

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	13/03/2019 17:24
Date Of Accident	03/03/2019 22:20
Exact Location Of Accident	PETIR ROAD TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE3774K
Insured/Policyholder	
Name Of Registered Owner	YOU PEI
NRIC No	S7187440J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97342951
Alternative Phone No	OTHERS-97342951

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100447368
Cover Note Number	

Driver

Name of Driver	ERIK LIM GHEE CHEONG
NRIC No	S6802951A
Date Of Birth	13/01/1968
Occupation	INDOOR
Date Of Driving Pass	24/03/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97342951
Fax Number	
Contact Number	OTHERS-97342951
Email Address	NOEMAIL

Address	BLK 118 PASIR RIS STREET 11 #08-513
Postcode	510118
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (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

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	SHA525C
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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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:

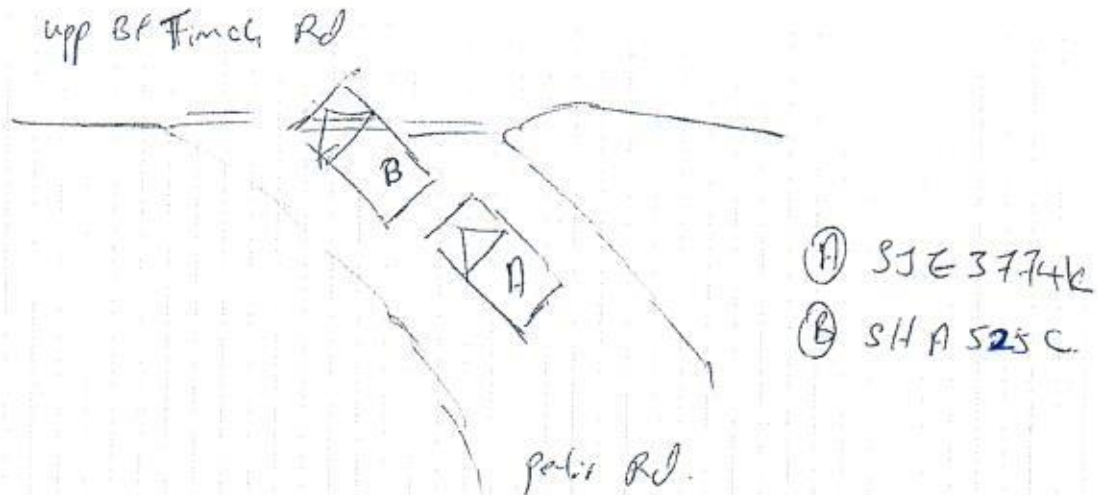
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On the above mentioned date & time, I was travelling along Petir Road towards UPP. Bulit Timah. When at the sup road, vehicle B CITY CAB INFRONT suddenly stopped, I stop accordingly unfortunately still contact into vehicle B REAR SECTION. WE GOT DOWN FROM OUR VEHICLE, VEHICLE B DRIVER ONLY LOOKED AT HIS VEHICLE. THERE WAS NO VISIBLE DAMAGE ^{AND} AND THE DRIVER SAYS THAT IT'S OK BUT REQUEST MY NRIC AS FOR RECORD PURPOSES ONLY. ON 5/3/19 LATE AFTERNOON I CALLED CITY CAB CLAIM DEPT. TO CHECK ON THIS VEHICLE AS I WANTED TO SETTLE PRIVATELY BECAUSE I WAS WORRIED THAT THEY WILL CLAIM AGAINST MY VEHICLE INSURANCE. CITY CAB REPLY THAT THERE WAS NO RECORD OF ACCIDENT REPORT FOR SH A 525C. THEN ON 8/3/19 I CALLED AGAIN, AN OFFICER BY THE NAME NAME OF MDAM WONG SAYS THAT THERE WERE NO RECORD OF THE ACCIDENT REPORT FOR SH A 525C.

[WISH TO STATE THAT I WANTED TO SETTLE PRIVATELY WITH VEHICLE B AS THE DAMAGE IS TOO MINOR AND ^{NOT} VISIBLE DAMAGE. I AM FURNISH THE REPORT ONLY WHEN I RECEIVE THE NRIC LETTER.

DECLARATION

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

<p>Policyholder's Signature</p> <p>Date & Time:</p>	<p>Driver's Signature</p> <p>(If driver is not the policyholder)</p> <p>Date & Time:</p>	<p>Reporting Centre Personnel's Signature</p> <p>Name: <i>Rosa Latorre</i></p> <p>NRIC/FIN No.:</p>
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Claim Handling

Accident MT/1035809

Policy No.	5100447368	Vehicle No.	SJE3774K	GST Registration No.	
Certificate No.				Policyholder NRIC	S7187440J
Policyholder Name	YOU PEI	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97342951	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KPK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	13/03/2019 17:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/03/2019	Time of Accident hh:mm	22:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PETIR ROAD TOWARDS UPPER BUKIT TIMAH ROAD				

Excess

Claim 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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 115 #08-513	Address 2	PASTR RIS STREET 11	Address 3	SINGAPORE 510118
Address 4		Address Type	Singapore address	Post Code	510118
Unit No.		Related Policy Number	5100447368		

OT Driver Info

Driver Name	Erik Lim Ghee Cheong	Driver Type	Main Driver	Driver DOB	13/01/1968
Unnamed driver Name		Driver NRIC	S6B03951A	Driving Experience	30
Register Date of Driver License	24/03/1988	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	97342951	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJE3774K		

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 **NEW**

Claim Type *	00-90X	Insured Name	YOU PEI	Insured NRIC	S7187440J
Contact No.(Mobile)	93386817	Contact No. (Home)	NO	Contact No. (Office)	
Email Address	e.nik@live.com	OT Vehicle Number	SJE3774K	TP Vehicle Number	SHAS25C
Claim Description	SJE3774K / SHAS25C ON 3 Mar 2019				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered	13/03/2019 18:00	Claim Close Date		Date Received	13/03/2019 00:00
Report Taken By	ROSLI WAHAB				




Print AK letter










Save Submit

Attachment

Accident No.	MT/1035809	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/03/2019 18:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	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	Send Message		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:01	Photos	Normal	Photos 2019-3-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:01	Photos	Normal	Photos 2019-3-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:01	Photos	Normal	Photos 2019-3-13	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:01	Photos	Normal	Photos 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:01	Photos	Normal	Photos 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:01	Photos	Normal	Photos 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:01	Photos	Normal	Photos 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:00	Photos	Normal	Photos 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:00	Photos	Normal	Photos 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:00	Photos	Normal	Photos 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:00	SAS	Normal	SAS 2019-3-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Mar 2019 18:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-13

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				Display in New Window Scan and uploading

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

03 ~~SS~~ **Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: ~~02~~ / 03 / 2019 (dd/mm/yy) Time of Accident: _____ : _____ (24-HR-FORMAT)

Vehicle No.: SJE3774K Vehicle Make & Model: Toyota Corolla Altis 1.6A

Exact location of Accident: Peter Rd towards Upp Bt Timah Rd.

Policyholder's Name / IC No.: You Pei / S7187440J

Driver's Name / IC No.: Gork Lim Ghee Cheong / S6202851A (As Above) ☐

Driver's Contact No.: 97342951 Company Contact No (Company Veh Only): _____

Driver's Address: Bt 118 pasir Ris St 11 #08-513 S650118

Email address: _____ Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 1

***Passenger Name:** Fate

Gender: Male / Female
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHA525C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6802951A



Name
ERIK LIM GHEE CHEONG

Race
CHINESE

Date of birth
13-01-1968

Sex
M

Country of birth
SINGAPORE

S6802951A

REPUBLIC OF SINGAPORE DRIVING LIC



Identity Number S6802951A
Name
LIM GHEE CHEONG

Birth Date 13 Jan 1968
Issue Date 16 Jun 2003

000571618E

4100576



NRIC No. S6802951A



Date of issue
19-09-2007

APT BLK 118 PASIR RIS STREET 114DB-513
SINGAPORE 510118

NRIC No: S6802951A Date: 27/08/2012 No: 8879874

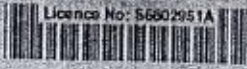
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 24 Mar 1986

NP 423A

Licence No: S6802951A



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="03/03/2019 18:06"/>	
Vehicle No. (For Motor)	<input type="text" value="SJE3774K"/>	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"/>	S100447368		YOU PEI	S7187440J	GPC	drive CLASSIC	SJE3774K	SJE3774K	03/05/2018	02/05/2019