

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	02/09/2019 10:21
Date Of Accident	31/08/2019 14:15
Exact Location Of Accident	PIE TWDS CHANGI AFTER BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC4070G
Insured/Policyholder	
Name Of Registered Owner	JETLAND MARKETING (S) PTE. LTD.
Co Reg No	200705469W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62916248
Vehicle Particulars	
Manufacturer	RENAULT
Model	TRAFIC 2.0 DCI LWB 115 MT ABS D/AB 6DR
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110522092
Cover Note Number	-
Driver	
Name of Driver	ALAGU DEVAR SAKTHIVEL
NRIC No	S6861947E
Date Of Birth	25/07/1968
Occupation	INDOOR
Date Of Driving Pass	13/05/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85050168
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 229 TAMPINES ST 23 #05-261
Postcode	521229
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

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 STATEMENT.

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	SCR6884X
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.

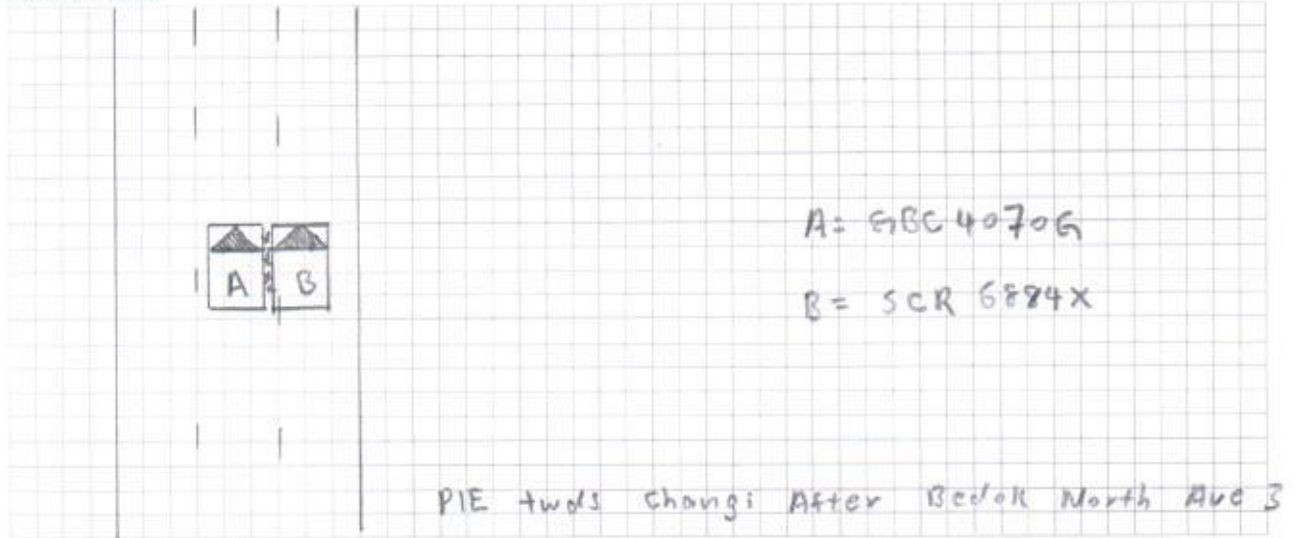


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = 6BC 4070G
B = SCR 6884X

PIE twds Changi After Bedok North Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling along PIE twds Changi After Bedok North Ave 3 on the center lane. Suddenly Veh B from the first lane cut into my lane and hit onto my veh right hand side.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 8 / 19.) (DD/MM/YYYY), TIME: (14 : 15) (HH:MM)

LOCATION: PIE tuds Changi After bedok North Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 4070G.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: going back home.
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: Jetland Marketing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6291 6248.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 850 50168.
c) ADDRESS: _____

* d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

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: SCR 6884 X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = alagudevar@yahoo.co.in

fax =

video = No.

Waiting License.

No of passengers
(including driver)
(4) 5

1
M

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5110522092		JETLAND MARKETING (S) PTE. LTD.	200705469W	GCV	Comprehensive	GBC4070G	GBC4070G	11/07/2019	25/03/2020

Claim Handling

Accident MT/1060526

Policy No.	5110522092	Vehicle No.	GBC4070G	GST Registration No.	
Certificate No.					
Policyholder Name	JETLAND MARKETING (S) PTE. LTD.			Policyholder NRIC	20070
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62916248	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
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	No
Accident Details					
Report Date	02/09/2019 14:18	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	31/08/2019	Time of Accident hh:mm	14:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS CHANGI AFTER BEDOK NORTH AVE 3 EXIT				
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?	Cover
Additional Excess					
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	02/09/2019 14:21:09 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	6001 BEACH ROAD	Address 2	02-44 GOLDEN MILE TOWER	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	19958
Unit No.		Related Policy Number	5110522092		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ALAGU DEVAR SAKTHIVEL	Driver NRIC	S6861947E	Driver DOB	25/07
Register Date of Driver License	13/05/2004	Driver Age	51	Driving Experience	15
Contact No.(Mobile)	85050168	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 229 #05-261	Address 2	TAMPINES STREET 23	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52124
Unit No.	05-261				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	JETLAND MARKETING (S) PTE. LTD.	Insured NRIC	20070	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		O1 Vehicle Number	GBC4070G	TP Vehicle Number	SCR68	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBC4070G / SCR6884X ON 31 Aug 2019				Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Recei	

Date Registered 02/09/2019 14:21
 Report Taken By LIEW SHAN HUI
☒ Print AK letter

Claim Close Date
 Workshop Repairer

Date Received 02/09/2019
 Total Loss but Repaired

Save Submit

Attachment



Accident No.	MT/1060526	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/09/2019 14:55

Path *	Category *	Confidential	Urgency *
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:55	SAS		Normal	SAS 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:54	Photos		Normal	Photos 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:54	Photos		Normal	Photos 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:54	Photos		Normal	Photos 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:54	Photos		Normal	Photos 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:54	Photos		Normal	Photos 2019-9-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Sep 2019 14:53	Photos		Normal	Photos 2019-9-2

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Sep 2019 14:53	Photos	Normal	Photos 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Sep 2019 14:53	Photos	Normal	Photos 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Sep 2019 14:53	Photos	Normal	Photos 2019-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Sep 2019 14:53	Photos	Normal	Photos 2019-9-2
Video List				
Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	