

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	08/04/2019 09:39
Date Of Accident	06/04/2019 16:45
Exact Location Of Accident	UBI RD 3 T JUNC BESIDE BLK 3032A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX1807Z
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92718665
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108155643
Cover Note Number	-
Driver	
Name of Driver	GOH WEE CHIANG
NRIC No	S8832213D
Date Of Birth	02/09/1988
Occupation	INDOOR
Date Of Driving Pass	20/02/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91884369
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 58 DAKOTA CRESCENT #03-255
Postcode	390058
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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 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	GW6608D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 4 / 19) (DD/MM/YYYY), TIME: (16 : 45) (HH:MM)

LOCATION: Ubi Rd 3rd Junc with beside blk 3232A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGX 18072
 b) INSURANCE COMPANY: IMC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Working
 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: Ken Auto (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9271 8665
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Goh Wee chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9188 4369
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

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: GW 6608D 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
passenger
(including dr
(1)

* No of passen
(including dri
()

* No of passe
(including dr
()

- * IC
- * License
- * Insurance cert

email = eric_goh88@hotmail.com
 kemauto@kmobiletrading.com
 fax:

Camera: NO.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8832213D



Name

GOH WEE CHIANG

吴伟章

Race

CHINESE

Date of birth

02-09-1988

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8832213D

Name

GOH WEE CHIANG

Birth Date: 02 Sep 1988

Issue Date: 20 Feb 2016



002539506E

6116386



NRIC No: S8832213D



Date of issue

31-01-2019

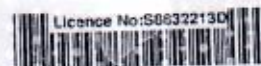
Address

APT BLK 58 DAKOTA CRESCENT
#03-255
SINGAPORE 390058

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 20 Feb 2016



Licence No: S8832213D

NP 428A

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="06/04/2019 17:18"/>
Vehicle No.(For Motor)	<input type="text" value="SGX1807Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108155643		KEM AUTO	53309211J	GPC	Third Party	SGX1807Z	SGX1807Z	12/03/2019	11/03/2020

Claim Handling

Accident MT/1039155

Policy No.	5108155043	Vehicle No.	SGX1807Z	GST Registration No.	
Certificate No.					
Policyholder Name	KEM AUTO			Policyholder NRIC	53309
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	92718665	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK:	<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(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	08/04/2019 10:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	06/04/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI RD 3 T JUNC BESIDE BLK 3032A				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/04/2019 10:54:56 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 3014 #01-27B	Address 2	UBI ROAD 1	Address 3	KAMPONG
Address 4	SINGAPORE 408702	Address Type	Singapore address	Post Code	408702
Unit No.	06-02A	Related Policy Number	5108620869		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH WEE CHIANG	Driver NRIC	S8832213D	Driver DOB	02/09/
Register Date of Driver License	20/02/2016	Driver Age	30	Driving Experience	3
Contact No.(Mobile)	91884369	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 58 #03-255	Address 2	DAKOTA CRESCENT	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	390051
Unit No.	03-255				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KEM AUTO
Contact No.(Mobile)	92718665	Contact No.(Home)	
Email Address		Vehicle Number	SGX1807Z
Claim Description	SGX1807Z / GW6608D ON 6 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	08/04/2019 10:56	Report Taken By	LIJEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1039155

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 08/04/2019 10:56

Path *

Choose File No file chosen

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Message Read

Clear

Category * Please Select

Confidential NO

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Confidential NO

Urgency * Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	SAS	Normal	SAS 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	Photos	Normal	Photos 2019-4-8
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:56	Photos	Normal	Photos 2019-4-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
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