

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 ability.
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 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 Report	19/12/2017 11:54
Date Of Accident	19/12/2017 09:45
Exact Location Of Accident	SLIP RD FROM BEDOK STH RD INTO BEDOK STH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR7328Y
Insured/Policyholder	
Name Of Registered Owner	LOO EI-LEEN
NRIC No	S8004947A
Email Address	LOOTECKKIAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98469476
Alternative Phone No	OTHERS-98469476
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR-1.8 HYBRID S/G (A)
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	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	5093574429
Cover Note Number	
Driver	
Name of Driver	LOO TECK KIAN
NRIC No	S0707783A
Date Of Birth	12/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1973
Driving Experience	44 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98469476
Fax Number	
Contact Number	OTHERS-98469476
Email Address	LOOTECKKIAN@YAHOO.COM.SG

Address	BLK 163 SIMEI ROAD #09-386
Postcode	520163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	NO
Was any body injured in the Accident?	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?	YES
Remarks/ Reasons:	NOT GIVEN WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCJ8988J
Vehicle Make/Model/Colour	B.M.W
Details Of Properties	
Name of Driver	NORIHISA KATO
NRIC/Passport Number	S2705173A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

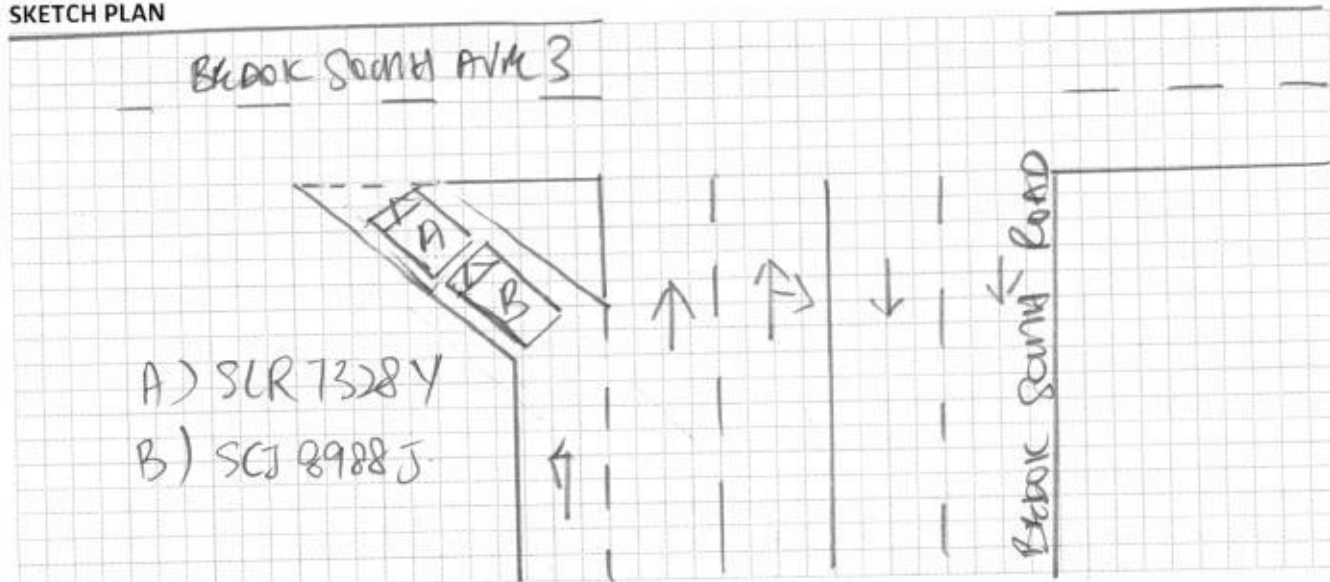
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

At about 9.45 m, I was driving along Bedok South Road turning into Bedok South Ave 3, vehicle no: SCJ 8988J knocked onto the rear of my vehicle SLR 7328Y

DECLARATION

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

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.:

Claim Handling

Accident MT/0974317

Policy No.	5093574429	Vehicle No.	SLR7328Y	GST Registration No.	
Policyholder Name	LOO EI-LEEN	Cover Type	drive PREMIUM	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	98469476	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date

19/12/2017 12:18

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head

Date of Accident

19/12/2017

Time of Accident hh:mm

09:45

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

SLIP RD FROM BEDOK STH RD INTO BEDOK STH AVE 3

Coverage

Sum Insured

999999999.99

Transport Allowance

Own damage Excess

600.00

Additional Excess

0.00

Windscreen Excess

Unnamed Driver Excess

0.00

Outside Singapore OD Excess

600.00

Third Party Excess

0.00

Outside Singapore TP Excess

0.00

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Address 1

38 MAR THOMA ROAD

Address 2

#10-02 RIVIERA 38

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

10-02

Related Policy Number

5093574429

Driver Name

LOO TECK KIAN

Driver Type

Named Driver

Unnamed driver Name

Driver NRIC

50707783A

Driver DOB

Register Date of Driver License

01/01/1986

Driver Age

68

Driving Experience

Contact No.(Mobile)

98469476

Contact No.(Office)

Contact No.(Home)

Address 1

Address 2

Address 3

Address 4

Address Type

Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Vehicle No.

SLR7328Y

Driver Insurer Company

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LOO EI-LEEN	Insured NRIC	
Contact No.(Mobile)	98772906	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SLR7328Y	TP Vehicle Number	
Claim Description	SLR7328Y / SCJ8988J ON 19 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	19/12/2017 12:40	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save

Submit

Attachment

Accident No.	MT/0974317	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2017 12:40

Path *	Category *	Confidential	Urgency
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal

[Upload Image](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 12:40	SAS	Normal	SAS ;
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 12:37	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 12:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 12:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 12:25	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 12:23	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 12:23	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2017 (DD/MM/YYYY), TIME: 9:45 (HH:MM)

LOCATION: Bedok South Rd / Bedok Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 7328 Y
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LOO EILEEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9004947 CONTACT: _____
 c) ADDRESS: Blk 163, Sunlit Rd # 09-386 (520163)

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
(Including driver)
(2)

- DRIVER
 a) NAME: LOO TECK KIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0707783A CONTACT: 98469476
 c) ADDRESS: Blk 163, Sunlit Rd # 09-386 (520163)

* d) DATE OF BIRTH: 12/11/1949 (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: FATHER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(Including driver)
(1)

- a) VEHICLE NUMBER: SLJ 8988 J MODEL: BMW
 b) DRIVER'S NAME: NOZUHISA KATO
 c) NRIC/FIN/PASSPORT: S2205173 A CONTACT: _____

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email = lootek.kian@yahoo.com.sg

fax =

VIDEO YES

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0707783A



Name

LOO TECK KIAN

呂德建

Race

CHINESE

Date of birth

12-11-1949

Sex

M

Country of birth

SINGAPORE

S0707783A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0707783A

Name

LOO TECK KIAN

Birth Date 12 Nov 1949

Issue Date 09 May 2003



10004632358

3994918



NRIC No S0707783A



Date of issue
11-01-2007

Address

APT BLK 163 SIMEI ROAD
#09-386
SINGAPORE 520163

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B	Motorcycles not exceeding 200 cc
Class 2A	Motorcycles between 201 cc and 400 cc
Class 2	Motorcycles exceeding 400 cc
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

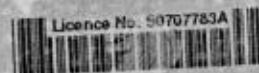
PASS DATE

07 Jun 1973

07 Jun 1973

07 Jun 1973

15 Jun 1973



Licence No. S0707783A

NP 426A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5093574429	LOO EI-LEEN	S8004947A	GPC	drive PREMIUM	SLR7328Y	SLR7328Y	25/08/2017	24/08/2018