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Owner / Driver: (Tel:				
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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,
- 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.

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.

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Date Of Report 21/11/2020 12:04
Date Of Accident 20/11/2020 14:30

Exact Location Of Accident ALONG KALLANG ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW8734L

Insured/Policyholder

Name Of Registered Owner CHIOW SIEW LING

NRIC No SXXXX181D

Email Address PRINTNSIGNS@GMAIL.COM
Mobile Phone No (LOCAL) +65-91839263

Alternative Phone No OTHERS-91839263

Vehicle Particulars

Manufacturer TOYOTA

Model HARRIER

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 5075500421-05

Cover Note Number

Driver

Name of Driver CHIOW SIEW LING

 NRIC No
 SXXXX181D

 Date Of Birth
 15/12/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 16/01/2009

Driving Experience 11 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91839263

Fax Number

Contact Number OTHERS-91839263

EMail Address PRINTNSIGNS@GMAIL.COM

23 LORONG 24 GEYLANG Address

#05-01

398628 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

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

ambulance?

NO 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

NO

YES

Was any other material or property damaged?

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?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKR9433A Vehicle Registration Number BMW X3 Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category LEE PENG HAN Name of Driver SXXXX576F NRIC/Passport Number 83896656 Contact Number

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.
- 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:
 - 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 .:

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DECLARATION

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

Policyholder's Signature Date & Time: 2/11/20

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIE	DENT DATE: 12/ 1/22/ (DD/MM/YYYY), TIME: (14:50) (HH:MM)
LOCAT	TION: Kallay food
	Mark (and other transfer of the last of
1.	DETAILS OF VEHICLE SKW 8734 L
	HINSURANCE COMPANY: WTOC
16	CIPOLICY NUMBER: 5075500421-07
	dIPOLICY TYPE: (COMPREDENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	elMAKE & MODEL: 10/01/0 11/10/01
	TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PROVATE / COMMERCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESANO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER COLL LAS
	Allame.
	CIADDRESS: 23, Lorong 22 Greylang #05-0
8 85 8	Sneapole 115504 358628
	* CONTINUE TO 3.d IP DRIVER ALSO POLICY HOLDER
The of passangs	DRIVER Chian Siew ling (MALE/FEMALE)
(Induding driver)	
ĊĹŎ	CIADDRESS: 23, long zip auglang #05-01 (5) 39864
	FACTOR MINISTER CO. C.
φ <u></u>	*d)DATE OF BIRTH: ((5/ 12/ 1978)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 18 +
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
4	b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)
	a)REPORTED TO POLICE (YES-/ NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
Lin all a	a) VEHICLE NUMBER: Stan 8734 C MODEL: T.
the of passenger	b) DRIVER'S NAME: Alian Situ Ura
(Inducting driver)	c) NRIC/FIN/PASSPORT:CONTACT:
() 9.	THIRD PARTY VEHICLE SKR 9433 A MODEL: BMW X3
tho of passenger	Of VETROEL HOWELS.
(Induding driver)	
13	T) NRIC/FIN/F Assir Okt
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laim Handling								
ecidellt MT/1110926	STANDARD OF	Vehicle No.	5KW9734L		GST Registr	ition No.		
alicy No.	5075500421-05	(1,000000000000000000000000000000000000						
ertificate No.	CHIOW STEW LING				Policyholder	NASC	578751810	2
nocynoider Name		Cover Type	drivo CLASSIC		Loading		0	
Violuct Code	PRIVATE CAR INSURANCE 91839363	Contact No. (Office)			Contact No.	(Home)		
Contact No.(Mobile) Email Address	printnisignsifigmail.com	Special Remark			eCude		No. Y	
	No O Yes	TCA	W No C Yes		eCode Reps	gri		
CFC	Ne	NCD Entitlement(%)	50		Private Hire		No	
VCD Protection	77.							
₩ Accident Details	ROWINGSED STORE	Accident Report Within 24 hm	Yes		Accident Ty	pe	Collision - H	riead to f
Report Date	21/11/2020 12:20	Time of Accident hhimm	14:30		Country of	Accident.	Singapore	
Date of Accident	20/11/2020	Orange Force	- 600-51		1CM No.			
Reporting Centre		orange rove						
Academ Location	ALONG KALLANG ROAD							
▼ Total Excess Applicable		me access houses		100.00				
Excess Type	Per Accident	Windscreen Excess		2300.000				
22 1912	600.00	TP Standard Excess		0.00				
00 Standard Excess	0.00	VIED TP Excess		0:00	Driver is Co	vereil?	Covered	
VIED OD Excess	0.00							
Additional Excess		Tirtal TP Excess Applicable		0.00				
Total GO Excess Applicable	600,00	man in analysis registroomy		XHI				
□ Benefits	DATE.							
□ GST Registered Informat			GST Regula	ation Date				
USF Registered	Na		GST Status		3	Yes.		
GST Registration No.								
Modification History								
♥ Policyholder Mailing Add	Trans.							
		Address 2	#05-01 THE OCTET	e e	Address 3		SINGAPOR	RE 3586
Address 1	23 LORONG 24 GEYLANG	Address Type	Singapore address		Post Cade		399628	
Address 4	10.70	Related Policy Number	5075500421-05					
Unit No.	15-76							
₩ OI Driver Info	COLUMN STERRESTERS	Driver Type	Main Driver					
Oriver Name	CHIOW SIEW LING	Oriver NRIC	578761810		Driver DOI	C.	15/12/197	78
Unersed driver Name	16/01/2009	Driver Age	41		Driving Ex	persence:	11	
Register Date of Driver Ucense	91839263	Contact No.(Office)			Contact No	(Home)		
Contact No.(Mobile)		Address 2	#05-01 THE OCTET	i.	Address 3		SINGAPOR	RE 3986
Address 1	23 LORONG 24 GEYLANG	Address Type	Singapore address		Post Code		398628	
Address 4	0000000	7400	Den.					
Usit No. Dues he own a Singapore	15-76	PROPOSITION OF THE PROPOSITION O	\$KW8734L		Driver Ins	arer Company	WTUC	
Registered car?	Yes - No	Driver Vehicle No.	SERVICE COLL		100010000			
Declaration			dia del					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes in No					
History History								
AND THE PROPERTY OF THE PARTY O								
Claim 001 New								
Claim Type *				OD-HX	₩ Insured Name	CHIOW SIEW LIN	G 1	Insured NRJC
Court type				1444	Contact		0	Contact
Centact No.(Hobile)				91829263	No. (nume)			Nn. (Office)
					Vehicle	SKW8734L		TP Vehicle
Email Address					Number	SEMBIST	- N	Number
				SKW8734L / SKR943	N ON 20 Nov 2020			Name of Preferred
Claim Description				Same tar Lareaus	DE CON 20 1401 2020			Worksho
Preferred	Insured Liability Euro	at Fault.						
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part regeleres				la constant	Date			
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Frint AK letter								
			Save Submit					
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Attachment								
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Accident No.	W 150 O 50	Volong Dete		21/11/2020 12:24				

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Choose File No file chosen

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Video List						§ Source
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		ASSESSMENT CENTRE SERVICES) o 020 12:23	Photos		Normal	Photos 2020-11-21
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Display in New Window Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

· Change Language · Change Password · Log Out **Policy Query** Policy No. Date of Accident 20/11/2020 11:39 Vehicle No.(For Motor) SKW8734L Certificate Number Search Policyholder Name Certificate Policyholder NRIC Select Policy No. Vehicle Insured Commence Date Product Cover Type Number Expiry Date No. Object 5075500421-05 CHIOW SIEW LING drive CLASSIC 0 S7876181D GPC SKW8734L SKW8734L 19/11/2020 18/11/2021

Continue