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TP Particulars: Veh No:	MG SEB3	M . MC()/Non-INC()	
Owner / Driver: (Tel:)	
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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.

- 5. 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

foresaid,	ACCIDENT STATEMENT
	19/08/2020 15:34
Date Of Report	19/08/2020 06:50
Date Of Accident	SLE SLIP ROAD TOWARDS BKE
Exact Location Of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
CONTRACTOR OF CHARLES AND ADDRESS OF THE PARTY OF THE PAR	SLM3590H
Vehicle Registration Number	2FM3030H
Insured/Policyholder	
Name Of Registered Owner	CHIA WEI YONG
NRIC No	SXXXX945F
Email Address	CHIAWEIYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96206638
Alternative Phone No	OTHERS-96206638
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	FETCHING SON TO SCHOOL
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	5098996247-02
Cover Note Number	
Driver	
Name of Driver	CHIA WEI YONG
NRIC No	SXXXX945F
Date Of Birth	17/09/1967
Occupation	INDOOR
Date Of Driving Pass	06/09/1993
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96206638
Fax Number	The state of the s

OTHERS-96206638

CHIAWEIYONG@GMAIL.COM

BLK 637 WOODLANDS RING ROAD Address

#01-65

730637 Postcode

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: JAVIER CHIA ZHI-EAN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS EAST N.P.C

Police Station Address

ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200819/2127

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG5663M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LI YUCUN

NRIC/Passport Number

SXXXX838F

Contact Number

92749875

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHIA WEI YONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLM3590H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

Postcode

DETAILS OF INJURED PERSON 2

Name

JAVIER CHIA ZHI-EAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLM3590H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 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 insurers) 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.

Policybolder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signa

Name:

NRIC/FIN No.:

On 19/8/2, 6. Dan, while driving along sie stip
road forwards BKE, my rehick OSLM359 99 Was
hit from the rear by reliide 5 MG 5663 M.
the dover of EMG 5663M was drung
at high speed and taileating me
My son and my body are badles in
pain offer the hit of my car John the
at high speed and taileating me. My son and my body are badly in pain offer the hit of my car from the trear. My sonot and I are in store of
shock for a few hows since then
POUCH RUPORT 1/2020819/2127 -

DECLARATION

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

Policholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Senature Mod 000

NRIC/FIN No.:

Pouch Pupolin-

ACCIDENT STATEMENT

ACCIDENT DATE: 19 08 302 (DD/MM/YYYY), TIME: 06:50 (HH:MM)
LOCATION: 518 ship road
DETAILS OF VEHICLE OJVEHICLE NUMBER: 52M35904 DJINSURANCE COMPANY: NTYC GIPOLICY NUMBER:
GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT) 6) MAKE & MODEL: HONG JOZZ 1) TYPE (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) 1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)
BOTH 2. INSURED / POLICY HOLDER AJNAME: CHA GE, YONG MALE FEMALE) DINRIC/FIN/PASSPORT: 5/8/8945 CONTACT: 9/206638
ander Chia Chen-Ean STIGES & Woodlands Rig Road
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER Cincluding driver) GINAME:
e)OCCUPATION: (INDOOR) OUTDOOR) FIDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION: (CLEAR / PAINING / OYUTTE)
d)DATE OF BIRTH: (/3/09 / /907)(DD/MM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION:
"d) DATE OF BIRTH: [/7/69 / 967] (DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) f) DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SM 9566 M MODEL: Magda X (Lincluding driver) 6. DRIVER'S NAME: VYCUN C) NRIC/FIN/PASSPORT: S7 > 838388 CONTACT: 9279977
"d)DATE OF BIRTH: [/ 7 / 69 / 90] J(DD/MM/YYY) e)OCCUPATION: (INDOOR) OUTDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WAT / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: 5 M 9 5 6 3 M MODEL: Magda X (Including driver) b) DRIVER'S NAME: / YACUN C) NRIC/FIN/PASSPORT: 5 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

email = chiaweiyong@gmail.com VIDED = Yes with Amda.

. . Strik & Houps . com St.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No. 1800-7679999 1 of 4 Report No. T/20200819/2127

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 19:35	fade:	Vide Report No.:	Station Diary No.: 99	
Informa	nt's Partic	ulars			
Name of Informant: Address: CHIA WEI YONG APT BLK 637 WOODLANDS RING ROAD #01 SINGAPORE 730637				RING ROAD #01-65	
	/ ID No.: O / S18139	45F	Contact No.: Home/Office: Mobile: 96206638		
Nationality: Em			Email:		
Sex: Male	Age: 52	Date of Birth: 17/09/1967	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRISONS OFFICER		R	Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Infon	mation of the Accid	ent	SERVICE SERVICE	TO THE REAL PROPERTY.	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2020 06:50	Type of Location: SLIP ROAD	
Location: BUKIT TIMAL Weather: Clear	H EXPRESSWAY	Road Surface:		Road Speed Limit: 50 Km/h	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Heavy	
		To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLM3590H	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Blue	Seriously Damaged	1
SMG5663M	Car		8 14 15		No Damage	0





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

Details of Vehicle Insurance

Date Treatment NIL

No. of Days granted Medical Leave

CONTINUATION OF REPORT

2 of 4 Report No. T/20200819/2127

Vehicle No.	Inst	irance Company	Insurand	Insurance No E		ffective	Expiry Date
SLM3590H	NTU	JC Income Insurance Co-Operative ited	5098996	6247-02		28/03/2020	27/03/2021
Details of Pe	ersor	n Involved			7296		SLANGE S
Any Pedestri	ian In	volved: No				ie dina	
No. of Pedes	strian	s Injured; NIL	Use of Peo	destrian	Cross	ing: NA	
Passenger					The same		
Name	-	JAVIER CHIA ZHI-EAN	4.7	ID No.		T03150910	
Related Veh	icle	SLM3590H (Car)	care in	Contac	ct No.	97704092	
Hospital/Clinic KHOO TECK PUAT HOSPITAL		2 di 1	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatm	ent	19/08/2020	Date Disc	The state of the s			
		red Medical Leave 03		Degree of Injury Slight			
Driver				THERE	This	The state of the s	
Name		CHIA WEI YONG		ID No.		S1813945F	
Related Veh	nicle	SLM3590H (Car)		Contact No.		96206638	
Hospital/Clir	al/Clinic KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3,4,5 Date of Expiry: NIL	
Date Treatm	nent	19/08/2020	Date Disc	Description of the stilling		8/2020	
		ted Medical Leave 07	Degree of Injury Serious				
Driver	200	THE RESERVE THE PARTY OF THE PA	4 12 7	ED ALL			A Contract
Name	e i	LI YUCUN	101	ID No.		S7283838F	
Related Veh	hicle	SMG5663M (Car)		Contact No.		92749875	
Hospital/Clin	nic	NIL		Class of Driving		Class: NIL Date of Ex	

Licence & Expiry Date

NIL

NIL

Date Discharge

Degree of Injury

NIL





T/20200819/2127

3 of 4 Report No. T/20200819/2127

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

Brief Details.

On the abovementioned date, time and location, I was driving along BKE towards the slip road towards SLE. As I was approaching a downhill road, I pressed the brakes to slow down. Subsequently, a vehicle crashed into the back of my vehicle. We then stopped our vehicles and exchanged particulars with one another. No police or ambulance came to scene. Subsequently, I proceeded to Khoo Teck Puat Hospital along with my son. I received a 7-day Medical Certificate (MC), while my son received a 3-day MC. I was then advised to make a police report.

I wish to state that I believe that the other driver was driving recklessly at a very fast speed, which led to the accident.





Report No. T/20200819/2127

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 65474885 stating the report number as reference.

Signature Of Officer Recording Th L / SCSGT(1) CHEONG TZE SUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/08/2020 19:35
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp Signal NP168 Singapore	Police Force



90 Yishun Central, Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE201855498

NAME : CHIA WEI YONG

NRIC: S1813945F

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 19-Aug-2020 14:51 to 19-Aug-2020 16:37.

The above named is unfit for duty for a period of 7 day(s), from 19-Aug-2020 to 25-Aug-2020 inclusive.

This certificate is not valid for absence from court attendance.

Remarks:

19 Aug 2020

Dr Cen, Xiaoping Dawn (17996E)

A&E

Doctor's Signature

Date

Issuing Doctor

Location

Reg No.: 200717564H

..... Tear Along Here --



90 Yishun Central, Singapore 768828 Tel: (65) 6555 8000 Fax: (65) 6602 3700

Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE201855498

NAME: CHIA WEI YONG

NRIC: \$1813945F

Type of Medical Leave granted: HOSPITALIZATION LEAVE

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Remarks:

19 Aug 2020

Dr Cen, Xiaoping Dawn (17996E)

A&E

Doctor's Signature

Date

Issuing Doctor

Location

Reg No.: 200717564H



90 Yishun Central, Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE201855503

NAME : JAVIER CHIA ZHI-EAN

NRIC: T0315091C

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 19-Aug-2020 14:51 to 19-Aug-2020 16:45.

The above named is unfit for duty for a period of 3 day(s), from 19-Aug-2020 to 21-Aug-2020 inclusive.

This certificate is not valid for absence from court attendance.

Remarks

19 Aug 2020

Dr Cen, Xiaoping Dawn (17996E)

A&E

- 45

Date

Issuing Doctor

Location

Doctor's Signature

Reg No.: 200717564H

Tear Along Here -



90 Yishun Central, Singapore 768828 Tel: (65) 6555 8000 Fax: (65) 6602 3700

Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

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Doctor's Signature

Date

Issuing Doctor

Location

Reg No.: 20071756411

Claim Handling Academy HT/1100500 Policy ho. COMMISSION LICE Ownership bear \$1.00 152000 UST Regardance No. Caronicate inc. Passynation Name CHEA WEE YOME Spicymoster Will 910139807 Propurt Code PROVATE CAR INSURANCE Coor Type STYLE CLASSICS Covere Contact No (Wobile) 96205638 Direct No JORGAL Contact No.(Home) Email Address Special Remark TCB «Case Realor» NCD Prospersor NCS Emplement No. Promit Hea - Accident Datalle Report Tiele 1009030203050 Accident Report Wilter 24 hrs. Accelera Type College - Head to Hear Date of Academy Likida libili Time of Account brown 86.00 Courtry of Asserts STREET, ST. Reporting Centre Orange Force ICH NO. Accident Location OLE SLIP ROAD TOWARDS IN E Tutal Excess Applicable Escous Type Per Accident Windstines E-year tilo di OD Standard Excess TEXANDER Cores 1,000-00 FIED-DO EVOLUE 42.02 TEST IF Event Brown is Clivered? 0.00 Construct Additional forces Total DC Escret Applicable 2000.00 THESE THE ENGLIS AMELIANS 0.385.00 Benefita w GST Registered Information OST Registered GST Regulation Core GST Registration his GST STatus Venteral Hoofbration History - Policyhuldur Hailing Address Address 1 004 827 ±01-65 Address 2 WOODLANDS KIND ROAD атсинове гроиля Attress 3 Address 4 Address Type Singapore address Phit Cape rionar Linet No. Related Folice Number bmm96247-03 U OI Briver Info Drive Name THEA WES YORK Druwt Type Miles Drose Unhamped Striver Name Dittoy report 518136497 Street DOM: 27/09/1967 Regimer State of Divine License GLIGHTISHE ORIVIET Age: Driving Experience Contact his (fresher) 96206638 Contact No. (Office) Contact No.: (Home) (6.8 637 ±0) 45 Address I WIDCOLANCIE WIND WORD. Attorns 2 SPREAMER 730615 Address 4 Address Type Prospere science T20037 Unit No. Dees he own a Singapora Registered 2477 Vendill No Driver before no-REMOVED AND Driver Insurer Company Breathgrown or Blood Tiret Reading? Any Intervi-Modification History Claim 001 Non Clern Type * W Discret CHIA NET 10NG 00-98 515119450 Contact No.: Motole) 63666738 962791638 94798357 Elvari Address CHDRAKIYONGQQRANILCON VENCK SLNISSON SHIGSBKSM: Claim Description SUMPSYCH / SMCDGRSM DW 19 May 2020 Probertail nd Lieb/My | Not of Four Preferred Workship, Nar Burkship Borner to: 1995 Finalismon Date Registered 19/08/2020 19:56 Opts 19/08/2020 00 Paratived 19/08/2020 00 Report Taxon By BEHAW LIZOR Frank day metain Save Submit Attachment Accident No. MX71100560 002 Last Dec. Received. Stree Clinic Natived Time 19/08/2020 15:57 fain * Calegory A Confidential Choose File: No lite chosen Chear Theate Select × 100 Change File I his Ne shusen w Sormal Chris Rease Select w 20 . Choose File No file chusen Cast Please Select 6D Choose File No file choren Ossi Plante Salan Yelevensti NO Choose File No life shows Clear Herrie Seiner 4 10 Choose File No No chasen 4 Char Heine Scient ¥1 100 turnial Special Mary - Attachment List amachment. Intended By/Date Urganes Contratue WAS BURTT MENAN JOSETH NATIONAL ASSESSMENT CENTRE NEWSLIE 5 (BURTT MENANS) on 19 Aug 2020 15:57 Photos Primio 2020-0-19

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- Video List								
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My Desktop

Notice of Loss

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Policy Query

Policy No. Vehicle No (For Motor)

SLM3590H

Date of Accident

19/08/2020 11:17

+ Change Password

Certificate Number

· Change Language

Search

Certificate Select Policy No. Number 5098996247-02

Policyholder Name CHIA WEI

Policyholder NRIC S1813945F

Product Cover Type CLASSIC GPC

Vehicle No.

Object

Commence Date Explry Date

SLM3590H SLM3590H 28/03/2020 27/03/2021

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GENERAL INSURANCE

RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #16-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00

UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: NRIC/FIN/Passport No: ("Vehicle Driver / Vehicle Owner) (") Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: Email Address 06:50 Date of Accident Time of Accident: KOAR Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature

NRIC/FIN No.:

MORNI

MONTANS