





## 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	24/05/2019 09:38
Date Of Accident	23/05/2019 17:30
Exact Location Of Accident	UPPER THOMSON RD B4 JUNC OF SPRINGLEAF RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2222S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA WEI ZHOU
NRIC No	S8233255C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97731314
Alternative Phone No	OFFICE-97731314

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	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	5073254177-03
Cover Note Number	-

### Driver

Name of Driver	CHUA WEI ZHOU
NRIC No	S8233255C
Date Of Birth	15/10/1982
Occupation	INDOOR
Date Of Driving Pass	03/08/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97731314
Fax Number	
Contact Number	OFFICE-97731314
EMail Address	NOEMAIL

Address	3 CANBERRA DRIVE #10-05
Postcode	768102
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?	YES
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

I STOP AT THE JUNC OF UPPER THOMSON RD & SPRINGLEAF RD DUE TO RED LIGHT, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLC7121E) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	ONLY FRONT CAMERA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC7121E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMANDA
NRIC/Passport Number	
Contact Number	97630075
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	CHUA WEI ZHOU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC2222S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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

Springleaf Rd

A = SKG2222S

B = SLC 7121E



Opp Thomson Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*


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



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S8233255C**  
 Name: **CHUA WEIZHOU (CAI WEIZHOU)**  
 Birth Date: **15 Oct 1982**  
 Issue Date: **03 Aug 2004**


001268078G



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8233255C**


 Name: **CHUA WEIZHOU (CAI WEIZHOU)**  
**蔡伟洲**  
 Race: **CHINESE**  
 Date of birth: **15-10-1982**  
 Country/Place of birth: **SINGAPORE**  
 Sex: **M**


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

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**

PASS DATE  
**03 Aug 2004**

NP-428A

Licence No: S8233255C



5169332



NRIC No. **S8233255C**


 Date of issue: **08-05-2013**

**3 CANBERRA DRIVE #10-05**  
**SINGAPORE 768102**  
 NRIC No: **S8233255C** Date: **05/10/2017**

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="23/05/2019 09:36"/>							
Vehicle No. (For Motor)	<input type="text" value="SKC2222S"/>	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"/>	5073254177-03		CHUA WEI ZHOU	S8233255C	GPC	drive CLASSIC	SKC2222S	SKC2222S	21/08/2018	20/08/2019
<input type="button" value="Continue"/>										



## Claim Handling

Accident MT/1045906

Policy No.	5073254177-03	Vehicle No.	SKC2222S	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA WEI ZHOU			Policyholder NRIC	S8233
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97731314	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(%)	30	Private Hire	No
<b>Accident Details</b>					
Report Date	24/05/2019 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	23/05/2019	Time of Accident hh:mm	17:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER THOMSON RD B4 JUNC OF SPRINGLEAF RD				
<b>Excess</b>					
Own 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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 467A #08-163	Address 2	ADMIRALTY DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	75146
Unit No.	08-163	Related Policy Number	5073254177-03		
<b>OT Driver Info</b>					
Driver Name	CHUA WEI ZHOU	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S823325SC	Driver DOB	15/10/
Register Date of Driver License	03/08/2004	Driver Age	36	Driving Experience	14
Contact No.(Mobile)	97731314	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 467A #08-163	Address 2	ADMIRALTY DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	75146
Unit No.	08-163				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>		
Breathalyser or Blood Test Reading?	0 mg	Any injury? <input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUA WEI ZHOU
Contact No.(Mobile)	97731314	Contact No. (Home)	NIL
Email Address		OT Vehicle Number	SKC2222S
Claim Description	SKC2222S / SLC7121E ON 23 May 2019		
Preferred Workshop	0	Insured Liability	Not at fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		24/05/2019 14:49	Claim Close Date
		LIEW SHAN HUI	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1045906	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

24/05/2019 14:50

Path \*

Choose File No file chosen

Choose File No file chosen

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Message Read

Category \*  
Clear Please Select

Confidential  
Clear Please Select

Urgency \*  
Clear Please Select

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:50	SAS	Normal	SAS 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:50	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:50	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:50	Photos	Normal	Photos 2019-5-24
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:50	Photos	Normal	Photos 2019-5-24
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:49	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:49	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:49	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:49	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:49	Photos	Normal	Photos 2019-5-24

Video List

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