



## 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 liability.
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	30/10/2018 17:46
Date Of Accident	30/10/2018 13:25
Exact Location Of Accident	KAKI BUKIT AVE 2 (LEVEL 2)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDT19U
Insured/Policyholder	
Name Of Registered Owner	KIM KHAI HAN
NRIC No	S8701960H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90043554
Alternative Phone No	OFFICE-90043554
Vehicle Particulars	
Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
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	5097862519
Cover Note Number	
Driver	
Name of Driver	KIM HUA SIANG
NRIC No	S1124475J
Date Of Birth	23/06/1955
Occupation	INDOOR
Date Of Driving Pass	21/04/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97878795
Fax Number	
Contact Number	OFFICE-97878795
Email Address	NOEMAIL

Address	BLK 132 GEYLANG EAST AVENUE 1 #03-233
Postcode	380132
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG DRIVEWAY OF KAKI BUKIT AVE 2. VEHICLE B MAKE A LEFT TURN WITHOUT STOPPING AND CHECK HIS BLINDSPOT BEFORE HE CAN PROCEED. AS A RESULT VEHICLE B HIT ONT MY VEHICLE RIGHT PORTION. AFTER THE IMPACT, MY VEHICLE SLIGHTLY GRAZED ONTO VEHICLE C RIGHT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8885Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLZ3933J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

**DETAILS OF INJURED PERSON 1**

Name

KIM HUA SIANG

Approximate Age

Injuries Sustain

SHULDER & BACK

Injured person in which vehicle?

SDT19U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

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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:

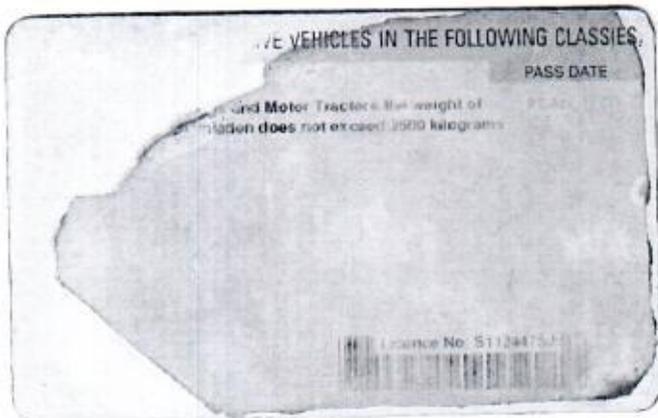


\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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





21/04/1977

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)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097862519		KIM KHAJ HAN	S8701960H	GPC	drive CLASSIC	SDT19U	SDT19U	02/02/2018	27/12/2018

Continue

Policy Information

Policy No.	5097862519	Policyholder Name	KIM KHAI HAN	Policyholder NRIC	S8701960H
Certificate No.					
Address	BLK 132 #03-233 GEYLANG EAST AVENUE 1 SINGAPORE 380132				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/02/2018	Effective Date	02/02/2018 00:00	Expiry Date	27/12/2018 23:59
Excess Type		All Claims 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	CHESA INSURANCE AGENCIES	Agent Tel.	68424331	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 132 #03-233	Address 2	GEYLANG EAST AVENUE 1	Address 3	SINGAPORE 380132
Address 4		Address Type	Singapore address	Post Code	380132
Unit No.		Related Policy Number	5097862519		

Insured Object: SDT19U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/02/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Feb 2018, the following amendment(s) is/are made to this policy 1. VEHICLE REGISTRATION NUMBER : SDT19U

Claim Handling

EXIL

Accident MT/1017851

Policy No.	5097862519	Vehicle No.	SOT19U	GST Registration No.	
Certificate No.					
Policyholder Name	KIM KHAI HAN	Cover Type	drive CLASSIC	Policyholder NRIC	S8701960H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90043554	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK:	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	30/10/2018 19:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	30/10/2018	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT AVE 2 (LEVEL 2)				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unhamed Driver Excess	0.00	Outside Singapore OO Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 132 #03-233	Address 2	GEYLANG EAST AVENUE 1	Address 3	SINGAPORE 380132
Address 4		Address Type	Singapore address	Post Code	380132
Unit No.		Related Policy Number	5097862519		

**OT Driver Info**

Driver Name	KIM HUA SIANG	Driver Type	Named Driver	Driver DOB	23/06/1955
Unnamed driver Name		Driver NRIC	S1124475J	Driving Experience	41
Register Date of Driver License	21/04/1977	Driver Age	63	Contact No.(Home)	0
Contact No.(Mobile)	97878795	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 132	Address 2	GEYLANG EAST AVENUE 1	Address 3	GEYLANG EAST GROVE
Address 4	SINGAPORE 380132	Address Type	Singapore address	Post Code	380132
Unit No.	03-233				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	KIM KHAI HAN	Insured NRIC	S8701960H
Contact No.(Mobile)	90043554	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SOT19U	TP Vehicle Number	SGT8885Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SOT19U / SGT8885Y ON 30 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	30/10/2018 19:23	Claim Close Date		Date Received	30/10/2018 00:00
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

Attachment

Accident No.	MT/1017851	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2018 19:25

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

Browse...

Clear

Please Select

10

Normal

Browse...

Clear

Please Select

10

Normal

Send Message Upload

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	SAS	Normal	SAS 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:24	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:23	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:23	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:23	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:23	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:23	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Oct 2018 19:23	Photos	Normal	Photos 2018-10-30		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> <span>Display in New Window</span> <span>Scan and uploading</span> </div>				