

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 willful 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 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	18/01/2018 14:38
Date Of Accident	18/01/2018 12:00
Exact Location Of Accident	53 PAYA UBI INDUSTRIAL PARK UBI AVE 1 408934
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1704X
Insured/Policyholder	
Name Of Registered Owner	ONE EIGHTY CONCEPTS PTE LTD
Co Reg No	200903144H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66778180

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094329857
Cover Note Number	-

Driver

Name of Driver	ALFERD LIM KIAN LIANG
NRIC No	S9023382C
Date Of Birth	30/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81835991
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 206A PUNGGOL PLACE #14-2008
Postcode	821206
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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 ATTACHED 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	GBG6180M
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	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ALFERD LIM KIAN LIANG
Approximate Age	

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBE1704X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.

One Eighty Concepts Pte Ltd

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.:

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: 18012018 (DD/MM/YY) Time: 12:00 (HH:MM)
Exact location of accident	53 PAYA UBI INDUSTRIAL PARK, UBI AVE 1 5408934.

Details of vehicle

Vehicle registration number	GTBE1704X
Vehicle make and model	TOYOTA DYNA
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input checked="" 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 type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	5094329857
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	ONE EIGHTY CONCEPTS PTE LTD.	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	200903144H	
Contact	6677 8180	
Address	53 UBI AVENUE 1 PAYA UBI INDUSTRIAL PARK. 5408934.	

Driver

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

Name	ALFERO LIM KIAN LIANG	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9023382C	
Contact	9183 5991	
Address	APT BLK 206A PHNGFOL PLACE #14-2008 S 821206	
Email address	: Joane @ 180 concepts . com .	
Date of birth	30061990	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	14062011	

General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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	1 (Inclusive of driver)

Passenger 1

Name	
Gender	Male <input 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

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBG6180M
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	

REPUBLIC OF SINGAPORE
Licence Number: **S9023382C**
Name:
ALFERD LIM KIAN LIANG
Birth Date: **30 Jun 1990**
Issue Date: **17 Nov 2014**
00236696A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9023382C**
Name:
ALFERD LIM KIAN LIANG
林建良
Race
CHINESE
Date of birth **30-06-1990** Sex **M**
Country of birth
SINGAPORE



YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class	Description	Effective Date
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	14 Jun 2011

NP 428A

Licence No: S9023382C



NRIC No: S9023382C



Date of Issue
25-07-2012

APT BLK 206A PUNGGOL PLACE #14-2008
SINGAPORE 621206

NRIC No: S9023382C Date: 20/01/2013 No: 7311634

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident:

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5094329857	ONE EIGHTY CONCEPTS PTE LTD	200903144H	GCV	Comprehensive	GBE1704X	GBE1704X	16/09/2017	15/09/2018

Continue

Claim Handling

Accident MT/0978484

Policy No.	5094329857	Vehicle No.	GBE1704X	GST Registration No.	
Policyholder Name	ONE EIGHTY CONCEPTS PTE LTD			Policyholder NRIC	2001
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	66778180	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/01/2018 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	18/01/2018	Time of Accident hh:mm	12:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	53 PAYA UBI INDUSTRIAL PARK UBI AVE 1 408934				

Benefits

Excess			
Own damage Excess	1,500.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-09 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	03-09	Related Policy Number	5094329857		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/01/1980
Unnamed driver Name	ALFERD LIM KIAN LIANG	Driver NRIC	S9023382C	Driving Experience	6
Register Date of Driver License	14/06/2011	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	81835991	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 206A #14-2008	Address 2	PUNGGOL PLACE	Post Code	821000
Address 4		Address Type	Singapore address		
Unit No.	14-2008			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONE EIGHTY CONCEPTS PTE LTD	Insured NRIC	2001
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	GBE1704X	TP Vehicle Number	GBG
Claim Description	GBE1704X / GBG6180M ON 18 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/01/2018
Date Registered	18/01/2018 16:42	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Attachment

Accident No. MT/0978484
 Last Doc. Received Yes No

Claim No. 001
 Upload Date 18/01/2018 16:44

Path *

- No file chosen
-

	Category *	Confidential	Urgency *
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:44	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:43	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:43	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:43	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:42	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 16:42	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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