

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	14/08/2019 11:37
Date Of Accident	13/08/2019 18:45
Exact Location Of Accident	AMK AVE 1 JUNC WITH CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4773G
Insured/Policyholder	
Name Of Registered Owner	H. ART GLASS PTE LTD
Co Reg No	201529122G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94248087

Vehicle Particulars

Manufacturer	KIA
Model	K5
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	5101131789-01
Cover Note Number	-

Driver

Name of Driver	LEE HEANG FUI
NRIC No	G7888072X
Date Of Birth	11/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94248087
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	515B TAMPINES CENTRAL 7 #08-10
Postcode	522515
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	
	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 AMK AVE 1 WHILE APPROACHING THE JUNCTION OF CTE, I WAS ON THE SECOND LANE FROM THE RIGHT, I CHECK THAT MY RIGHT LANE WAS CLEAR, I SLOWLY FILTER INTO THE MOST RIGHT LANE, SUDDENLY VEH B CAME FROM THE RIGHT LANE AND HIT ONTO MY VEH REAR RIGHT 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	SMD2009M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

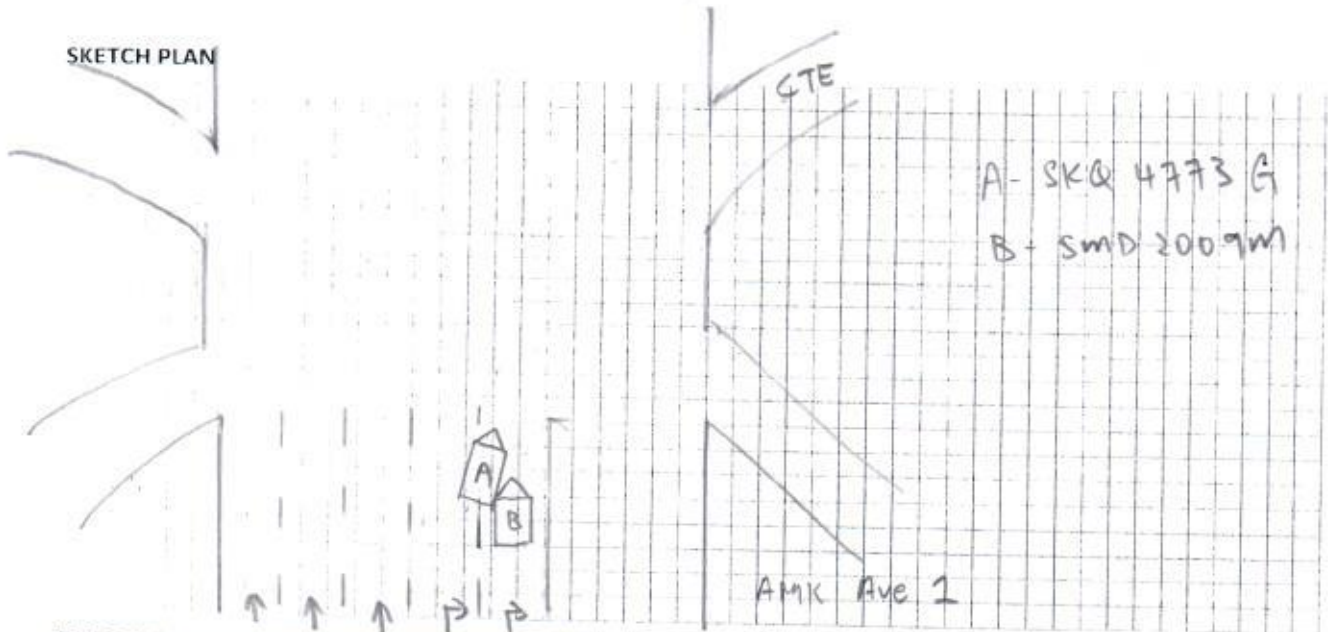


Policyholder's Signature
Date & Time:

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

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.:

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
HART GLASS PTE. LTD.

Name
LEE HEANG FUI

Work Permit No.
4 02241829

Sector
CONSTRUCTION

For LKK/NAC Use Only

K0006035

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
G7888072X

Name
LEE HEANG FUI

Birth Date
11 Jan 1981

Issue Date
28 Aug 2014

Valid Till
27 Aug 2019

002339795G

VISIT PASS
Immigration Regulations

Name
LEE HEANG FUI

Download SGWorkPass App to check status

FIN
G7888072X

Date of Birth
11-01-1981

Sex
M

Nationality
MALAYSIAN

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

For LKK/NAC Use Only

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

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	13 Aug 2009
Class 3	Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg	13 Aug 2009

NP 428A

For LKK/NAC Use Only

Licence No: G7888072X

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/08/2019 11:27"/>
Vehicle No. (For Motor)	<input type="text" value="SKQ4773G"/>	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"/>	5101131789-01		H. ART GLASS PTE LTD	201529122G	GPC	drivo CLASSIC	SKQ4773G	SKQ4773G	02/06/2019	01/06/2020

Claim Handling

Accident MT/1057598

Policy No.	5101131789-01	Vehicle No.	SKQ4773G	GST Registration No.
Certificate No.				
Policyholder Name	H. ART GLASS PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	94248087	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	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	14/08/2019 13:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/08/2019	Time of Accident hh:mm	18:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AMK AVE 1 JUNC WITH CTE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	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	14/08/2019 14:11:34 System changed GST Registered from Yes to No 14/08/2019 14:11:34 System changed GST Registration No. from NA to null 14/08/2019 14:11:34 System changed GST Registration Date from 01/01/2015 to null		

▼ Policyholder Mailing Address

Address 1	22 WOODLANDS LINK	Address 2	#03-06	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S103983521-01	

▼ OI Driver Info

Driver Name	LEE HEANG FUI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	G7888072X	Driver DOB
Register Date of Driver License	13/08/2009	Driver Age	38	Driving Experience
Contact No.(Mobile)	94248087	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 515B #08-10	Address 2	TAMPINES CENTRAL 7	Address 3
Address 4	SINGAPORE 522515	Address Type	Singapore address	Post Code
Unit No.	08-10			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	H. ART GI
Contact No.(Mobile)	92374725	Contact No.(Home)	NIL
Email Address	WSL_MILK@HOTMAIL.COM	OI Vehicle Number	SKQ4773
Claim Description	SKQ4773G / SMD2009M ON 13 Aug 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Product No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	14/08/2019 14:14	Claim Close Date	

Report Taken By

LIEW SHAN HUI

✓ Print AK letter

Save

Submit

Attachment

Accident No. MT/1057598 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 14/08/2019 14:15

Choose File	No file chosen	Path *	Category *	Confidential
Choose File	No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:15	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:15	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:15	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:15	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:15	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:15	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:15	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2019 14:14	Photos	Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name

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