

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	05/09/2019 10:11
Date Of Accident	04/09/2019 13:15
Exact Location Of Accident	MCE TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7076B
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Insured/Policyholder

Name Of Registered Owner	HO AH BEE
NRIC No	S0068558E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91933216
Alternative Phone No	OTHERS-98590078

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067534655-04
Cover Note Number	-

Driver

Name of Driver	HO AH BEE
NRIC No	S0068558E
Date Of Birth	31/12/1937
Occupation	INDOOR
Date Of Driving Pass	11/02/1959
Driving Experience	60 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91933216
Fax Number	
Contact Number	OTHERS-98590078
Email Address	NOEMAIL

Address	373 ONAN RD #05-02
Postcode	424775
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 - HEAD TO REAR
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 MCE TWDS ECP, WHILE FILTERING FROM SECOND LANE TO THE EXTREME LEFT LANE, MY VEH ACCIDENTALLY HIT ONTO VEH B REAR RIGHT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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	HO AH BEE
Approximate Age	
Injuries Sustain	SLIGHTLY
Injured person in which vehicle?	SJV7076B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

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



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

SKETCH PLAN

A = SJV 70768

B = Unknown.

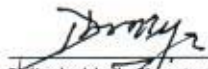
MCE twds ECP

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.:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/09/2019 09:49"/>
Vehicle No.(For Motor)	<input type="text" value="SJV7076B"/>	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="checkbox"/>	5067534655-04		HO AH BEE	S0068558E	GPC	Third Party	SJV7076B	SJV7076B	06/08/2018	05/02/2020

Claim Handling

Accident MT/1061077

Policy No.	5067534655-04	Vehicle No.	SJV70768	GST Registration No.	
Certificate No.					
Policyholder Name	HO AH BEE	Cover Type	Third Party	Policyholder NRIC	S0068558E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	98590078	Loading	0
Contact No.(Mobile)	91933216	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	05/09/2019 11:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/09/2019	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NCE TWDS ECP				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	373 ONAN ROAD	Address 2	#05-02	Address 3	SINGAPORE 424775
Address 4		Address Type	Singapore address	Post Code	424775
Unit No.		Related Policy Number	5067534655-04		

OI Driver Info

Driver Name	HO AH BEE	Driver Type	Main Driver	Driver DOB	31/12/1937
Unnamed driver Name		Driver NRIC	S0068558E	Driving Experience	60
Register Date of Driver License	11/02/1959	Driver Age	81	Contact No.(Home)	
Contact No.(Mobile)	91933216	Contact No.(Office)	98590078	Address 3	SINGAPORE 424775
Address 1	373 ONAN ROAD	Address 2	#05-02	Post Code	424775
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any Injury? ☒ Yes ☐ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HO AH BEE	Insured NRIC	S0068558E
Contact No.(Mobile)	91933216	Contact No.(Home)	63485292	Contact No.(Office)	
Email Address		OI Vehicle Number	SJV70768	TP Vehicle Number	UNKNOWN
Claim Description	SJV70768 / UNKNOWN ON 4 Sept 2019			Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/09/2019 11:41	Claim Close Date		Date Received	05/09/2019 01
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1061077	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	05/09/2019 11:42

Path *

Category *	Confidential	Urgency *	Description *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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Choose File No file chosen

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Message Read

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 11:41	SAS		Normal	SAS 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 11:41	Photos		Normal	Photos 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 11:41	Photos		Normal	Photos 2019-9-5	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 11:41	Photos		Normal	Photos 2019-9-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 11:41	Photos		Normal	Photos 2019-9-5	

Video List

Uploaded By/Date	Folder Date	File Name		Source
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