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VATIONAL Assessment Centi	re Services.   well	130'05  MHA	mo10525 1-01	Done by	
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D.O.A: 25/11/2- 7:05	i-Motor W/O (Wil	thin: OD 2hrs, 7	'P 4hrs)		
OD / (P) Reporting Only	i-Photo Uploadeo				
	Assessment/Survey				
TP Insurer:	Ass't Report by Fa		Owner/Wksp		
			Tel:	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (	74-76	INC (	)/Non-INC()		
rp Particulars: Veh No: We	17965		Tel:	)	
Owner / Driver: (	Period: (	)	Cover Type: (		
Policy No: (	1	Date:	Time:	)	
Confirmed by : (	Note-Est. Status (WO	): N: 0-20	%; P: 21-79%. P: 3	0-100%]	
Insured/Driver Liability: (%)		/NO(	)		
Year of Registration: ( )	Wallally.	) / / / /	,		
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	TIGHT VEST ) / NU		owing Co. (		
Drive-In ( )/ Towed-In ( ); Inve	oice: YES ( ) / NO	);1	owing Co: (	Bone	200
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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
- 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.

a Miller of the state of the state of	ACCIDENT STATEMENT	
Date Of Report	26/11/2020 13:47	
Date Of Accident	25/11/2020 20:05	
Exact Location Of Accident	BEDOK RESERVOIR RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH5357S	
Insured/Policyholder		
Name Of Registered Owner	CHANG QI JIA	
NRIC No	SXXXX171G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81182990	

#### Alternative Phone No **Vehicle Particulars**

HONDA Manufacturer

SHUTTLE HYBRID 1.5 AUTO Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

OFFICE-81182990

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

**Insurance Company** 

Vehicle Category

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5107164728-01 Policy Number

Cover Note Number

Driver

CHANG WEIRU Name of Driver

SXXXX007A NRIC No 02/04/1991 Date Of Birth INDOOR Occupation 30/12/2010

**Date Of Driving Pass** 

9 YEARS AND 10 MONTHS **Driving Experience** 

**FEMALE** Gender

(LOCAL) +65-96807897 Mobile Number

Fax Number

OFFICE-96807897 Contact Number

NOEMAIL **EMail Address** 

Address

BLK 334 UBI AVENUE 1

#04-791

Postcode

400334

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

SIBLING

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

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

2

Passenger 1

NAME:

: LAU HUI LI

GENDER:

: FEMALE

**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

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

WC3406E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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.
- 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 Personne's Signature

Name:

NRIC/FIN No.:

SCRIBE CIRCUMSTANCES OF THE ACCIDENT  OH THE STARD PATE AND TIME, I CAME TO  A CONYLETT STOP PUE TO THE TRAFFIC LIGHT.  OUT OF A SUPPEN, I FEELT AN IMPACT PROM  THE PEHR.  I WENT POUN AND SAW VEHICLE & MIT ONTO	KETCH PLAN	777
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	DECLARATION	
DECLARATION	/We declare the foregoing particulars are true in every respect.	
DECLARATION		M
DECLARATION /We declare the foregoing particulars are true in every respect.	Driver's Signature Reporting Centre Personnel's Si	

Date & Time:

Grade Sententianions 11

(If driver is not the policyholder)
Date & Time:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ĄCC	IDENT DATE: (15 / 11 / 10	OD/MM/YYY	Y), TIME: ( 20	:_O>_){HH:M/
roc	ATION: BEDOK RECER	roll rold.		
ï	DETAILS OF VEHICLE  a) VEHICLE NUMBER:			<b>5</b> ;
	b) INSURANCE COMPANY c) POLICY NUMBER:	HTUC.		
	d)POLICY TYPE: (COMPRE		RTY / THÌRD PAF	RTY FIRE &THEF
i	e)MAKE & MODEL: HOP			
4.2	f)TYPE: (SALOON / COUPE			
	g) VEHICLE CATEGORY: (PF			(CLE)
	h)PURPOSE OF USING AT A			
	I) ARE YOU CLAIMING UND			
	IF NO, PLEASE STATE (THIR		EPORTING ONL	Y)
2.	INSURED / POLICY HOLDER		11/2	LE / FEMALE)
	A)NAME: CHANG b)NRIC/FIN/PASSPORT: S	9776124		B ma na
	c) ADDRESS: 334 UI	71 ANE 1 #04	- 751	002110
	CIADDRESS. 37 TO	7101 401		· .
	* CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HO	DIDER	•
Salla Al mores 3	DRIVER	EN ALGOT OLIGITIE	DEDER	
4 No of passing 3.	a) NAME: CHANG WE	1 RU	IMA	LE / FEMALE)
(Induding driver)	b) NRIC/FIN/PASSPORT: 59		CONTACT:	9680 7897
(2)	CIADDRESS: 334 UBI			
) LAO HOI LI .	*d)DATE OF BIRTH: (62)	04/91 100/	MM/YYYY)	1 1
, offo the st	e)OCCUPATION: (INDOOR			
	f) YEARS OF DRIVING EXPRE		_	
4.	WAS DRIVER AN EMPLOY	EE OF THE INSURI	ED'S COMPAN	(? (YES / (VD)
94	IF NO, RELATIONSHIP OF			SIRCINGS.
. 5.	a) WEATHER CONDITION: (C		OTHERS	
	b) ROAD SURFACE: (DRY / V			
	WAS ANYBODY INJURED (Y			
7.	a) REPORTED TO POLICE (YE			
	IF YES, PLEASE STATE WHIC	CH POLICE STATION:		
8.	THIRD PARTY VEHICLE	1-5 7101 5		
# No of passenger	a) VEHICLE NUMBER:	WC 3408 E	MODEL:	
(Induding driver)	b) DRIVER'S NAME:			
( )	c) NRIC/FIN/PASSPORT:		CONTACT:_	
- Y.	THIRD PARTY VEHICLE	,	HODEL	2
· Alvo of passinger	d) VEHICLE NUMBER:		_MODEL:	
( (Including driver)	e) DRIVER'S NAME:		CONTACT	
	) NRIC/FIN/PASSPORT:		_CONTACT::	400
()	•			
			*	•

email = fax =



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / 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.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: SMH5357S Original Report No : MNA120105251 Name(as shown in NRIC) : CHANG WEI RU NRIC/FIN/Passport No: \_\_\_\_\_ (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate ) \_\_\_Singapore( Address Mobile No. : 96807897 Contact (Tel) Email Address \_\_\_\_\_Time of Accident : 20:05 : 25/11/2020 Date of Accident Place of Accident : BEDOK RESERVOIR RD Insurance Company: NTUC Income Insurance Co-operative Ltd (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: Amend driver gender Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No .:

Date:

eBaoTech	0601				- A-Jan-		· Chang	e Language	· Chang	ge Password	Claim
My Desktop Notice of Loss	Policy No	y Query o. No.(For Motor)	SMH53	57S		Certif	of Accident icate Number	-	25/11/2020 2	0:05	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107164728-		CHANG QI JIA	S9336171G	GPC	drivo CLASSIC	SMH5357S	SMH5357S	25/01/2020	24/01/2021

olicy No.	5107164728-01	Policyholde Name	CHANG OT ITA		Policyholder NRIC	\$9336171G		
ertificate o.								
Address	BLK 334 #04-791 UBI AVENUE :	1 SINGAPOR	RE 400334					
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	15/01/2020	Effective Date	25/01/2020	00:00	Expiry Date	24/01/2021 23	3:59	
Excess	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess				Young/Inexperience Driver Excess		
Agent	PRIME CARS CREDIT PTE. LTD.	Agent Tel	67798500		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info							9	
Certificate Info								
	holder Mailing Address							
Address 1	BLK 334 #04-791	Ad	dress 2	UBI AVENUE 1		Address 3	SINGAPORE 400334	
Address 4		Ad	dress Type	Singapore address		Post Code	400334	
Unit No.			lated Policy Imber	5107164728-01				
A Incur	ed Object: SMH5357S							
Insure								
₩ Endor	sements	Market and the Control of the Contro					<b>Endorsement Content</b>	

lent MT/1111506			SMH5357S	GST Registration No.	
y No.	5107164728-01	Vehicle No.	SUCCEPING CALCULATION CALCULAT	**************************************	
ficate No.				Policyholder NRIC	S9336171G
	CHANG QI JIA			Loading	0
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Contact No.(Home)	0
act No.(Mobile)	81182990	Contact No.(Office)	0		Nc. V
il Address		Special Remark		eCode	
	● No ○ Yes	TCA	No ○Yes	eCode Reason	No
		NCD Entitlement(%)	10	Private Hire	NO.
Protection	No				1000000 F 0-10 100000000 L000000
Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ort Date	26/11/2020 13:54	Time of Accident hh:mm	20:05	Country of Accident	Singapore
e of Accident	25/11/2020	Orange Force	<del></del>	ICM No.	
oorting Centre		Orange Force			
ident Location	BEDOK RESERVOIR RD				
Total Excess Applicable			100.00		
ess Type	Per Accident	Windscreen Excess			
		TP Standard Excess	0.00		
Standard Excess	600.00			Driver is Covered?	
D OD Excess	500.00	YIED TP Excess			
ditional Excess	0				
tal OD Excess Applicable	1100.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform			GST Registration Date		
T Registered	No		GST Status Verified	Yes	
T Registration No.			55. States 15/1/16		
dification History					
Policyholder Mailing A			UBI AVENUE 1	Address 3	SINGAPORE 400334
ddress 1	BLK 334 #04-791	Address 2	Singapore address	Post Code	400334
ddress 4		Address Type	5107164728-01		
nit No.		Related Policy Number	510/104/20-01		
OI Driver Info			Name and Salvan		
river Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/04/1991
nnamed driver Name	CHANG WEI RU	Driver NRIC	S9114007A	Driving Experience	9
egister Date of Driver Licens	se 30/12/2010	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	96807897	Contact No.(Office)	0		SINGAPORE 400334
	BLK 334	Address 2	UBI AVENUE 1	Address 3	400334
Address 1		Address Type	Singapore address	Post Code	100007
Address 4	04-791				
Jnit No. Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
Registered car?	○ Yes   No				
eclaration Breathalyser or Blood Test	0.77	Any injury?	○ Yes   No		
Reading?	0 mg	753 6 6			
Modification History					
n nu h					
Claim 001 New					
				Toward NDIC	S9336171G
Claim Type *	OD-MX	Insured Name	CHANG QI JIA	Insured NRIC	
Claim Type *	81182990	Contact No.(Home)	67419836	Contact No.(Office)	WC3406E
Contact No.(Mobile)	QUIACHANG@GMAIL.COM	OI Vehicle Number	SMH5357S	TP Vehicle Number	WC3406E
Email Address		Type of Benefit *	Please Select		
Claimant Type Claimant Typ	pe * Please Select ≥≥	Claimant NRIC *			
Claimant Name *					
Claimant Address	SMH5357S / WC3406E ON 25 Nov 2020			Name of Preferred Works	hop
Claim Description		Insured Liability *	Not at Fault		
Preferred Workshop Contac No.		Preferered Repair Option	Preferred Workshop, Name unkno	own GIA report	Received
Require Finalisation	Yes			Date Received	26/11/2020 00:00
Date Registered	26/11/2020 13:56	Claim Close Date			
Report Taken By	Jackson				
Print AK letter			Save Submit		
Attachment			Save Suumi.		
♥	MT/1111506	Claim No.		58	
	1-11/1111500	Upload Date		12/12/19/19	Urgency * Descri
Accident No.	● Yes ○ No	(0.00 to 0.00	Catagon	* Confidential	organicy . Descri
			Category		rmal V
Accident No.	● Yes ○ No	(COLC.)	rowse Clear Please Select	V NO V No	
Accident No.	● Yes ○ No	В		V NO V No	rmal 🔻
Accident No.	● Yes ○ No	В	rowse Clear Please Select	V NO V No	rmal V
Accident No.	● Yes ○ No	B B	rowse Clear Please Select rowse Clear Please Select rowse Clear Please Select	V NO V No	rmal 🗸
Accident No.	● Yes ○ No	B B B	rowse Clear Please Select rowse Clear Please Select rowse Please Select	NO	rmal 🗸

Attachment	List			(3)		Ave. WX	Msg Sen	nt?
Attachment	Upload	ed By/Date	Category	?	Urgency	Description	(CO)	
	NAC_PAYA_UBI_800601( NATI CES) on 26	ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020	-11-26	
-		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020	-11-26	
150	NAC_PAYA_UBI_800601( NATI CES) on 26	ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	SAS		Normal	SAS 2020-11-26		
FV		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
	NAC_PAYA_UBI_800601( NATI CES) on 26	ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 13:57	Photos		Normal	Photos 2020-11-26		
Video List					The state of the s	Ŷ		