





## 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	18/01/2019 10:24
Date Of Accident	17/01/2019 17:00
Exact Location Of Accident	WOOLANDS AVE 12 JUNC WITH WOODLANDS AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFM1432R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN QUNYAN
NRIC No	S7767098Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85714468
Alternative Phone No	OFFICE-85714468
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101638096
Cover Note Number	-
<b>Driver</b>	
Name of Driver	CHEN QUNYAN
NRIC No	S7767098Z
Date Of Birth	20/09/1977
Occupation	INDOOR
Date Of Driving Pass	25/09/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85714468
Fax Number	
Contact Number	OFFICE-85714468
EEmail Address	NOEMAIL

Address	BLK 322 UBI AVE 1 #06-601
Postcode	400322
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	DRIZZLING
Road Surface	WET

#### 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)	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

I WAS TRAVELLING ALONG WOODLANDS AVE 12 WHILE APPROACHING JUNCTION WITH WOODLANDS AVE 5, VEH B (BEARING NO SJJ3093R) WHICH WAS INFRONT OF ME STOP DUE TO RED LIGHT, I MANAGE TO STOP BUT DUE TO SLIPPERY ROAD, CAUSING MY VEH SKIDDED AND HIT ONTO THE VEH B REAR PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ3093R
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

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



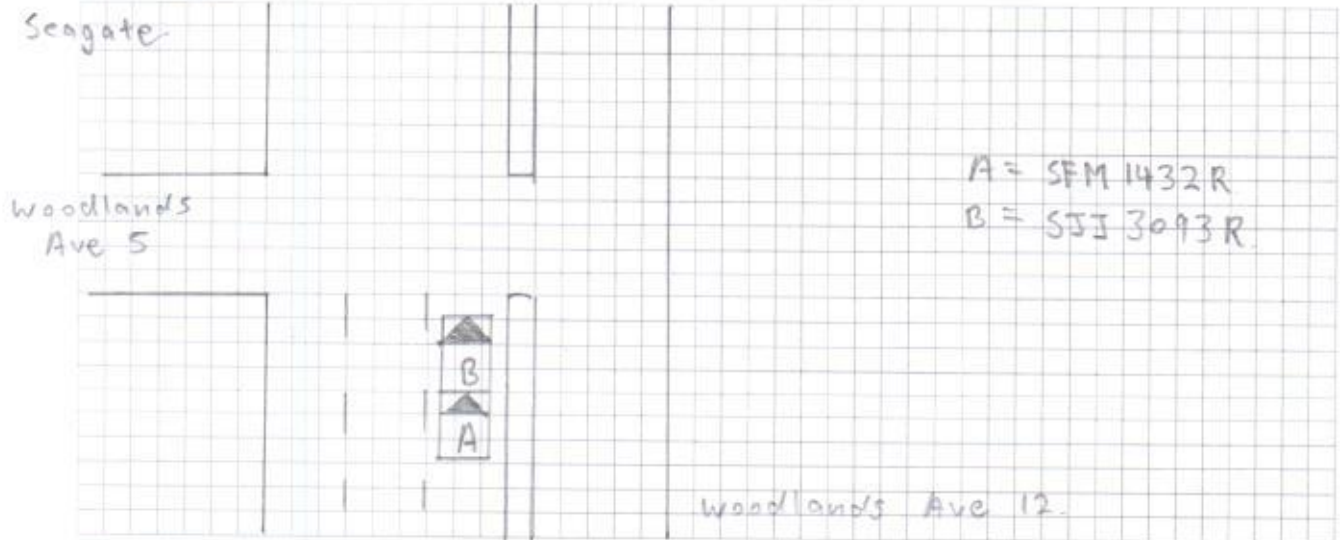
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7767098Z**



Name  
**CHEN QUNYAN**

陈 群 炎

Race  
**CHINESE**

Date of birth  
**20-09-1977**

Country/Place of birth  
**CHINA**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7767098Z**

CHEN QUNYAN

Birth Date **20 Sep 1977**

Issue Date **25 Sep 2009**



001788297F

9353691



NRIC No. **S7767098Z**



Nationality  
**CHINESE**

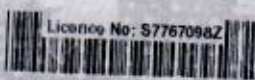
Date of issue  
**10-12-2014**

Address  
**APT BLK 322 UBI AVENUE 1  
#06-601  
SINGAPORE 400322**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE **25 Sep 2009**

Class 3. Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$



Licence No: **S7767098Z**

NP 425A

Hello, NAC\_PAYA\_UBI\_800601

[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="17/01/2019 10:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SFM1432R"/>	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"/>	5101638096		CHEN QUNYAN	S7767098Z	GPC	drivo CLASSIC	SFM1432R	SFM1432R	25/07/2018	24/07/2019
<input type="button" value="Continue"/>										

## Claim Handling

Accident MT/1028431

Policy No.	5101638096	Vehicle No.	SFM1432R	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN QUNYAN			Policyholder NRIC	S776
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	85714468	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	18/01/2019 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	17/01/2019	Time of Accident hh:mm	17:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOOLANDS AVE 12 JUNC WITH WOOLANDS AVE 5				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 322 #06-601	Address 2	UBI AVENUE 1	Address 3	KAMP
Address 4	SINGAPORE 400322	Address Type	Singapore address	Post Code	4003
Unit No.	06-601	Related Policy Number	5101638096		
<b>OI Driver Info</b>					
Driver Name	CHEN QUNYAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7767098Z	Driver DOB	20/06
Register Date of Driver License	25/09/2009	Driver Age	41	Driving Experience	9
Contact No.(Mobile)	85714468	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 322 #06-601	Address 2	UBI AVENUE 1	Address 3	KAMP
Address 4	SINGAPORE 400322	Address Type	Singapore address	Post Code	4003
Unit No.	06-601				
Does he own a Singapore Registered car?	<input checked="" 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 checked="" type="radio"/> No		

Modification History

Claim 002

New

## Claim Handling

Accident MT/1028431

Policy No.	5101638096	Vehicle No.	SFM1432R	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN QUNYAN			Policyholder NRIC	S776
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	85714468	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	18/01/2019 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	17/01/2019	Time of Accident hh:mm	17:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOOLANDS AVE 12 JUNC WITH WOOLANDS AVE 5				
<b>Excess</b>					
<b>Total Excess Applicable</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		



1/18/2019

## Claim Handling( Claim Task )

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

0.00

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

## Benefits

## GST Registered Information

## Policyholder Mailing Address

Address 1	BLK 322 #06-601	Address 2	UBI AVENUE 1	Address 3	KAMP
Address 4	SINGAPORE 400322	Address Type	Singapore address	Post Code	4003
Unit No.	06-601	Related Policy Number	S101638096		

## OI Driver Info

Driver Name	CHEN QUNYAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7767098Z	Driver DOB	20/05
Register Date of Driver License	25/09/2009	Driver Age	41	Driving Experience	9
Contact No.(Mobile)	85714468	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 322 #06-601	Address 2	UBI AVENUE 1	Address 3	KAMP
Address 4	SINGAPORE 400322	Address Type	Singapore address	Post Code	4003
Unit No.	06-601				
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	CHEN QUNYAN
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SFM1432R
Claim Description	SFM1432R / SJJ3093R ON 17 Jan 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/01/2019 15:51
		Workshop Repairer	LIEW SHAN HUI

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1028431	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2019 15:52
Path *		Category *	<input type="text" value="Please Select"/>
Choose File	No file chosen	Confidential	<input type="text" value="NO"/>
Choose File	No file chosen	Urgency *	<input type="text" value="Normal"/>
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal		NRIC/ Driving License 2019-1-18
	18 Jan 2019 15:52			



Video List

NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	SAS	Normal	SAS 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:52	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Photos 2019-1-18
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Photos 2019-1-18
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 15:51	Photos	Normal	Photos 2019-1-18

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