

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	22/04/2019 09:06
Date Of Accident	18/04/2019 20:00
Exact Location Of Accident	KPE TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4447L
Insured/Policyholder	
Name Of Registered Owner	AMULETS TOWN
Co Reg No	53335841L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93366933

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092326643-01
Cover Note Number	-

Driver

Name of Driver	POH SAY HONG ERIC
NRIC No	S8849735Z
Date Of Birth	24/11/1988
Occupation	INDOOR
Date Of Driving Pass	30/03/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93366933
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	54 FLORA DR #08-22
Postcode	506870
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	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	SJK768S
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

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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

A = SLQ 4447 L
B = SJK 768 S

KPE turns ECP

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.:

I WAS TRAVELLING ALONG KPE TWDS ECP ON THE SECOND LANE FROM THE LEFT, I DID NOT NOTICED VEH B HAD BRAKED AND COULD NOT BRAKE IN TIME THUS COLLIDED ONTO THE VEH B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 4 / 19 (DD/MM/YYYY), TIME: 20 : 00 (HH:MM)

LOCATION: KPE + vds ECP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 447 L
 b) INSURANCE COMPANY: INC.
 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 use
 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: Amulets town. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 933 66 933
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Poh Say Hong Eric (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 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: 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: SJK 768 S 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 driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

warning chop.

email = eric_poh88@hotmail.com

fax = /

VIDEO = no.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



S8849735Z

POH SAY HONG, ERIC

Birth Date: 24 Nov 1988
Valid Until: 01 Mar 2007

1001482988F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8849735Z**



Name
POH SAY HONG, ERIC

白 士 泓

Race
CHINESE

Date of birth
24-11-1988

Sex
M

Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE TYPE	VALID UNTIL
Class 2B	Motorcycles <= 200 CC	01 Mar 2007
Class 2A	Motorcycles between 201 CC and 400 CC	26 Aug 2008
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	30 Mar 2011

S8849735Z

S / No. 9000140276

Licence No: S8849735Z

3439891



NRIC No. **S8849735Z**



Date of issue
06-12-2003

54 FLORA DRIVE #08-22
SINGAPORE 506870

NRIC No: **S8849735Z** Date: **14/11/2018**

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
☐	5092326643-01		AMULETS TOWN	53335841L	GPC	drive CLASSIC	SLQ4447L	SLQ4447L	11/07/2018	10/07/2019

Claim Handling

Accident MT/1041118

Policy No.	5092326643-01	Vehicle No.	SLQ4447L	GST Registration No.	
Certificate No.					
Policyholder Name	AMULETS TOWN			Policyholder NRIC	513351
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93366933	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	22/04/2019 14:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	18/04/2019	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS ECP				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	22/04/2019 14:47:41 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1 TRAS LINK	Address 2	#01-11 ORCHID HOTEL	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	07886
Unit No.	01-11	Related Policy Number	5092326643-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	POH SAY HONG ERIC	Driver NRIC	S8849735Z	Driver DOB	24/11/
Register Date of Driver License	30/03/2011	Driver Age	30	Driving Experience	8
Contact No.(Mobile)	93366933	Contact No.(Office)		Contact No.(Home)	
Address 1	54 FLORA DRIVE	Address 2	#08-22 PARC OLYMPIA	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	506871
Unit No.	08-22				
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?	☐ Yes ☒ No
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Modification History

Claim 001 **New**

Claim Type *	OO-MD	Insured Name	AMULETS TOWN
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		Vehicle Number	SLQ4447L
Claim Description	SLQ4447L / SJK7685 ON 18 Apr 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair No.	Yes	Preferred Repair Option	income to assign workshop
Finalisation		GIA report	Received
Date Registered	22/04/2019 14:48	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1041118	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

22/04/2019 14:49

Path *

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Category *

Please Select

Confidential

Urgency *

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NO

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NO

Normal

Clear

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NO

Normal

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 14:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 14:49	SAS	Normal	SAS 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 14:49	Photos	Normal	Photos 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 14:49	Photos	Normal	Photos 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 14:49	Photos	Normal	Photos 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 14:49	Photos	Normal	Photos 2019-4-22
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 14:48	Photos	Normal	Photos 2019-4-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: () 2) Vehicle hit ?? ()
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govm Property () b) Road Work Object ()
(Eg. signboard, barrier, tree etc)
- c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
- a) Fallen Object () b) Flood ()
- c) Other, _____
- 6) Parked & Found Damaged:
- a) Vandalism () b) Hit by Moving Object ()
- 7) Theft Case
- a) Stolen () b) Damage found ()
when recovered.
- 8) Fire
- a) Whilst driving () b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

Veh No: SLO 4447 L Yr Regn: 11 Jul 2017

Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
/ Truck / Trailer or

Make & Model: Mit Lancer EX 1.6 c.c. 1590

Colour: Silver Transmission Type: Auto Manual

Eng/No: _____ Sp. Reading: 66787

C/No: JMYSRCY1 AGU 006926

Gen. Cond: Good Fair / Poor / Burnt or

Steering: Inorder Jammed / Leaked / Burnt or

Brake: Inorder Jammed / Leaked / Burnt or

Modi: Nil S/Rim / STD A/Rim or

Tyre Size: F: 205/6R16 - Habilead
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Habilead

Front	<u>6</u>	mm	Rear	<u>6</u>	mm
R/Bal.	<u>6</u>	mm	R/Bal.	<u>6</u>	mm
L/Bal.	<u>6</u>	mm	L/Bal.	<u>6</u>	mm

Parallel Import: Yes / No

Towed-In: Yes / No

Repair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 8Vehicle in Idac: Yes / NoD.O.I. 22/4/2019Time: 10.15 am**By Assessor- 2) Comments**

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
- e. Animal () f. Govm Object () g. Road Work Object ()
- h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
- e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

