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 MNA420099027 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME: 09/11/2020 16:25 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

- 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

	ACCIDENT STATEMENT
Description of the second second	09/11/2020 16:25
	09/11/2020 10:25
	SLIP ROAD FROM KG BAHRU RD TOWARDS JLN BT MERAH
	SINGAPORE
South from to Cook	ETAILS OF OWN VEHICLE
THE RESIDENCE OF THE PARTY OF T	
TO DOMESTICATION OF COMMENTS O	SGF6762E
Insured/Policyholder	
international designation of the control of the con	CHIA SIANG TIANG
	SXXXX875I
	NOEMAIL
initia de distribuites estato	(LOCAL) +65-90618554
Alternative Phone No	OTHERS-90618554
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5079578658-04
Cover Note Number	
Driver	
Name of Driver	TAN KOK HUANG

OTHERS.ODE18554

D11101	
Name of Driver	TAN KOK HUANG
NRIC No	SXXXX901J
Date Of Birth	01/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1984
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90618554
Fax Number	

Address

BLK 57 TEBAN GARDENS ROAD

#17-469

Postcode

600057

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

NO

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

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

Vehicle Registration Number

GY3937M

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LOW SEI TILI

NRIC/Passport Number

Contact Number

90406738

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. 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.
- 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. 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.
- 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:
 - (i) 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
- 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)

Reporting Centre Perso

Name:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

9/11/2020

09/11/20

per 09/11/2020/10/100

ACCIDENT'STATEMENT

ACCIDENT DATE: 07/1/ 20 (DD	MM/YYY), TIME: (10: 15)(HH:MM)-
LOCATION: Kg. Bahru ROAD	
I. DETAILS OF VEHICLE	* - C
gIVEHICLE NUMBER: SGF 67	162 E
b)INSURANCE COMPANY: 47	ac .
CIPOLICY NUMBER:	
	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	The state of the state of
	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / C	
h) PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY C	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	5.65
AINAME CHIA SIANCO.	
b NRIC/FIN/PASSPORT: 369 748	
CIADDRESS: APT BIK 57 TE	
<u>. 4 17- 469</u>	(600057).
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER .
the of personness DRIVER	14
(Including driver) a) NAME: TAN KOK HUAN b) NRIC/FIN/PASSPORT: 31735 95	
(1) CIADDRESS: APT BIK 57 76	
# 13 - 469	(6000 57)
d) DATE OF BIRTH: (01) 06/ 6	(I(DD/MM/YYYY) ·
e)OCCUPATION: (INDOOR / OUTDOO	
FIDATE OF DRIVING PASC _	3 .
4. WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIV	
5. a) WEATHER CONDITION: (CLEAR / RA	
b)ROAD SURFACE: (DRY / WET / OTHE	RS
6. WAS ANYBODY INJURED (YES / NO)	. ,
7. a) REPORTED TO POUCE (YES / NO).	G+ 2527 114.
B. THIRD PARTY VEHICLE	STATION:
to of passenger a) VEHICLE NUMBER: Gy 39	37M MODEL TOYOTA
induding driver) b) DRIVER'S NAME: Low Sei	
c) NRIC/FIN/PASSPORT:	CONTACT: 90 40 6 7 3
9. THIRD PARTY VEHICLE	
No of passanger of Deliver's NAME.	MODEL:
reducting driver) 1 NRIC/FIN/PASSPORT:	CONTACT:
()	
	0

email = V1020

Claim Handling

ccident MT/1109517		Venicle No.	SGF6762E		GST Registrati	on No.
folicy No.	507957865B-04	Activities (Ann.				
Certificate No.					Policyholder N	RIC:
Policyholder Name	CHIA SIANG TIANG	Cover Type	Third Party		Loading	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	10000		Contact No.(H	ome)
Contact No. (Mobile)	90618554	Special Remark			eCode	
Email Address			No Yes		wCode Reason	()
KFK	= No Yes	TCA	50		Private Hire	
NCD Protection	Yes	NCD Entitlement(%)	3.0			
→ Accident Details		Margan Wayshi Masaki	Capital		Accident Type	
Report Date	09/11/2020 16:38	Accident Report Within 24 hrs	Yes			
Date of Accident	09/11/2020	Time of Accident hhomm	10:15		Country of Ac	ASAPOTAL
Reporting Centre		Orange Force			ICM No.	
Accident Location	SLIP ROAD FROM KG BAHRU RD TOW	VARDS JLN BT MERAH				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		0.00		
				0.00		
OD Standard Excess	0.00	TP Standard Excess		0.00	Driver is Cov	ered?
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Cov	
Additional Excess	0			12520		
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
▽ Benefits						
▽ GST Registered Informa	tion					
GST Registered	No		GST Registra		40	30
GST Registration No.			GST Status V	/erified	3.5	25
Modification History						
Policyholder Mailing Ad	dress				57101-72	
Address 1	BLK 28 #20-266	Address 2	GHIM MOH LINK		Address 3	
Address 4		Address Type	Singapore address		Post Code	
		Related Policy Number	5079578658-04			
Unit No.						
→ OI Driver Info	TAN KOK HUANG	Driver Type	Main Driver			
Driver Name	THE NOR HOPERS	Driver NRIC	517359013		Driver DOB	
Unnamed driver Name	1000000000	Driver Age	54		Driving Exp	erience
Register Date of Driver License		Contact No.(Office)			Contact No.	(Home)
Contact No.(Mobile)	90618554	Address 2			Address 3	
Address 1		Address Type	Foreign address		Post Code	
Address 4						
Unit No.			50#6762E		Driver Insu	urer Comp
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	30,000			
COMMON COST SECTOR CONTRACTOR						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Reading?						
Modification History						
Contract Manual						
Claim 001 New						
					[Insured	Teura et
Claim Type *				OD-MX	Name	Erith as
A. A. S.					Contact No.	
Contact No.(Mobile)				-	(Hame)	
					Ol Vehicle	
Email Address					Number	00
				SGF6762E / GY3	937M ON 9 Nov 2020	
Claim Description						
Preferred	Insured Liability	Fully at Fault				
Werkshop	Profèrered	GIA C	elived	-		
Edition No. Yes	✓ Repair Preferred	Workshop, Name unknown report Rec	ALC: UN	and the same of th	, Claim	_

Report Taken By

ROSLI WAHAB

Print AK letter Save Submit Attachment Accident No. MT/1109517 Claim No. 001 Last Doc. Received Yes ○ No Upload Date 09/11/2020 16:43 Path . Category * Confidential Choose File No file chosen Clear V NO Please Select Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear Please Select * Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select * NO Attachment List Attachment P Uploaded By/Date Category Urgency Descr NAC_PAYA_UBL_BODGO1(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 n 09 Nov 2020 16:43 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 n 09 Nov 2020 16:43 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:43 Photos Normal Photos 2 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42 Photos Normal Photos 2 NAC_FAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42 Photos Normal Photos 2 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o NRIC/ Driving License Normal NRIC/ Driving Lin 09 Nov 2020 16:42

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Uploaded By/Date

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42

Folder Date

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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 09/11/2020 15:57 Vehicle No.(For Motor) SGF6762E Certificate Number Search Policyholder NRIC Certificate Policyholder Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Number Expiry Date CHIA SIANG TIANG 5079578658-0 569748751 GPC Third Party SGF6762E SGF6762E 19/04/2020 18/04/2021