
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 | 18/05/2018 12:39 |
| Date Of Accident | 17/05/2018 16:50 |
| Exact Location Of Accident | CIRCULAR ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJZ8317D |
| Insured/Policyholder | |
| Name Of Registered Owner | STANLEY SIEW KUM SENG |
| NRIC No | S1452370G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90060200 |
| Alternative Phone No | OTHERS-90060200 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | NISSAN |
| Model | - |
| 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 | REPORTING ONLY |
| 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 | 5091474873 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | OW YONG WAI KUEN MELODI |
| NRIC No | S6823744J |
| Date Of Birth | 22/06/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/03/2001 |
| Driving Experience | 17 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90060200 |
| Fax Number | |
| Contact Number | OTHERS-90060200 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 116B JALAN TENTERAM #31-543 |
| Postcode | 322116 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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? | NO |
| 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

PLS REEFR TO THE 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 | SKT6578A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MARCO |
| NRIC/Passport Number | |
| Contact Number | 92386632 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

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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)**

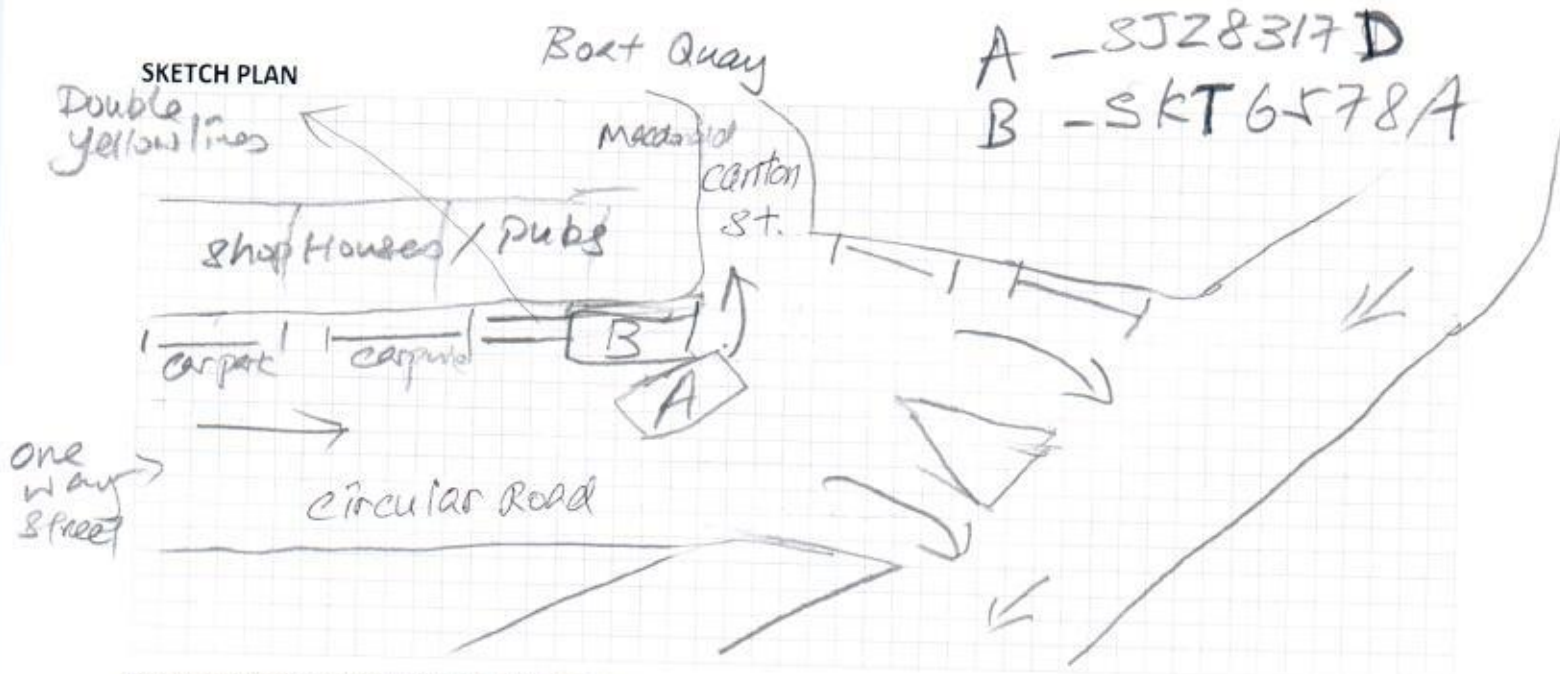
I understand, acknowledge, agree and consent that:

- (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.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened Vehicle A driving along circular Road looking for carpark, in a one way street a comfort taxi tailing closely. Vehicle A decided to ~~turn~~ turn aside to the left side road to let the taxi overtake. The incident happened during turning left to canton street, vehicle A front left side scratch the stationary car B which had parked on double yellow line.

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: 18/05/18
1pm

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

18/5/2018



6187057027500071046

MT/RB/PNLOCL/002

GST Reg No: M4-0003030-8

09 April 2018



STANLEY SIEW KUM SENG
BLK 116B #31-543
JALAN TENTERAM
TENTERAM PEAK
SINGAPORE 322116

0000444

28/05

Dear Policyholder


RENEWAL NOTICE FOR PRIVATE CAR INSURANCE
POLICY NUMBER: 5091474873

Thank you for giving us the opportunity to serve you.

We are pleased to offer you renewal of your policy based on the renewal details below. For your convenience, you can also pay and renew your policy online at www.income.com.sg.

If you have any queries, please call your agent or our hotline at 6788 6616. We would be most happy to assist you.

Yours sincerely



Peh Chee Keong
Vice President & Head
Motor Insurance

| | | | |
|--------------------------|----------------------------|-----------------------|-------------|
| Renewal Details : | | | |
| Period of Insurance | : 30/05/2018 to 29/05/2019 | Premium | : \$663.98 |
| Policy Coverage | : Drivo Classic | GST 7% | : \$46.48 |
| Transport Allowance | : No | Total Premium Payable | : \$710.46^ |
| Excess Waiver | : No | | |
| Vehicle Model | : NISSAN MARCH | | |
| Vehicle Number | : SJZ8317D | | |
| Windscreen excess | : \$100 | | |
| Excess (Sect I) | : \$600 | | |
| Main Driver | : STANLEY SIEW KUM SENG | | |
| Named Driver (1) | : OW YONG WAI KUEN MELODI | | |
| Named Driver (2) | : NIL | | |
| Hire Purchase Company | : N.A. | | |

Agency : OW YONG WAI KUEN MELODI (531223)
Contact Number : 90060200

^The Total Premium Payable is after 50% No Claim Discount and 5% Loyalty Discount.

IMPORTANT INFORMATION

Enjoy higher benefits for Medical Expenses and Personal Accident Cover (Applicable for Comprehensive cover only)

With immediate effect, we have revised the benefits of Medical Expenses and Personal Accident Cover as follows:

Medical Expenses: up to \$1,000 (from \$300)

Personal Accident: up to \$50,000 (from \$20,000)

24/7 Orange Force Accident Response Team

Our Orange Force Accident Response team offers assistance to you at an accident scene. Just call 6789 5000 and our Orange Force rider will be by your side to render help anytime and anywhere in Singapore.

NCD Protection

We offer free NCD Protection cover to policyholders who have enjoyed 50% NCD with us for two consecutive years.

If you are enjoying at least 30% NCD, you now have the option to purchase NCD protection with an additional premium of 10%, subject to a minimum of \$50.

This will protect your NCD from being reduced in the event of an accident claim during the period of insurance.

However, the NCD protection cannot be transferred to another insurance company. Also, it does not guarantee the renewal of your policy.

No Claim Discount (NCD)

The NCD will be withdrawn and the premium will be revised if a claim is made before the expiry of this policy.

Loyalty Discount

Enjoy 5% Loyalty Discount if you are insured with us for 3 years or more. We encourage you to stay with us so that you will continue to enjoy the Loyalty Discount.

Choice of Cover

The Prestige/Premium/Classic Plan is available for car up to 10 years old.

Policy cover will be automatically changed to Third Party Fire and Theft if your car is above 10 years old.

If you wish to revert your cover, please call us at 6788 6616 for a revised quote.

Payment Slip Kindly detach this portion of the bill to accompany payment. Cheques are to be made payable to 'NTUC INCOME'. Please write the policy number on the reverse of the cheque. Do not staple your cheque.

NTUC Income
Singapore Post Centre
P.O. Box 133
Singapore 914005

Bill Ref No.

61870570275

Amount Due (\$)

** 710.46

STANLEY SIEW KUM SENG

**5091474873, \$710.46;

6187057027

00071046

3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6823744J



Name
QW YONG WAI KUEN MELODI

Race
歐陽慧娟

CHINESE
Date of Birth 22-06-1968 Sex F
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6823744J
Name
QW YONG WAI KUEN MELODI

Birth Date 22 Jun 1968
Issue Date 08 May 2003



2181288



NRIC No S6823744J



Blood Group Date of Issue
AB+ 01-07-1994

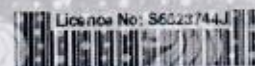
APT BLK 116B JALAN TENTERAM #31-543
SINGAPORE 322116
NRIC No: S6823744J Date: 18/11/2016

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

20 Mar 2001



Licence No: S6823744J

NR 42PA

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[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 type="radio"/> | 5091474873 | STANLEY SIEW KUM SENG | S1452370G | GPC | drive CLASSIC | SJZ8317D | SJZ8317D | 30/05/2017 | 29/05/2018 |

[Continue](#)

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|-----------------------|----------------------------------|------------------|
| Policy No. | 5091474873 | Policyholder Name | STANLEY SIEW KUM SENG | Policyholder NRIC | S1452370G |
| Address | BLK 116B #31-543 JALAN TENTERAM TENTERAM PEAK SINGAPORE 322116 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 29/05/2017 | Effective Date | 30/05/2017 00:00 | Expiry Date | 29/05/2018 23:59 |
| Excess Type | | All Claim 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 | 0 | Young/Inexperience Driver Excess | |
| Agent | OW YONG WAI KUEN MELODI | Agent Tel. | 69122281 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|---------------|
| Address 1 | BLK 116B #31-543 | Address 2 | JALAN TENTERAM | Address 3 | TENTERAM PEAK |
| Address 4 | SINGAPORE 322116 | Address Type | Singapore address | Post Code | 322116 |
| Unit No. | | Related Policy Number | 5087397498-01 | | |

Insured Object: SJZ8317D

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Bukit Merah

Claim Handling

Accident MT/0994981

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----|
| Policy No. | 5091474873 | Vehicle No. | SJZ8317D | GST Registration No. | |
| Policyholder Name | STANLEY SIEW KUM SENG | | | Policyholder NRIC | S14 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 90060200 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 50 | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|------|
| Report Date | 19/05/2018 09:29 | Accident Report Within 24 hrs | Yes | Accident Type | Side |
| Date of Accident | 17/05/2018 | Time of Accident hh:mm | 16:50 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | CIRCULAR ROAD | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|------|
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | 100. |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|-----|
| Address 1 | BLK 116B #31-543 | Address 2 | JALAN TENTERAM | Address 3 | TEN |
| Address 4 | SINGAPORE 322116 | Address Type | Singapore address | Post Code | 322 |
| Unit No. | | Related Policy Number | 5087397498-01 | | |

▼ OI Driver Info

| | | | | | |
|---|--|---------------------|-------------------|------------------------|------|
| Driver Name | OW YONG WAI KUEN MELODI | Driver Type | Named Driver | | |
| Unnamed driver Name | | Driver NRIC | S6823744J | Driver DOB | 22/0 |
| Register Date of Driver License | 08/05/2003 | Driver Age | 49 | Driving Experience | 15 |
| Contact No.(Mobile) | 90060200 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 116B | Address 2 | JALAN TENTERAM | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 322 |
| Unit No. | #31-543 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 OD-MX

New

| | | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | STANLEY SIEW KUM SENG | Insured NRIC | S14 | |
| Contact No.(Mobile) | 81383590 | Contact No.(Home) | 69122281 | Contact No.(Office) | | |
| Email Address | stanleysiew777@gmail.com | OI Vehicle Number | SJZ8317D | TP Vehicle Number | SKT | |
| Claim Description | SJZ8317D / SKT6578A ON 17 May 2018 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Rec | |
| Date Registered | 19/05/2018 09:38 | Claim Close Date | | Date Received | 19/0 | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | | |

Print AK letter

Save Submit

Attachment

Accident No.

MT/0994981

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

19/05/2018 09:35

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

| | | | |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|---|--|-----------------------|---------|--------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:38 | NRIC/ Driving License | Normal | NRIC/ Driving Lice |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:37 | SAS | Normal | SAS 2018 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:36 | Photos | Normal | Photos 20; |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:36 | Photos | Normal | Photos 20; |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:36 | Photos | Normal | Photos 20; |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:35 | Photos | Normal | Photos 20; |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:34 | Photos | Normal | Photos 20; |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:34 | Photos | Normal | Photos 20; |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:34 | Photos | Normal | Photos 20; |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:34 | Photos | Normal | Photos 20; |

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 May 2018 09:34

Photos

Normal

Photos 20:

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 May 2018 09:34

Photos

Normal

Photos 20:

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading