLQ4815	ř.	GST Registration No.		
Dertificate No.	7127 27 28 27 28 28 28							
olicyholder Name	CHONG FELPING		an water of	41/10/94/00	12/90	Policyholder NRIC	582823	74C
roduct Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLA	SSIC	Loading	Ď.	
amact No. (Mobile) mail Address	92376468		Contact No. (Dffice) Special Remark	0		Contact No.(Home)	0	
FK	® No ○ Yes		TCA	0 to 100		eCode	70.0	
ICD Protection	(5.56)			® No O	res	eCode Reason		
	No		MCD Entitlement(%)	50		Private Hire	No	
Accident Details								
leport Date	15/08/2020 11:48		Accident Report Within 24 hrs	Yes		Accident Type	Collision	n - Head to Rear
Date of Accident	14/08/2020		Time of Accident hh:mm	17:45		Country of Accident	Singapo	Jre.
eporting Centre			Orange Force			ICM No.		
Accident Location	GAMBAS AVE							
▼ Total Excess Applicable	•							
xcess Type	Per Accident		Windscreen Excess		100.00			
D Shandard Excess		0.00	TP Standard Excess		0.00			
TED OD Excess		0.00	YIED TP EXCESS		0.00	Driver is Covered?	Covered	
dditional Excess		0						
otal OD Excess Applicable		0.00	Total TP Excess Applicable		0.00			
♥ Benefits								
loverage				Su	m Insured			
xcess Warver				99	999999.09			
GST Registered Inform	nation							
ST Registered	No			G5	T Registration Date			
ST Registration No.				G5	T Status Verified	Yes		
lodification History								
→ Policyholder Mailing A	ddress							
ddress 1	BLK 688F #16-76		Address 2	WOODLAN	DS ORIVE 75	Address 3	SINGAP	ORE 736688
ddress 4			Address Type	Singapore	address	Post Code	735668	
inst No.	16-78		Related Policy Number	51151931	DE			
OI Driver Info								
river Name	CHONG PET PING		Driver Type	Main Drive				
mnamed driver Name			Driver NRIC	58282374	ė .	Driver DOS	14/08/1	.982
egister Date of Driver License	e 23/10/2009		Driver Age	38		Driving Experience	10	
ontact No.(Mobile)	92376468		Contact No.(Office)	0		Contact No.(Home)	0	
ddress 1	BLK 608F		Address 2	WOODLAN	DS DRIVE 75	Address 3	SINGAP	ORE 736688
ddress 4			Address Type	Singapore	address	Post Code	736688	
init No.	16-78							
oes he own a Singapore	○ Yes  No		Driver Vehicle No.			Driver Insurer Compan	3	
egistered car?	0					Driver Diable Compan	9	
eclaration								
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eading?	0 mg		Any injury?	® Yes ()	No			
odification History								
Section 1 Physical Ph								
Claim 001 New								
am Type *	00-MX	¥	Insured Name	CHONG FE	PONG	Insured NRIC	\$82623	74C
ontact No. (Mobile)	92376468		Contact No.(Home)	-		Consact No. (Office)		
mail Address	evelynotp@hoomail.com		OI Verside Number	SLQ4815H		TP Vehicle Number	YM9790	0
aimant Type Claimant Type •	Mease Select	~	Type of Benefit *	Please Sel	ect 🔻		8305000	
laimant Name *		>>	Claimant NRIC *					
almant Address		-	57.53 (0.340.0)			Ti .		
arm Description	SLQ481SH / YM9790D ON 1	4 Aug 2020				Name of Preferred World	eshoa	
referred Workshop Contact	The same of the		The same of the sa	fuer e v	. 53	_ name or interest work		
u.		-	Insured Liability *	Not at Pau		- 00		
equire Finalisation	Yes	v	Preferered Repair Option	Preferred	Workshop, Name unknown	GIA report	Receive	The state of the s
ate Registered	15/08/2020 11:50		Claim Close Date			Date Received	15/08/2	020 00 00
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st Doc. Received	Yes ○ No		Upload Date		15/08/2020 11:52			
	Path •		- C-12	30.00	Category •		Urgency *	Description
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