

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	03/07/2019 17:17
Date Of Accident	29/06/2019 02:55
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6986J
Insured/Policyholder	
Name Of Registered Owner	CHEW THIAM SENG @ LEE SOO KWEE
NRIC No	S1232230E
Email Address	ALLANTEO1500@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98580183
Alternative Phone No	OTHERS-83171919

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5101259728-01
Cover Note Number	

Driver

Name of Driver	CHEW THIAM SENG @ LEE SOO KWEE
NRIC No	S1232230E
Date Of Birth	11/06/1957
Occupation	INDOOR
Date Of Driving Pass	25/09/1978
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98580183
Fax Number	
Contact Number	OTHERS-83171919
Email Address	ALLANTEO1500@GMAIL.COM

Address	BLK 5 JALAN MINYAK #02-348
Postcode	1610005
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	SIDE SWIPE
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	SH8326R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	88583113
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.



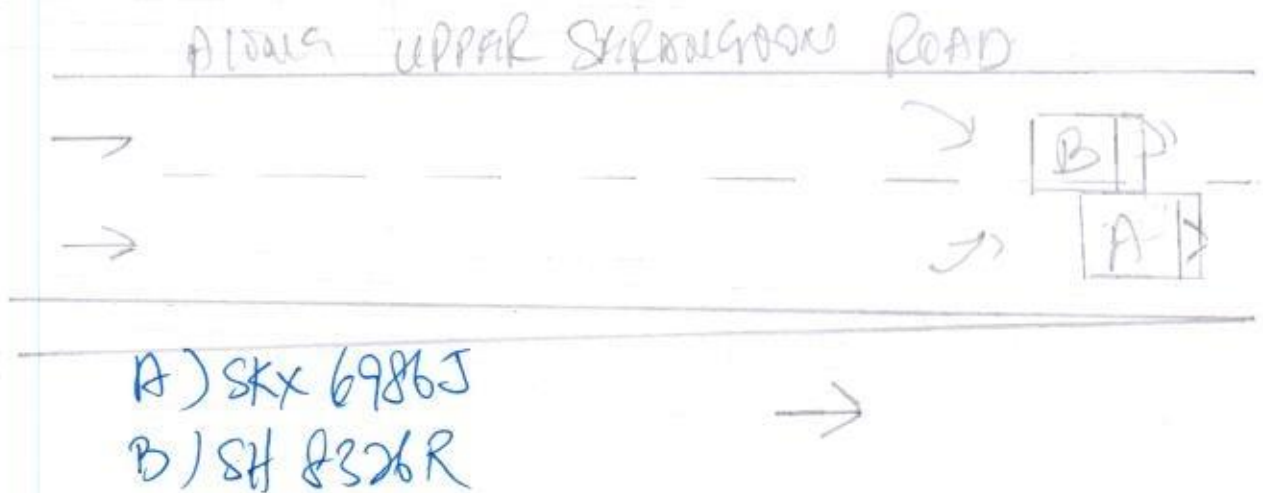
Policyholder's Signature
Date & Time:

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

03/07/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/06/2019 AT ABOUT 02:55 HRS I WAS AT UPPER SIBONGROON TRAVELLING TOWARDS HOUTONG. JUST BEFORE THE MARGINS LAKE I FELT THE IMPACT ON MY LEFT & I STOP AT THE LEFT SIDE & SAW A TAXI SH 8326R SIDE SWIPE AGAINST MY CAR SKX 6986J. THAT IS ALL.

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 Person's Signature
Name: 
NRIC/FIN No.:

Claim Handling

Accident MT/1051905

Policy No.	5101259726-01	Vehicle No.	SKX6986J	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW THIAM SENG @ LEE SOO KWEE			Policyholder NRIC	S1232230E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98580183/83171919	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(%)	50	Private Hire	No

Accident Details

Report Date	04/07/2019 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/06/2019	Time of Accident hh:mm	02:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ALONG UPPER SERANGOON ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess		TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess		YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 5 #02-348	Address 2	JALAN MINYAK	Address 3	SINGAPORE 161005
Address 4		Address Type	Singapore address	Post Code	161005
Unit No.		Related Policy Number	5101259726-01		

OI Driver Info

Driver Name	CHEW THIAM SENG @ LEE SOO KWEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1232230E	Driver DOB	11/06/1957
Register Date of Driver License	25/09/1978	Driver Age	62	Driving Experience	40
Contact No.(Mobile)	98580183/83171919	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 5 #02-348	Address 2	JALAN MINYAK	Address 3	SINGAPORE 161005
Address 4		Address Type	Singapore address	Post Code	161005
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKX6986J	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHEW THIAM SENG @ LEE SOO	Insured NRIC	S1232230E
Contact No.(Mobile)	98580183	Contact No. (Home)	98580183	Contact No. (Office)	
Email Address		TP Vehicle Number	SKX6986J	TP Vehicle Number	SH8324R
Claim Description	SKX6986J ON 29 Jun 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Signature No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	04/07/2019 15:54
Report Taken By				Workshop Repairer	ROSLI WAHAB
				Total Loss but Repaired	
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1051905	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/07/2019 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read		Please Select	Normal
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 04 Jul 2019 15:50	Photos	Normal	Photos 2019-7-4	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jul 2019 15:50	Photos	Normal	Photos 2019-7-4	

S (BUKIT MERAH)) on 04 Jul 2019 15:50

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 04 Jul 2019 15:50

Photos

Normal

Photos 2019-7-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
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Photos

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Photos 2019-7-4

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Photos 2019-7-4

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S (BUKIT MERAH)) on 04 Jul 2019 15:49

Photos

Normal

Photos 2019-7-4

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Normal

Photos 2019-7-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 04 Jul 2019 15:49

Photos

Normal

Photos 2019-7-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 04 Jul 2019 15:49

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-7-4

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 04 Jul 2019 15:49

SAS

Normal

SAS 2019-7-4

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (29/06/2019) (DD/MM/YYYY), TIME: (02:55) (HH:MM)

LOCATION: UPPER SERANGOON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX 6986 J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA VIOS
 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: CHEW THIAM SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1232230E CONTACT: 9858 0183 / 8317 1919
 c) ADDRESS: BIKS JALAN MINTAK #02-348
 C1 161005

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE
 b) NRIC/FIN/PASSPORT: (MALE / FEMALE)
 c) ADDRESS: CONTACT:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SH8326R MODEL: HYUNDAI
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 8858 3113

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = allanteo1500@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1232230E



Name

CHEW THIAM SENG
@LEE SOO KWEE

Race

CHINESE

Date of birth

11-06-1957

Country of birth

SINGAPORE

Sex

M

S1232230E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1232230E

Name

CHEW THIAM SENG
@ LEE SOO KWEE

Birth Date 11 Jun 1957

Issue Date 18 Feb 2011

For LKK/NAC Use Only



001936675J



4681187

NRIC No S1232230E



Date of issue

15-02-2011

Address

APT BLK 5 JALAN MINYAK
#02-348
SINGAPORE 161005

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Sep 1978

For LKK/NAC Use Only



Licence No: S1232230E

NP 42BA

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="29/06/2019 17:10"/>
Vehicle No.(For Motor)	<input type="text" value="SKX6986J"/>	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 checked="" type="radio"/>	5101259728-01		CHEW THIAM SENG @ LEE SOO KWEE	S1232230E	GPC	drivo CLASSIC	SKX6986J	SKX6986J	26/06/2019	25/06/2020