

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 willful 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	15/02/2019 16:54
Date Of Accident	15/02/2019 11:30
Exact Location Of Accident	DOVER PARKVIEW BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5763H
Insured/Policyholder	
Name Of Registered Owner	NG BEE CHOO @ NG CATHERINE
NRIC No	S0558217B
Email Address	CATLAM45@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96650262
Alternative Phone No	OTHERS-96650262

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	GOING TO OFFICE
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	5081694194-02
Cover Note Number	

Driver

Name of Driver	NG BEE CHOO @ NG CATHERINE
NRIC No	S0558217B
Date Of Birth	12/06/1945
Occupation	INDOOR
Date Of Driving Pass	01/08/1966
Driving Experience	52 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96650262
Fax Number	
Contact Number	OTHERS-96650262
EEmail Address	CATLAM45@SINGNET.COM.SG

Address	38 DOVER RISE
Postcode	138684
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	SIDE SWIPE
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?	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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKX6979E
Vehicle Make/Model/Colour	MAZDA
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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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: 15/2/2019
4:50 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

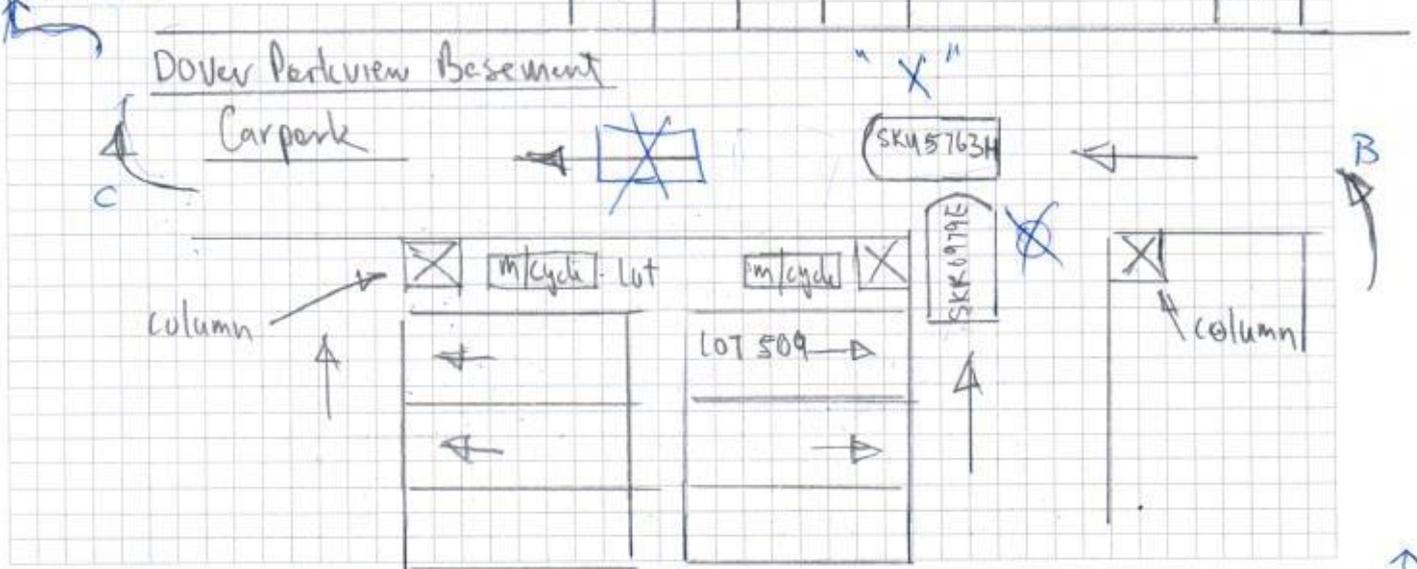
NRIC/FIN No.:

15/02/2019

Paul Wong

EXIT -
D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

15/2/19 @ about 11:30 am.

1. Catherine Ng drove my vehicle from parking lot A + turn to B driveway (45° turn) on driveway to another 45° turn at C then 45° turn to D to EXIT.
2. When I drove to driveway, the path was clear. After I pass X I suddenly felt a hit on back of my car, I drove on + stop [X] to check what happen.
3. I noted the scratch + dent next to my petrol tank cover.
4. I proceeded to look at the other car that knocked on me SKX 6979E Mazda (golden greyish colour) drove by an elderly man. He mention his car was more badly hit than mine.
5. We argued that I was driving so very fast + hit his car. he estimated 0 kph. I told him it is most ridiculous. We argued until I have to call the police Report No P12019021570100. Please view the attached photos. I'm claiming full cost for damage, include lost of car use.

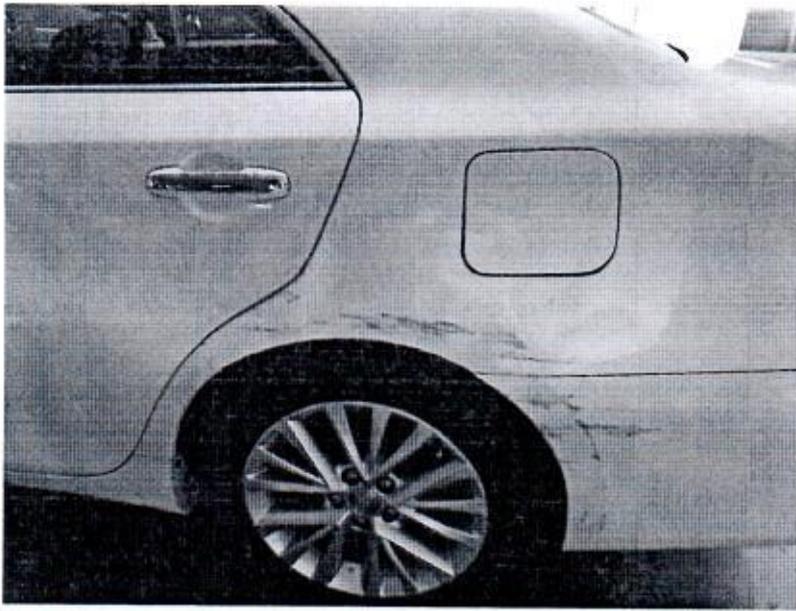
DECLARATION

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

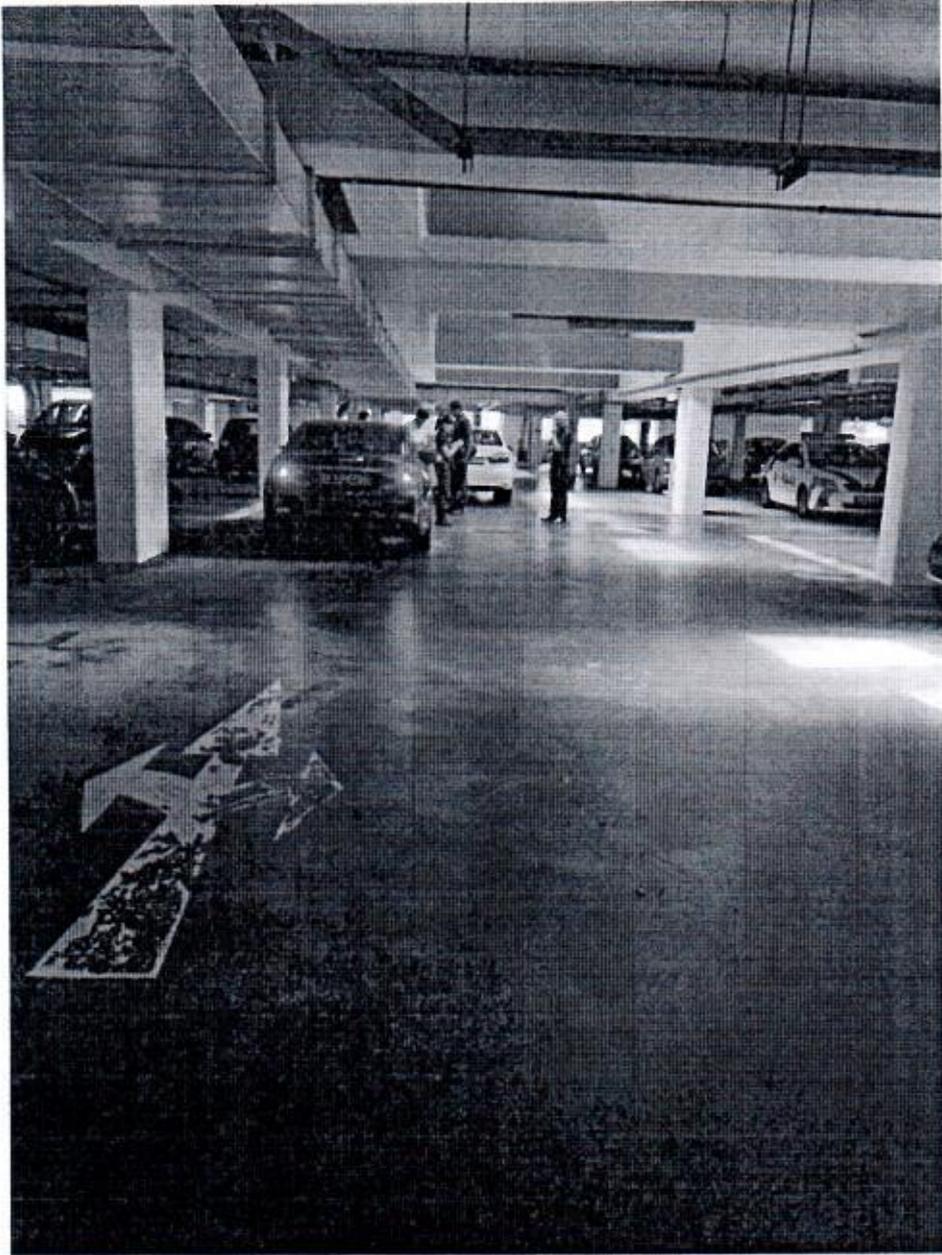
Policyholder's Signature
Date & Time: 15/2/19

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

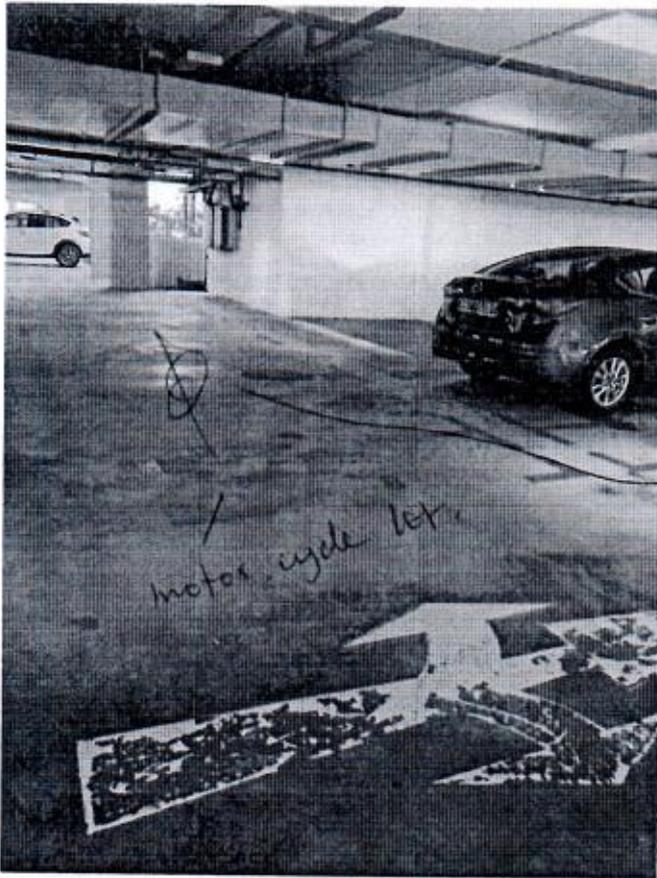
Reporting Centre Personnel's Signature
Name: 15/02/2019
NRIC/FIN No.: Rossy



Handwritten signature
15/01/2019



gn/ 15/02/2008

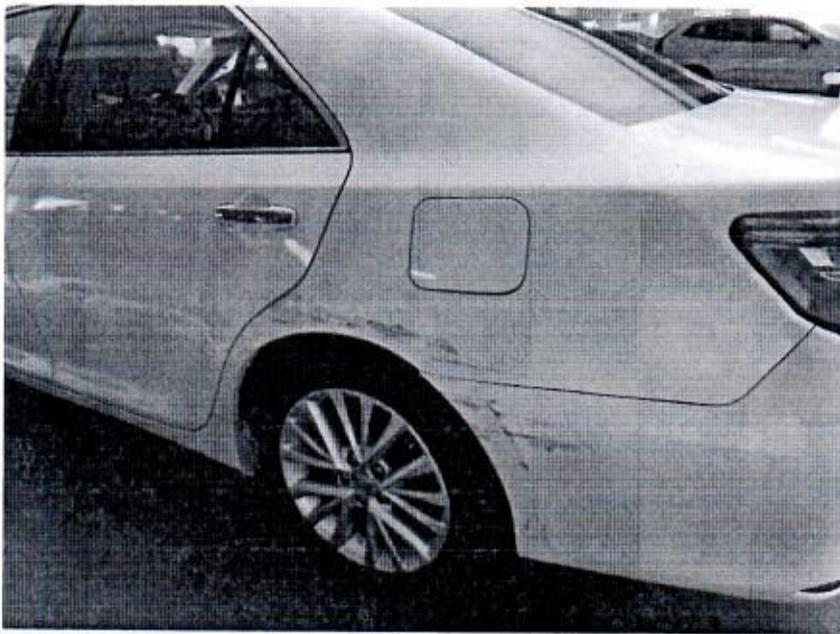


⊙
SKX 6979E
was parked at
this lot, when my
car passed the lot.

on 15/01/2019



gw 15/02/2019



good 15/10/2019

Claim Handling

Accident MT/1032271

Policy No. Certificate No.	5081694194-02	Vehicle No.	SKU5763H	GST Registration No.
Policyholder Name	NG BEE CHOO @ NG CATHERINE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	96650262	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" 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

Accident Details

Report Date	16/02/2019 10:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/02/2019	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DOVER PARKVIEW BASEMENT CARPARK			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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	38 DOVER RISE	Address 2	#06-05 DOVER PARKVIEW	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5081694194-02	

OI Driver Info

Driver Name	NG BEE CHOO @ NG CATHERINE	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S0558217B
Register Date of Driver License	01/01/1968	Driver Age	73
Contact No.(Mobile)	96650262	Contact No.(Office)	
Address 1	38 DOVER RISE	Address 2	#06-05 DOVER PARKVIEW
Address 4		Address Type	Singapore address
Unit No.			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKU5763H
			Driver Insurer Comp.

Declaration

Breathalyser 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 *	OD-MX	Insured Name	NG BEE C
Contact No.(Mobile)	96650262	Contact No.(Home)	6773482
Email Address	catlam45@singnet.com.sg	OI Vehicle Number	SKU5763
Claim Description	SKU5763H / SKX6979E ON 15 Feb 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	16/02/2019 10:30	Received	
Report Taken By	ROSLI WAHAB		

ACCIDENT STATEMENT

ACCIDENT DATE: 15/02/2019 (DD/MM/YYYY), TIME: about 11:35 am (HH:MM)

LOCATION: Dover Parknew Basement Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 5763 H
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5081694194-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Camry
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: To office
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: NG BEE CHOO @ NG CATHERINE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0558217-B CONTACT: 96650262
c) ADDRESS: 38 Dover Rise Tower A Dover Parknew #06-05
Singapore 138684

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 12/06/1945 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: August 1966

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) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: 999

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKX 6979E MODEL: MAZDA
b) DRIVER'S NAME: NA
c) NRIC/FIN/PASSPORT: NA CONTACT: NA

9. 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)
()

* No of passenger
(including driver)
()

email = catlam45@singnet.com.sg
VIDEO photo shots

91790102
MR LAM

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0558217B



Name
NG BEE CHOO
@NG CATHERINE



Race
CHINESE

Date of Birth
12-06-1945

Country of Birth
SINGAPORE

Sex
F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0558217B**

Name
NG BEE CHOO

Birth Date **12 Jun 1945**

Issue Date **13 Aug 2004**




001273708K

2262383



NRIC No. **S0558217B**



Blood Group **A+** Date of issue **11-08-1994**

38 DOVER RISE #06-05
 SINGAPORE 138684

NRIC No: **S0558217B** Date: **11-08-1994** No: **2266806**

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

CLASS	DESCRIPTION	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	01 Aug 1966

NP 428A

Licence No: S0558217B



Hello, NAC_BUKIT_MERAH_800676

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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="radio"/>	5081694194-02		NG BEE CHOO @ NG CATHERINE	S0558217B	GPC	drive PREMIUM	SKU5763H	SKU5763H	03/08/2018	02/08/2019