



## 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 16:10
Date Of Accident	14/08/2019 07:25
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW2841Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANDREW LIONEL WEERAPASS
NRIC No	S1366163D
Email Address	ANDREW_LIONEL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97537400
Alternative Phone No	OTHERS-97537400
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	R1
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092554905-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANDREW LIONEL WEERAPASS
NRIC No	S1366163D
Date Of Birth	23/12/1959
Occupation	INDOOR
Date Of Driving Pass	19/12/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97537400
Fax Number	
Contact Number	OTHERS-97537400
Email Address	ANDREW_LIONEL@HOTMAIL.COM

Address	BLK 303 CLEMENTI AVENUE 4 #08-527
Postcode	120303
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS6568Y
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JENIFFER
NRIC/Passport Number	
Contact Number	93685650
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

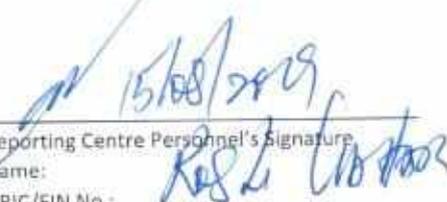
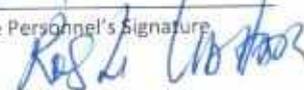
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:
  - (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: 14/08/2019  
1526HR8

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

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

SKETCH PLAN

C'WEALTH AVE WEST

BIRD

- A) SGW 28414
- B) SLS 6568 Y.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG C'WEALTH AVE WEST IN THE DIRECTION OF THE CITY AT 0725HRS I WAS ON THE 3RD LANE WHEN ALL OF A SUDDEN I FELT A BUMP ON THE RIGHT REAR BUMPER. I CHECKED MY WING MIRROR AND SAW ~~VEHICLE~~ A VEHICLE HAD TRIED TO FILTER TO THE 2ND LANE BUT ACCIDENTLY HIT INTO ME.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time: 14/08/2019  
 1540 HRS

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

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

**Claim Handling**

Accident **MY/1057853**

Policy No.	5002554805-02	Vehicle No.	SGW28417	GST Registration No.	
Certificate No.					
Policyholder Name	ANDREW LIONEL WEERAPASS	Driver Type	drvr CLASSIC	Policyholder NRIC	11386163D
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	97537400	Special Remark		Contact No. (Home)	
Email Address		TCA	- No - Yes	#Code	[No]
KFS	- No - Yes	NEC Employment(%)	0	ECOD Reason	
NCI Protection	Yes			Private Inv	No

**Accident Details**

Report Date	15/08/2019 16:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/08/2019	Time of Accident (h, mm)	07:25	Country of Accident	Singapore
Reporting Centre		Grange Force		ICB No.	
Accident Location	ALONG COMMONWEALTH AVENUE WEST				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

**Benefits**

Coverage

Excess Waiver  Sum Insured

**GST Registered Information**

GST Registered  No

GST Registration No.  GST Registration Date

Modification history  GST Status Verified  Yes

**Policyholder Mailing Address**

Address 1	BLK 303 #05-027	Address 2	CLEMENTI AVENUE 4	Address 3	CLEMENTI MEADOWS
Address 4	SINGAPORE 120303	Address Type	Singapore address	Post Code	120303
Unit No.		Related Policy Number	5052554805-02		

**OT Driver Info**

Driver Name	Andrew Lionel Weerapass	Driver Type	Main Driver	Driver DOB	23/12/1956
Unlinked Driver Name		Driver NRIC	S1306163D	Driving Experience	39
Register Date of Driver License	16/12/1979	Driver Age	66	Contact No. (Home)	
Contact No. (Mobile)	97537400	Contact No. (Office)		Address 3	CLEMENTI MEADOWS
Address 1	BLK 303 #05-027	Address 2	CLEMENTI AVENUE 4	Post Code	120303
Address 4	SINGAPORE 120303	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SGW28417	Driver Insurer Company	NTLC
Does the user a Singapore Registered car?	Yes - No				

Declaration

Breathalyser or Blood Test Result?  Yes  No

Any injury?  Yes  No

**Modification History**

Claim 001 **New**

Claim Type \*

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop

Insurance Liability

Report Status

Date Registered

Report Taken By

Print & Letter

**Attachment**

Accident No. **MY/1057853**

Last Doc. Received  Yes  No

Claim No. **001**

Upload Date **15/08/2019 16:10**

Choose File (No file chosen)

Category \*

Confidential

Urgency \*

Description \*

Message Read

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Aug 2019 16:10		Photos	Normal	Photos 2019-8-15	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 15:10	Photos	Normal	Photos 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:10	Photos	Normal	Photos 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:10	Photos	Normal	Photos 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:09	Photos	Normal	Photos 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:09	Photos	Normal	Photos 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:09	Photos	Normal	Photos 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:09	Photos	Normal	Photos 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:09	SAS	Normal	SAS 2019-8-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Aug 2019 16:09	NRIC Driving License	Normal	NRIC Driving License 2019-8-15

Video List

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

VIDEO

# ACCIDENT STATEMENT

ACCIDENT DATE: 14.08.2019 (DD/MM/YYYY), TIME: 07:25 (HH:MM)

LOCATION: C'WEALTH AVE WEST

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGW2841J
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: SUBARU R1
- 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: ANDREW LIONEL WEEDEPASS (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S186163D CONTACT: 97537400
- c) ADDRESS: BLK. 303, CLEMENTI AVENUE 4  
#03-527 9 (120303)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: AR ABDOH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: 23/12/1979 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 19/12/1979

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
- b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SLS6568Y MODEL: MAZDA
- b) DRIVER'S NAME: JENNIFER
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93685650

### 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = andrew\_lionel@hotmail.com  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S 1366 163D



Name

ANDREW LIONEL WEERAPASS



Race

EURASIAN

Date of Birth

23-12-1959

Sex

M

Country of Birth

SINGAPORE

**For LKK/NAC Use Only**

HUI HUA CREDIT PTE LTD • TEL 6469 6611

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S 1366 163D



ANDREW LIONEL WEERAPASS

**For LKK/NAC Use Only**

Birth Date: 23 Dec 1959

Issue Date: 07 Jun 2019



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

- | Class   | Description   | Effective Date |
|---------|---|----------------|
| Class 3 | Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg  | 19 Dec 1979    |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg<br>Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg | 28 Jan 1993    |

**For LKK/NAC Use Only**



NP 428A

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/08/2019 15:17"/>							
Vehicle No. (For Motor)	<input type="text" value="SGW2841Y"/>	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 type="radio"/>	5092554905-02		ANDREW LIONEL WEERAPASS	S1366163D	GPC	drive CLASSIC	SGW2841Y	SGW2841Y	12/07/2019	11/07/2020
<input type="button" value="Continue"/>										