

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	16/05/2019 15:58
Date Of Accident	15/05/2019 17:40
Exact Location Of Accident	CHANGI RD TRAFFIC LIGHT BESIDE HEXACUBE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP6751L
Insured/Policyholder	
Name Of Registered Owner	LIM JUNQUN JASON
NRIC No	S8133316E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91877846
Alternative Phone No	OFFICE-91877846
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075008235-03
Cover Note Number	-
Driver	
Name of Driver	TEO SEE ENG @CHANG SHIH EN
NRIC No	S0052559F
Date Of Birth	15/07/1940
Occupation	INDOOR
Date Of Driving Pass	20/05/1959
Driving Experience	59 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96406637
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 35 MARSILING DRIVE #24-401
Postcode	730035
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COLLEAGUE
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

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 STOP BEHIND VEH B AT THE TRAFFIC LIGHT BESIDE HEXACUBE ALONG CHANGI RD, MY VEH ACCIDENTALLY ROLLED FORWARD TOUCH ONTO THE VEH B REAR PORTION. NO DAMAGE ON BOTH VEH.

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	SLQ7180K
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

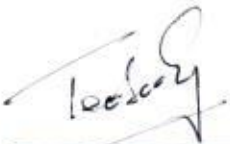
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8. **Consent under the Personal Data Protection Act (PDPA)**


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:

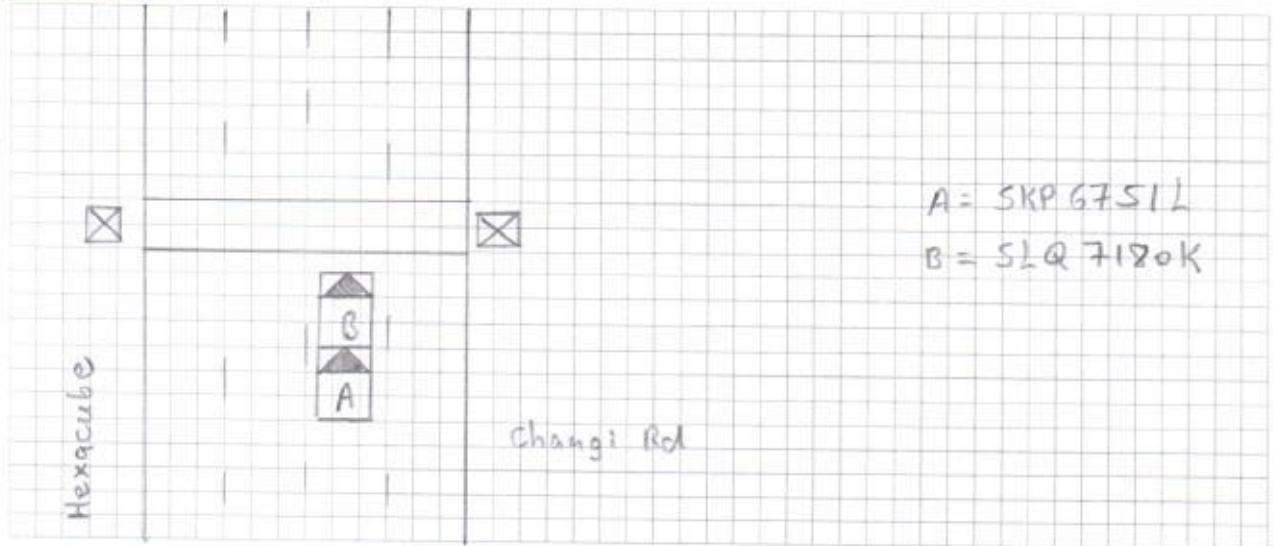


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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. S0052559F



Name
TEO SEE ENG
@CHANG SHIH EN
张施恩

Race
CHINESE

Date of Birth
15-07-1940

Sex
M

Country of Birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0052559F

Name
TEO SEE ENG

Birth Date 15 Jul 1940

Issue Date 13 Apr 2004

2384401



NRIC No: S0052559F



Short Cycle Date of Issue
R+ 15-09-1994

APT BLK 35 MAHSILING DRIVE #24-401
SINGAPORE 730035
NRIC No: S0052559F

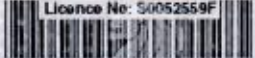
Date: 20-08-2002 No: 1316273

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
20 May 1959

Licence No: S0052559F



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="15/05/2019 15:51"/>							
Vehicle No.(For Motor)	<input type="text" value="SKP6751L"/>	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"/>	5075008235-03		LIM JUNQUN JASON	S8133316E	GPC	Third Party, Fire & Theft	SKP6751L	SKP6751L	05/11/2018	04/11/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1044883

Policy No.	5075008235-03	Vehicle No.	SKP6751L	GST Registration No.	
Certificate No.					
Policyholder Name	LIM JUNQUN JASON	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	58133
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91877846	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
Report Date	16/05/2019 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	15/05/2019	Time of Accident hh:mm	17:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI RD TRAFFIC LIGHT BESIDE HEXACUBE				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
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 211A #13-192	Address 2	COMPASSVALE LANE	Address 3	COMPA
Address 4	SINGAPORE 541211	Address Type	Singapore address	Post Code	54121
Unit No.		Related Policy Number	5108968202		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/07/
Unnamed driver Name	TEO SEE ENG @CHANG SHIH EH	Driver NRIC	S0052559F	Driving Experience	59
Register Date of Driver License	20/05/1959	Driver Age	78	Contact No.(Home)	
Contact No.(Mobile)	96406637	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 35 #24-401	Address 2	MARSILING DRIVE	Post Code	73003
Address 4		Address Type	Singapore address		
Unit No.	24-401				
Does he own a Singapore Registered car?	<input 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 type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM JUNQUN JASON
Contact No.(Mobile)	91877846	Contact No. (Home)	62881351
Email Address		OI Vehicle Number	SKP6751L
Claim Description	SKP6751L / SLQ7180K ON 15 May 2019		
Preferred Workshop	<input type="radio"/> Insured Liability	Fully at Fault	
Preferred Repair Option	<input type="radio"/> Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/05/2019 16:52	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1044883

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

16/05/2019 16:53

Path *

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

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Message Read

Category *	Confidential	Urgency *
Clear	Please Select ▼	NO ▼ Normal ▼
Clear	Please Select ▼	NO ▼ Normal ▼
Clear	Please Select ▼	NO ▼ Normal ▼
Clear	Please Select ▼	NO ▼ Normal ▼
Clear	Please Select ▼	NO ▼ Normal ▼
Clear	Please Select ▼	NO ▼ Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:53	SAS	Normal	SAS 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:53	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:53	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16

Video List

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