

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	08/07/2019 11:58
Date Of Accident	08/07/2019 09:20
Exact Location Of Accident	ECP TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8171P
Insured/Policyholder	
Name Of Registered Owner	PEH HOCK LEE
NRIC No	S0195967J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188490
Alternative Phone No	OFFICE-91188490

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104512848
Cover Note Number	-

Driver

Name of Driver	LEE YUE HOCK
NRIC No	S1260134D
Date Of Birth	07/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96279971
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 764 PASIR RIS ST 71 #08-252
Postcode	510764
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
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 WAS TRAVELLING ALONG ECP TWDS CITY ON THE FIRST LANE, VEH INFRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLJ9827C) 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:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ9827C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

POH PEI GHIM

NRIC/Passport Number

S8737527G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE YUE HOCK

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLA8171P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

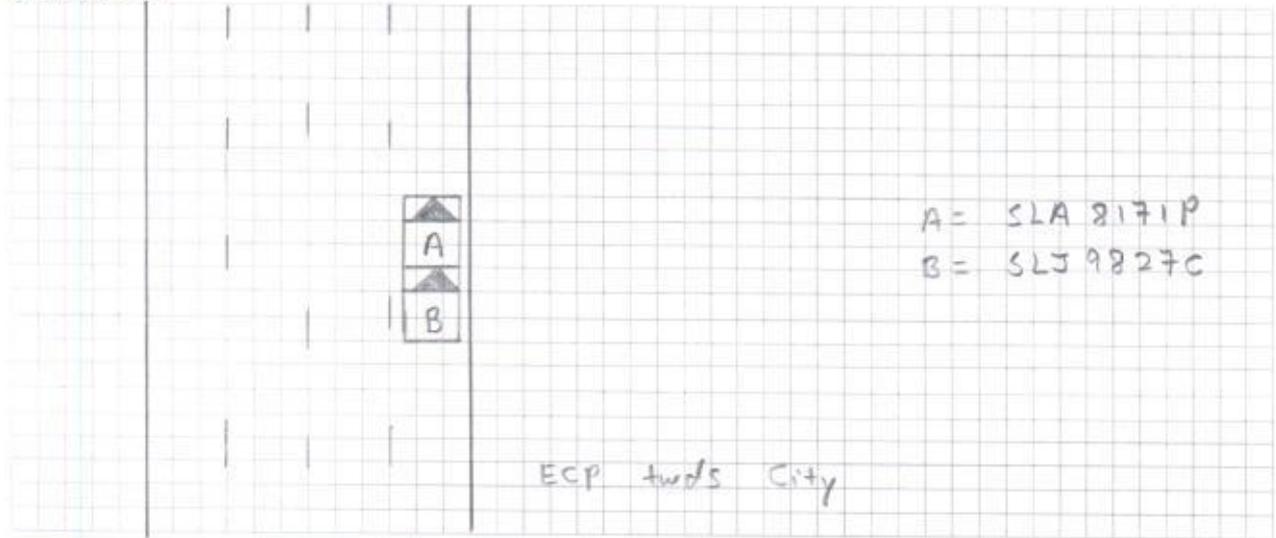


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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.:

Land Transport Authority



VOCATIONAL LICENCE
 Licence No: S1260134D
 Name: LEE YUE HOCK
 Issue Date: 26/11/2005

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1260134D
 Name: LEE YUE HOCK
 Birth Date: 07 Feb 1957
 Issue Date: 05 Jan 2004

001072313C

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1260134D



Name: LEE YUE HOCK
 Race: CHINESE
 Date of Birth: 07-02-1957
 Sex: M
 Country of Birth: SINGAPORE

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	07/12/1998
02	TAXI VL	05/10/1999
04	BUS ATTENDANT	07/12/1998

PDVL/TDVL
 33 888 0000
 292403

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Mar 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Apr 1999
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	14 Sep 1999

Licence No: S1260134D

1954720



NPIC No: S1260134D



Blood Group: A+
 Date of issue: 28-04-1994

100 ALY THE PARKED AND STREET TO 600-352
 SINGAPORE 0601
 NPIC No: 600000000 Date: 28-04-1994 No: 1681362

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
<input type="radio"/>	5104512848		PEH HOCK LEE	S0195967J	GPC	drive CLASSIC	SLA8171P	SLA8171P	15/10/2018	14/10/2019

Claim Handling

Accident MT/1052279

Policy No.	5104512848	Vehicle No.	SLA8171P	GST Registration No.	
Certificate No.					
Policyholder Name	PEH HOCK LEE			Policyholder NRIC	50195
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91188490	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	08/07/2019 14:19	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	08/07/2019	Time of Accident hh:mm	09:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP TWDS CITY				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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					
Policyholder Mailing Address					
Address 1	BLK 141 #09-364	Address 2	TAMPINES STREET 12	Address 3	TAMPIN
Address 4	SINGAPORE 521141	Address Type	Singapore address	Post Code	52114
Unit No.		Related Policy Number	5093167175-02		
OJ Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE YUE HOCK	Driver NRIC	S1260134D	Driver DOB	07/02/
Register Date of Driver License	21/03/1980	Driver Age	62	Driving Experience	39
Contact No.(Mobile)	96279971	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 764 #08-252	Address 2	PASIR RIS STREET 71	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51076
Unit No.	08-252				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Modification History					

Claim 001 **New**

Claim Type *	00-MX	Insured Name	PEH HOCK LEE
Contact No.(Mobile)	96668182	Contact No.(Home)	67824839
Email Address		OJ Vehicle Number	SLA8171P
Claim Description	SLA8171P / SL9827C ON 8 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	08/07/2019 14:33	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1052279	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

08/07/2019 14:34

Path *

- Choose File No file chosen

Message Read

Clear

Please Select

Confidential

Urgency *

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:34	SAS	Normal	SAS 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:34	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:34	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:34	Photos	Normal	Photos 2019-7-8
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:33	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:33	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:33	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:33	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:33	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:33	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 14:33	Photos	Normal	Photos 2019-7-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	