

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	09/01/2019 14:51
Date Of Accident	08/01/2019 20:40
Exact Location Of Accident	24 LORONG 18 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5049U
Insured/Policyholder	
Name Of Registered Owner	LEOW JOON PEW
NRIC No	S1556409A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98453100
Alternative Phone No	OFFICE-98453100

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5080412572-03
Cover Note Number	-

Driver

Name of Driver	LEOW JOON PEW
NRIC No	S1556409A
Date Of Birth	14/08/1962
Occupation	INDOOR
Date Of Driving Pass	05/05/1987
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98453100
Fax Number	
Contact Number	OFFICE-98453100
EMail Address	NOEMAIL

Address	12 LORONG 14 GEYLANG #08-03
Postcode	398924
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

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 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	SH8721H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.

LEAW

Policyholder's Signature
Date & Time:

LEAW

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

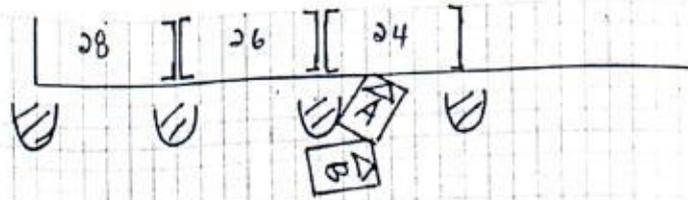
[Signature]

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

SKETCH PLAN

Vehicle A: SLC5049U

Vehicle B: ST18721H



(Lorong 18 Geylang)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SLC5049U, parked my vehicle at unit 24 and went to my shop at unit 28 & 26. At about 20:40hr, I was told by my staff that vehicle 'B', ST18721H, had collided onto my vehicle's rear right portion. I came out and then exchanged particulars with the taxi driver.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 01 / 2019) (DD/MM/YYYY), TIME: (20 : 40) (HH:MM)

LOCATION: 24 Lorong 18 Geylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 50494
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Vezel
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private
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: LEOW JOON PEW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1556409A CONTACT: 9845 3100
c) ADDRESS: 12 Lorong 14 Geylang #10B-03 S(398924)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (14 / 08 / 1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 31 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SH 8721H MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(UNKNOWN)

* No of passenger
(including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE

Licence Number: **S1**

Name:

LEOW JOON PEW

Birth Date: **14 Aug 1962**

Issue Date: **05 Apr 2003**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1556409A



Name

LEOW JOON PEW

廖允彪

Race

CHINESE

Date of birth

14-08-1962

Sex

M

Country of birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

PASS DATE

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

05 May 1987



Licence No: S1556409A

P 428A

4723601



NRIC No. S1556409A

Date of Issue
23-05-2011

12 LORONG 14 GEYLANG #08-03
SINGAPORE 398924

NRIC No: S1556409A Date: 14/09/2018

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5080412572-03		LEOW JOON PEW	S1556409A	GPC	drive CLASSIC	SLC5049U	SLC5049U	15/10/2018	16/11/2019

Claim Handling

Accident MT/1027088

Policy No.	5080412572-03	Vehicle No.	SLC5049U	GST Registration No.	
Certificate No.					
Policyholder Name	LEOW JOON PEW			Policyholder NRIC	S1556
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98453100	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	09/01/2019 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	08/01/2019	Time of Accident hh:mm	20:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	24 LORONG 18 GEYLANG				

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ Benefits

Coverage		Sum Insured	
Transport Allowance		99999999.99	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 91 #10-3021	Address 2	PAYA LEBAR WAY	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	37009
Unit No.	10-3021	Related Policy Number	5080412572-03		

▼ OI Driver Info

Driver Name	LEOW JOON PEW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1556409A	Driver DOB	14/08/
Register Date of Driver License	31/12/1995	Driver Age	56	Driving Experience	23
Contact No.(Mobile)	98453100	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 91 #10-3021	Address 2	PAYA LEBAR WAY	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	37009
Unit No.	10-3021				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEOW JOON PEW
Contact No.(Mobile)	98453100	Contact No.(Home)	NIL
Email Address		OT Vehicle Number	SLC5049U
Claim Description	SLC5049U / SH8721H ON 8 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Complete No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/01/2019 16:35
			LIIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. MT/1027088 Claim No. 001
 Last Doc. Received Yes No Upload Date 09/01/2019 16:36

Path *

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:35	SAS	Normal	SAS 2019-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:35	Photos	Normal	Photos 2019-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:35	Photos	Normal	Photos 2019-1-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:35	Photos	Normal	Photos 2019-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:35	Photos	Normal	Photos 2019-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2019 16:35	Photos	Normal	Photos 2019-1-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
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