

צ'טויכט ווארען

SN 09213F000M

(11) (19) : Reporting, Only

11 Insurer:

Profutrad Wksp / INC Assign Wksp / QW: (

Tel: 44

Fax:

TP Particulars: Vch No: SJV 1534K: INC()/Non-INC()

Tel:

Owner / Driver: (

Policy No: () Period: () Cover Type: ()

Confirmed by : (

Date: _____

Time:

Confirmed by: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

[illegible]

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

1) Upload Resurvey Photo [Repair Cost > \$3000] (.)

Injury :

NA 2102157

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments

2411

273

[illegible]

1) AIL: Accident Reporting (330);

2) ДА: Дитингоу Азбукашвили (5100); INC (5100)
540/545

3) TP : Towing Pile	\$120
4) TP : Hollow-Through Survey	

5) FT: Follow-Through Survey (Re-survey) 530

For obtaining analysis INC Only, (wet 10 Jan 1975)

6) TR: Re-inspiration

7) NL: Idau DA + SMRI Survey

8) NFUC Kachinawa, Su, 1982.

NS: Courtesy Car / Tpl Allowance	55
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*NG: Repair Co-ordination	510
	520

*N1: Post Repair Inspection	3
*N2: Post Repair Coordination	3

TP (NII) : TP (NII) INC) against INC	52
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9) NIZI luno Mobile	Fee Charged
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Invoice dated	Fee Charged
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Invoices dated

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 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.
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.

ACCIDENT STATEMENT

Date of Submission	15/03/2021 17:50 (SGT)
Date of Accident	13/03/2021 19:20 (SGT)
Exact Location of Accident	Orchard Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6553M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH AI CHUAN EDDIE
NRIC No	SXXXX206C
Email Address	KKOHEDDIE@GMAIL.COM
Mobile Phone No	(Phone) +65-90605206
Alternative Phone No	+65-90605206

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116218560
Cover Note Number	-

DRIVER

Name of Driver	KOH AI CHUAN EDDIE
NRIC No	SXXXX206C
Date Of Birth	16/07/1972
Occupation	Outdoor

Date Of Driving Pass	03/06/1999
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90605206
Alt. Phone Number	+65-90605206
Email Address	KKOHEDDIE@GMAIL.COM
Address	BLK 934 TAMPINES ST 91 #08-355
Address complement	-
Postcode	520934
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SJV1534K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH AI CHUAN EDDIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLX6553M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

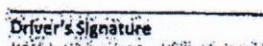
IMPORTANT NOTICE


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 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.
5. 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

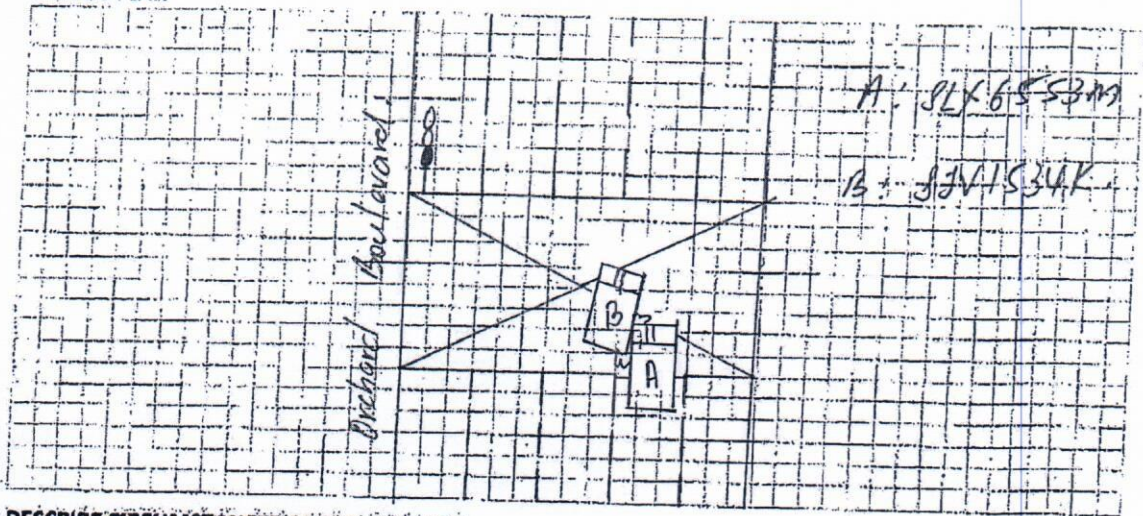
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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
- (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Orchard Boulevard towards Paterson Road. The traffic light was green in my favor. Hence I proceed to go straight. Out of sudden, vehicle (B) cut into my lane and collided onto my vehicle front left portion.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: / /

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

[Signature]

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

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/03/2021 17:44"/>							
Vehicle No.(For Motor)	<input type="text" value="SLX6553M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116218560		KOH AI CHUAN EDDIE	S7225206C	GPC	drivo CLASSIC	SLX6553M	SLX6553M	21/02/2020	03/04/2021
<input type="button" value="Continue"/>										

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful 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.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 13 Mar 2021 (DD/MM/YY) Time: 1920 (HH:MM)
Exact location of accident	Along Orchard Boulevard towards Paterson Road.

Details of vehicle

Vehicle registration number	SLX 6553M
Vehicle make and model	Toyota CHR
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	5116218560
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Eddie Koh Ai Chuan	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7225206C	
Contact	9060 5206	
Address	Block 934 Tampines Street 91 #08-355 Singapore 520934	

Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	kkoheddie@gmail.com	
Date of birth	16 July 1972	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	03 June 1999	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, relationship of the driver and insured: <u>Self</u>	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

Passenger 1

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1 (6)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	BJV1534K
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Eddie Koh Ai Chuan
Injuries sustained	Brachy
Which vehicle person in?	SLX 6553M
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>