

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	13/12/2018 15:20
Date Of Accident	13/12/2018 14:10
Exact Location Of Accident	JEM SHOPPING CENTRE BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF8643C
Insured/Policyholder	
Name Of Registered Owner	SHEU SHYUE SHYI
NRIC No	S1239041F
Email Address	STEVE.SHEU@INTRACO.COM
Mobile Phone No	(LOCAL) +65-98306516
Alternative Phone No	OTHERS-98306516

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	SHOPPING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5050879514-06
Cover Note Number	

Driver

Name of Driver	SHEU SHYUE SHYI
NRIC No	S1239041F
Date Of Birth	16/06/1957
Occupation	INDOOR
Date Of Driving Pass	13/02/1980
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98306516
Fax Number	
Contact Number	OTHERS-98306516
Email Address	STEVE.SHEU@INTRACO.COM

Address	BLK 748 WOODLANDS CIRCLE #05-502
Postcode	730748
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	
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

PLEASE REFER TO SKETCH PLAN

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	UNKNOWN
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)	

SKETCH PLAN

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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:

13/12/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

From Shopping Centre Basement Carpark Entry/



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I approached the carpark exit and waiting the barrier to lift up, the screen show "No Information of Entry". I watched the side and rear mirror which show no vehicle behind me and I started to reverse slowly. But suddenly a car ^{RIGHT} bump on me from my side of vehicle I stopped immediately and the driver reversed ~~to~~ at the same time. I ~~tried~~ while I ~~was parking~~ my car away, the driver drove away.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

[Signature]

13/12/2018

1530Hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/12/2018

[Signature]

Claim Handling

Accident MY/1823755

Policy No.	5050879514-06	Vehicle No.	SGR643C	GST Registration No.	
Certificate No.					
Policyholder Name:	SHEU SHYUE SHYI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1239041F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98306516	Special Remark		Contact No.(Home)	
Email Address		TGA	No Yes	eCode	No *
KFK	No Yes	NCD Exemption(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	13/12/2018 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/12/2018	Time of Accident (H:M:S)	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	IKM SHOPPING CENTRE BASEMENT CARPARK				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 748 #05-502	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730748
Address 4		Address Type	Singapore address	Post Code	730748
Unit No.	05-502	Related Policy Number	5050879514-06		

OI Driver Info

Driver Name	SHEU SHYUE SHYI	Driver Type	Main Driver	Driver DOB	16/06/1957
Uninsured driver Name		Driver NRIC	S1239041F	Driving Experience	38
Register Date of Driver License	13/02/1980	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	98306516	Contact No.(Office)		Address 3	SINGAPORE 730748
Address 1	BLK 748 #05-502	Address 2	WOODLANDS CIRCLE	Post Code	730748
Address 4		Address Type	Singapore address		
Unit No.	05-502				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGR643C	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SHEU SHYUE SHYI	Insured NRIC	S123
Contact No.(Mobile)	98306516	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SGR643C	TP Vehicle Number	
Claim Description	SGR643C / UNKNOWN CAR ON 13 Dec 2018				
Preferred Workshop		Insured Liability	Not at Fault	OTB report	Received
Workshop No.		Repair Option	Preferred Workshop Name unknown		
Finalisation	Yes	Date Registered	13/12/2018 15:38	Claim Close Date	
Report Taken By	ROSLI WAHAN	Workshop Repairer		Date Received	13/1
				Total Loss full Repaired	

Print AK letter




















Save Submit

Attachment

Accident No.	MY/1023755	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/12/2018 15:53
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2018 15:53	SAS	Normal	SAS 2018-12-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2018 15:53	NAC/ Driving License	Normal	NAC/ Driving License 2018-12-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2018 15:53	Photos	Normal	Photos 2018-12-13
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Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 12 / 2018) (DD/MM/YYYY), TIME: (14 : 10) (HH:MM)

LOCATION: JEM SHOPPING CENTRE BASEMENT CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8GF 8643C
 b) INSURANCE COMPANY: INCOM2
 c) POLICY NUMBER: 5050879514-06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTI5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: SHOPPING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SHEU SHYUE SHYI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1239041F CONTACT: SHEU SHYUE SHYI 98306516
 c) ADDRESS: APT BLK 748, #05-502 WOODLANDS CIRCLE SINGAPORE 730748

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHEU SHYUE SHYI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1239041F CONTACT: 98306516
 c) ADDRESS: APT BLK 748, #05-502 WOODLANDS CIRCLE SINGAPORE 730748
 *d) DATE OF BIRTH: (16 / 6 / 1957) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 13-2-1980

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: N.A.
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (Including driver)
 (1)

* No of passengers
 (Including driver)
 ()

* No of passengers
 (Including driver)
 ()

email = Steve.shen@intraco.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1239041F



Name: SHEU SHYUE SHYI
 許學習
 Race: CHINESE
 Date of Birth: 16-06-1957 M
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S1239041F



Name: SHEU SHYUE SHYI
 Birth Date: 16 Jun 1957
 Issue Date: 16 Nov 2004

001299130C

2354880



NRIC No: S1239041F



Blood Group: O+ Date of issue: 06-09-1994

Address: 401 BLK T4B WOODLANDS CIRCLE #05-502
 SINGAPORE 730748
 NRIC No: S1239041F Date: 16-12-1994 No: 2141461

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	27 Jan 1981
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	13 Feb 1990

NP 42BA

Licence No: S1239041F

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/12/2018 15:18"/>
Vehicle No. (For Motor)	<input type="text" value="SGF8643C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5050879514-06		SHEU SHYUE SHYI	S1239041F	GPC	Third Party, Fire & Theft	SGF8643C	SGF8643C	25/04/2018	24/04/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAAC18160899 Vehicle Registration No: SGF 8643C

Name (as shown in NRIC) : SHAN SHYUE SHYI NRIC/FIN/Passport No : S1289041F

(*Vehicle Driver / Vehicle Owner (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 98306516

Email Address : _____

Date of Accident : 13/12/2018 Time of Accident : 14:10

Place of Accident : Jam Shopping Centre Baskin-Robbins Carpark

Insurance Company : NZUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 13/12/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.:
Date: 13/12/2018