

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 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	19/02/2018 11:48
Date Of Accident	15/02/2018 15:30
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE1041E
Insured/Policyholder	
Name Of Registered Owner	DLS AUTO
Co Reg No	53359130M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5090047087
Cover Note Number	

Driver

Name of Driver	CHAN WEI JIANG
NRIC No	S8108762H
Date Of Birth	28/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2001
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97476090
Fax Number	
Contact Number	OFFICE-97476090
Email Address	NOEMAIL

Address	BLK 512 WEST COAST DRIVE #06-349
Postcode	120512
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Number of vehicles involved in the accident	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG PIE (CHANGI) TWDS TPE. VEHICLE B MOVE AN INCH FORWARD SUDDENLY STEP ON HIS BRAKE. IN A RESULT, MY VEHICLE SLIGHTLY TOUCH HIS VEHICLE REAR PORTION.

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	SCF157P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TECK MENG

NRIC/Passport Number

S1674836F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

SKETCH PLAN

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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

TPE

A: SJE 041E

B: SCF157P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8108762H



CHAN WEI JIANG
曾 威 强
Race
CHINESE
Date of Birth 28-03-1981 Sex M
Country of Birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8108762H



CHAN WEI JIANG

Birth Date 28 Mar 1981
Issue Date 22 Feb 2005

001322826G

184007



S8108762H




512 WEST COAST DRIVE #06-348
Singapore 120512
S8108762H 18-10-2002

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

		PASS DATE
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors / vehicles \leq 2500 kg	17 Sep 2001
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	22 Mar 2004

NP 428A

Licence No: S8108762H



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

15/02/2018 15:30

Vehicle No. (For Motor)

SJE1041E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090047087	DLS AUTO	53359130M	GFT	Third Party	SJE1041E	SJE1041E	13/02/2018	

Policy Information

Policy No.	5090047087	Policyholder Name	DLS AUTO	Policyholder NRIC	53359130M
Address	19 KIM CHUAN TERRACE SINGAPORE 537041				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/04/2017	Effective Date	07/04/2017 00:00	Expiry Date	05/04/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	1365.43		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	HOBBS INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	19 KIM CHUAN TERRACE	Address 2	SINGAPORE 537041	Address 3	
Address 4		Address Type	Singapore address	Post Code	537041
Unit No.		Related Policy Number	5094623985		

Insured Object: SJE1041E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	08/05/2017 00:00	Basic Information Endorsement	000001286554857	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJC8206L 09-05-2017 \$924.60 In view of this amendment, an additional premium of \$924.60 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is</p>

Claim Handling

Exit

The premium on this policy has not been collected.
 Accident MT/0982735

Policy No.	5090047087	Vehicle No.	S3E1041E	GST Registration No.	
Policyholder Name	DLS AUTO	Cover Type	Third Party	Policyholder NRIC	S3359130M
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90088701	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	72
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

→ Accident Details

Report Date	19/02/2018 23:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Bahr
Date of Accident	15/02/2018	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD PIE (CHANGE) TWOS TPE				

→ Benefits

→ Excess

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

→ GST Registered Information

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

→ Policyholder Mailing Address

Address 1	19 KIM CHUAN TERRACE	Address 2	SINGAPORE 537041	Address 3	
Address 4		Address Type	Singapore address	Post Code	537041
Unit No.		Related Policy Number	5094623985		

→ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/03/1981
Unnamed driver Name	CHAN WEE JIANG	Driver NRIC	S8108762H	Driving Experience	16
Register Date of Driver License	17/09/2001	Driver Age	36	Contact No. (Home)	0
Contact No. (Mobile)	97476090	Contact No. (Office)	0	Address 3	WEST COAST VISTA
Address 1	BLK 512	Address 2	WEST COAST DRIVE	Post Code	120512
Address 4	SINGAPORE 120512	Address Type	Singapore address		
Unit No.	00-340				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? ☒ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	DLS AUTO	Insured NRIC	S3359130M
Contact No. (Mobile)	90088701	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OT Vehicle Number	S3E1041E	TP Vehicle Number	SCF157P
Claim Description	S3E1041E / SCF157P ON 15 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/02/2018 23:57	Claim Close Date		Date Received	19/02/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment















Accident No.	MT/0982735	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2018 23:58

Path *

Browse...	Clear	Category *	Confidential	Urgency *	Description *
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	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:58	SAS	Normal	SAS 2018-2-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:57	Photos	Normal	Photos 2018-2-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:57	Photos	Normal	Photos 2018-2-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:57	Photos	Normal	Photos 2018-2-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:57	Photos	Normal	Photos 2018-2-19	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:57	Photos	Normal	Photos 2018-2-19	Edit
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
Display in New Window					
Scan and uploading					