

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	21/05/2018 14:21
Date Of Accident	20/05/2018 13:45
Exact Location Of Accident	JUNC GRANGE RD & ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9286G
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.5L 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	THIRD PARTY
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	5071881765-02
Cover Note Number	

Driver

Name of Driver	SUSANNE THAM LI LING
NRIC No	S9320725D
Date Of Birth	11/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82188618
Fax Number	
Contact Number	OFFICE-82188618
Email Address	NOEMAIL

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

LKK Paya Ubi

From: Theresa Vimala <thrsvim.bala@income.com.sg>
Sent: Thursday, 24 May 2018 8:53 AM
To: 'LKK Paya Ubi'
Cc: Theresa Vimala
Subject: RE: GIA Report SJK 9286G

Hi Jackson

I have closed the file for veh SJK8296J.

Kindly create a MX file for vehicle SJK9286G
Using this claim nbr MT/0995358.

Please confirm

Thank you

With Regards

Theresa Vimala
Snr Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Wednesday, May 23, 2018 4:01 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala <thrsvim.bala@income.com.sg>
Subject: GIA Report SJK 9286G

Hi Hazalysa,

Please be informed that the owner come to our side to amend vehicle registration number from SJK 8296J to SJK 9286G

Attached is the GIA Report has been submitted.

Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/0995358

Policy No.	5071881765-02	Vehicle No.	SK9286G	GST Registration No.	
Policyholder Name	OSCAR'S LEASING PRIVATE LIMITED	Cover Type	Third Party	Policyholder NRIC	201431292N
Product Code	FLEET INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	22/05/2018 11:45	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	20/05/2018	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0	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	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.		Related Policy Number	5071881363-02		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OO-MX	Insured Name	OSCAR'S LEASING PRIVATE LIM	Insured NRIC	201431292N
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	61006913
Email Address		OI Vehicle Number	SK9286G	TP Vehicle Number	SHD6916C
Claim Description	SK9286G / SHD6916C ON 20 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	24/05/2018 00:00
Date Registered	24/05/2018 09:37	Claim Close Date			
Report Taken By	Jackson				

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0995358	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/05/2018 09:40

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Acton (CO)

