

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	26/08/2019 15:46
Date Of Accident	26/08/2019 10:30
Exact Location Of Accident	PIE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF2538R
Insured/Policyholder	
Name Of Registered Owner	PANG KWANG SERN
NRIC No	S1834352E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81333698
Alternative Phone No	OTHERS-81333698

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 KOMPRESSOR (A)
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	5061314775-05
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	PANG YING JIE
NRIC No	S9519597J
Date Of Birth	07/06/1995
Occupation	INDOOR
Date Of Driving Pass	04/04/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94237737
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 219 PASIR RIS STREET 21 #04-166
Postcode	510219
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GRANDSON
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?	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 DRIVING WITHIN MY LANE TOWARDS A FILTER LANE WHEN VEHICLE B CUT ABRUPTLY INTO AND GRAZED INTO THE REAR RIGHT PORTION OF MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD6340R
Vehicle Make/Model/Colour	WHITE TOYOTA HARRIER
Details Of Properties	FRONT LEFT
Vehicle Category	PRIVATE CAR
Name of Driver	SALLY LIM
NRIC/Passport Number	
Contact Number	96806444
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name PANG YING JIE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKF2538R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Vehicle No:

Report Date: 26/8 2019 Start Time: 4:00 PM

Report No: MT

D.O.A:

Make Model

Reporting Type: TP

End Time:

SKETCH PLAN

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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.
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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

26/8/2019 15:53

26/8/2019 15:53

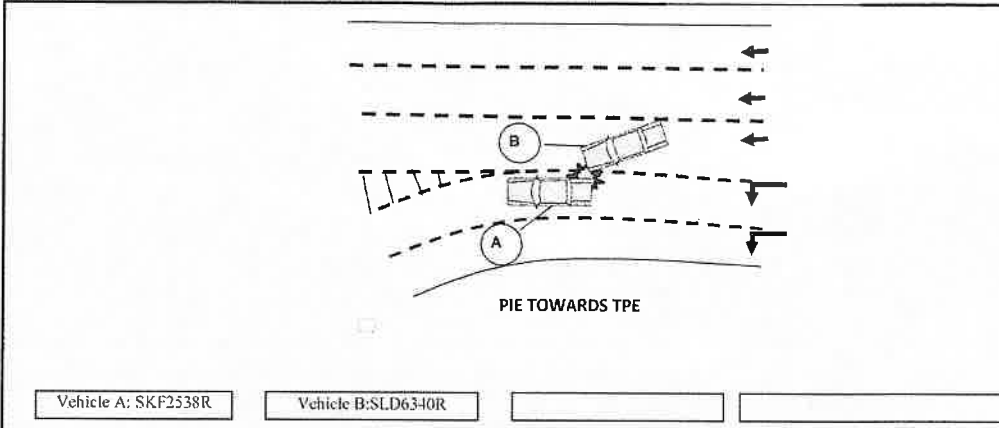
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING WITHIN MY LANE TOWARDS A FILTER LANE WHEN VEHICLE B CUT ABRUPTLY INTO AND GRAZED INTO THE REAR RIGHT PORTION OF MY VEHICLE.

DECLARATION

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

26/8/2019 15:53

WJ

26/8/2019 15:53

[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Guidance Note

This Guidance Note is intended to assist you with your policy details and accident reporting procedures.

If you require further assistance, please call our Customer Care Executive at 6841 9000.

Vehicle Number: SKF2538R

Policy Details: drivo CLASSIC

Policy No: 5061314775-05

Policy Date: 11/11/2018 to 10/11/2019

Total Excess Payable (Subject to Prevailing GST): Uninsured - \$3605
(Payment in MSC via Cash, NETS or Cheque only)
Excess (Subject to Prevailing GST)

Standard Excess: \$300 / \$500 / \$600 / \$1500 / \$2000 / N.A.

Additional Excess: \$500 / \$1000 / \$1500 / N.A.

Unnamed Driver Excess: \$500 / \$1000 / \$2500 / N.A.

Third Party Excess: \$1500 / \$2000 / N.A.

No Claims Discount (NCD): 0 / 10 / 15 / 20 / 30 / 40 / 50

 NCD Protector * ☐ Yes ☒ No

***First Claim During Policy Year**
Own Damage (OD)
☐ Premium may be affected upon renewal (Claim Loading)

☐ NCD affected upon renewal (30% affected)

☐ Standard excess waiver

☐ Tendering process apply (NTUC Income to allocate workshop) (Min 2 working days, exclude Reporting Date, Sat, Sun and PH)

☐ SGD\$50 transport allowance. (Up to 7 days after repair commence in the workshop)

☐ For recovery of uninsured losses (UIL), you must sign the UIL form before Income proceed to do a claim recovery.

(Outcome will not be guaranteed)
Third Party (TP)
☐ Able to revert to OD claim if repair is done at Income Quality Workshops (within a year)

☐ The preferred workshop will follow up with all claim matters and advice (To check with preferred workshop on claims outcome)

Self-Repair (SR) / Reporting Only (RO)
☐ Premium & NCD may not be affected if there is **NO** claim against your policy

☐ Premium may be affected upon renewal (Claim Loading)

☐ Third Party Excess Apply

☐ NCD affected upon renewal (30% affected)

Remarks
☐ Vehicle continue driving after accident reporting, any further damage e.g. overheat / further accident will not be covered.

☐ Usage of Refurbish & Repair / New parts (Subject to Surveyor Approval)

☐ Survey necessary as cost of repair above \$3000 (before repair / before paint / after repair). Repair period may extend

☐ Subject to parts availability, repair deadline may extend. Income will **NOT** pay for any transport expenses or any losses due to unavailability of parts or accessories.

☐ NCD (10%) will be affected due to late reporting. Please write in to motor@income.com.sg for NCD loss appeal

☐
☐

Signature of Authorised Person/Driver

Relationship

26/8/2019 15:45

Date (dd/mm/yyyy) - Time

Name / Contact Number

For Official Use

Note taken by

Eric Woo

Staff Code

S992753

Date (dd/mm/yyyy) - Time

26/8/2019 15:45

Pang Ying Jie / 9423 7737

