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TP Particulars: Veh No	11: YP 9430C	. ! INC(	.)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: (	) Period: (	);	Cover Type: (	100 20 24	
Confirmed by : (		Datet.	Timar	no ma cabust. T. Ali ch. of	
Insured/Driver Liability: (	%) [Note-Est. State	15 (WO): N: 0-20	0%; P; 21-79%. P; 80	-100%]	
Year of Registration: (	) Warranty; YES		) 10	री चेटिक करें हैं।	
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### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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	16/07/2019 14:19
Date Of Accident	16/07/2019 11:30
Exact Location Of Accident	KEPPEL VIADUCT TWDS LOWER DELTA
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML2392M
Insured/Policyholder	
Name Of Registered Owner	YOHANNA LIE
NRIC No	S7678441H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96943038
Alternative Phone No	OFFICE-96943038
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY
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	5109587407
Cover Note Number	•
Driver	
Name of Driver	KHOO JIN LOON ALLEN (QIU JINGLUN ALLEN)
NRIC No	S8001005B
Date Of Birth	04/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE

(LOCAL) +65-97358464

NOEMAIL

Address 3 SIMEI ST 4 #01-06

Postcode 529862

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 - CHANGE/CROSS LANE

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 NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 WAS TRAVELLING ALONG KEPPEL VIADUCT TWDS LOWER DELTA ON THE FIRST LANE, SUDDENLY VEH B CUT INTO MY LANE AND HIT ONTO MY VEH LEFT HAND SIDE.

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 YP9430C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

KHOO JIN LOON ALLEN (QIU JINGLUN ALLEN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SML2392M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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.:

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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. \$8001005B



KHOO JIN LOON, ALLEN (QIU JINGLUN, ALLEN)

邱 敬 伦

CHINESE

04-01-1980

Country/Place of birth SINGAPORE

For LKK/NAC Use On



Lewise Namber S 8 0 0 1 0 0 5 B

KHOO JIN LOON, ALLEN (GIU JINGLUN, ALLEN)

Birth Date: 04 Jan 1980



5283229



04-03-2014

3 SIMEI STREET 4 #01-06 SINGAPORE 529862 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

For LKK/NAC Use Only

NP 428A

eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 16/07/2019 14:17 Vehicle No.(For Motor) SML2392M Certificate Number Search Certificate Number Policyholder Name Commence Date Policyholder NRIC Vehicle Insured Select Policy No. Product Cover Type Expiry Date No. Object drivo CLASSIC 5109587407 YOHANNA LIE 57678441H GPC SML2392M SML2392M 17/05/2019 09/06/2020 Continue

# Claim Handling Accident MT/1053695

Policy No.	5109587407	Vehicle No.	SML2392M		GST Registration No
Certificate No.					
Policyholder Name	YOHANNA LIE				Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading
Contact No.(Mobile)	96943038	Contact No.(Office)			Contact No.(Home)
Email Address		Special Remark			eCode
KFK	» No Yes	TCA	No Yes		eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire
Report Date	16/07/2019 17:08	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	16/07/2019	Time of Accident hh:mm	11:30		Country of Accident
Reporting Centre		Orange Force			ICM No.
Accident Location	KEPPEL VIADUCT TWDS LOWER DELTA				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
OD Standard Excess	600.00	TP Standard Excess		10000	
YIED OD Excess	500.00	YIED TP Excess		0.00	325573V352VV3001S
Additional Excess		TIED IP Excess		0.00	Driver is Covered?
Total OD Excess Applicable	0	Total TD Everes Applicable		20020	
♥ Benefits	1100.00	Total TP Excess Applicable		0.00	
	ion				
GST Registered	No No			e orange	
GST Registration No.	NO		GST Registrat GST Status Ve		West
Modification History			GOT STATES FO	anneu	Yes
⇒ Policyholder Mailing Addr	ress				
Address 1	301 JALAN BUKIT HO SWEE	Address 2	#30-03 MERAPRIME		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.		Related Policy Number	5109587407		0.0000000000000000000000000000000000000
▽ OI Driver Info		W			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KHOO JIN LOON ALLEN (QIU JIN	Driver NRIC	56001005B		Driver DOB
Register Date of Driver License	18/11/2005	Driver Age	39		Driving Experience
Contact No.(Mobile)	97358464	Contact No.(Office)			Contact No.(Home)
Address 1	3 SIMEI STREET 4	Address 2	#01-06 SIMEI GREEN	CONDOMI	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	01-06				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Insurer Comp
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	F Yes 🕞 No		
Modification History					
Claim 001 New					
Claim Type *				OD-MX	Insured VOHANNI
Claim Type *				OD-MX	Name TOHANN
Claim Type * Contact No.(Mobile)				OD-MX	Name TOHANNI Contact No.
				OD-MX OHANNA.LEE@GMAIL	Name YOHANNI Contact No. (Home) OI
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Contact No.(Mobile)  Email Address  Claim Description			[		Contact No. (Home) O1 Vehicle Number
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Contact No.(Mobile)  Email Address  Claim Description  Preferred	Insured Liability Not at Faul Preferered Repair Preferred Workshop, Not on the Preferred Workshop Not on the Preferre	CIA	[8]	OHANNA.LEE@GMAIL.	Contact No. (Home) O1 Vehicle Number

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Print AK letter

Save Submit Attachment Claim No. 001 Accident No. MT/1053695 Yes O No Upload Date 16/07/2019 17:17 Last Doc, Received Confidential Category \* Path \* Choose File No file chosen Clear Please Select ▼ NO ٠ \* Choose File No file chosen Clear Please Select NO Clear Please Select NO Chaose File No file chosen Please Select NO Choose File No file chosen Clear • NO Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select NO Message Read Attachment Uploaded By/Date Category Urgency Descr 1.300 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:17 NRIC/ Driving License Normal NRIC/ Driving Li-NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o SAS 20 SAS Normal 16 Jul 2019 17:17 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos Normal 16 Jul 2019 17:16 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos Normal 16 Jul 2019 17:16 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:16 Photos Normal Photos 2 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRÉ SERVICES) o 16 Jul 2019 17:16 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos Normal 16 Jul 2019 17:16 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos 16 Jul 2019 17:16 NAC\_PAYA\_UBI\_8006D1( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:16 Photos 2 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:16 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos Normal 16 Jul 2019 17:16 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos Normal 16 Jul 2019 17:16 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Normal Photos 2 Photos 16 Jul 2019 17:16 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 16 Jul 2019 17:15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 16 Jul 2019 17:15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15 Normal Photos 2 Photos

# Claim Handling(accident reporting Claim Task )

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▽ Video List				

Folder Date File Name

Uploaded By/Date