

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	16/07/2019 14:19
Date Of Accident	16/07/2019 11:30
Exact Location Of Accident	KEPPEL VIADUCT TWDS LOWER DELTA
Country/State of Loss	SINGAPORE

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
Mobile Number	(LOCAL) +65-97358464
Fax Number	
Contact Number	
Email Address	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
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 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)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SML2392M

YES

NO

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

A = SML 2392 M
B = YP 9730 C

Keppel Viaduct +wds Lower Delta.

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. S8001005B



Name
KHOO JIN LOON, ALLEN
(QIU JINGLUN, ALLEN)

邱敬伦

Race
CHINESE

Date of birth
04-01-1980

Country/Place of birth
SINGAPORE

Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



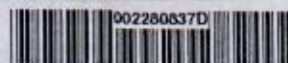
Licence Number S8001005B

Name

KHOO JIN LOON, ALLEN
(QIU JINGLUN, ALLEN)

Birth Date 04 Jan 1980

Issue Date 04 Mar 2014



002280837D



NAME No. S8001005B



Date of issue
04-03-2014

Address

3 SIMEI STREET 4
#01-06
SINGAPORE 529862

For LKK/NAC Use Only

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE

18 Nov 2005



Licence No: S8001005B

NP 428A

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/07/2019 14:17"/>
Vehicle No.(For Motor)	<input type="text" value="SML2392M"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109587407		YOHANNA LIE	S7678441H	GPC	drivo CLASSIC	SML2392M	SML2392M	17/05/2019	09/06/2020

Continue

Claim Handling

Accident MT/1053695

Policy No.	S109587407	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	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

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	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	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	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	S109587407	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KHOQ JIN LOON ALLEN (QIU JIN)	Driver NRIC	S8001005B	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?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	YOHANNA LIE
Contact No.(Mobile)		Contact No. (Home)	
Email Address	YOHANNA.LEE@GMAIL.COM	OI Vehicle Number	SML2392
Claim Description	SML2392M / YP9430C ON 16 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	16/07/2019 17:15	Received	
		Claim Close Date	

Report Taken By

JIEW SHAN HUI

Print AK letter

Save Submit

Attachment



Accident No.	MT/1053695	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2019 17:17
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="v"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="v"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="v"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="v"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="v"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="v"/>
Message Read		Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="v"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_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 16 Jul 2019 17:17	SAS	Normal	SAS 20
	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 16 Jul 2019 17:16	Photos	Normal	Photos 2
	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 16 Jul 2019 17:16	Photos	Normal	Photos 2
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	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 16 Jul 2019 17:15	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15	Photos	Normal	Photos 2



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15	Photos	Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15	Photos	Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15	Photos	Normal	Photos 2
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15	Photos	Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 17:15	Photos	Normal	Photos 2

Uploaded By/Date

Folder Date

File Name



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Scan and uploading