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#### 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 witholding 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.
- 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.
   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.

STORY STATISTICS	
History and the second	ACCIDENT STATEMENT
Date Of Report	20/09/2019 14:04
Date Of Accident	20/09/2019 11:40
Exact Location Of Accident	NEW UPPER CHANGI RD (BEDOK MRT U TURN POINT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ1972T
Insured/Policyholder	
Name Of Registered Owner	LIM NGAK YONG
NRIC No	S1428881C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94576546
Alternative Phone No	OFFICE-94576546
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	FREELANDER
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	5088914475-02
Cover Note Number	•
Driver	
Name of Driver	LIM NGAK YONG
NRIC No	S1428881C
Date Of Birth	07/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94576546
Fax Number	
Contact Number	OFFICE-94576546
EMail Address	NOEMAIL

Address BLK 115 BEDOK RESERVOIR RD #06-110

Postcode 470115

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 NO

YES

NO

1

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **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 STOP AT THE U TURN POINT BESIDE THE BEDOK MRT(NEW UPPER CHANGI RD), VEH B WAS ON MY LEFT LANE, WHEN VEH B MOVE OFF, HIS VEH WENT INTO MY LANE AND HIT ONTO MY STATIONARY VEH LEFT FRONT PORTION.

### 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

SLD6818E

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

# 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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:

Oriver's Signature (If driver is not the policyholder)

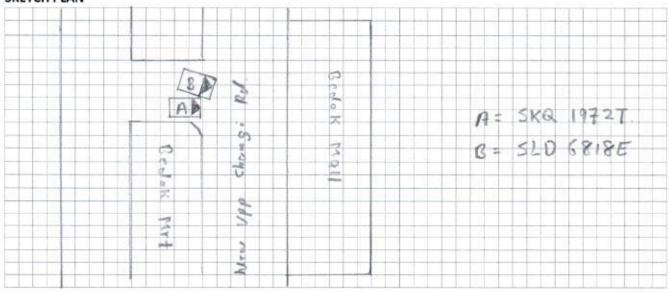
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



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.:

9/20/2019 Policy Search

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss 20/09/2019 13:57 Policy No. Date of Accident SKQ1972T Vehicle No.(For Motor) Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date 5088914475-02 LIM NGAK YONG drivo CLASSIC S1428881C GPC SKQ1972T SKQ1972T 17/06/2019 16/06/2020 Continue

#### 9/20/2019 Claim Handling(accident reporting Claim Task ) Claim Handling Accident MT/1063275 Policy No. 5088914475-02 Vehicle No. GST Registration No. SKQ1972T Certificate No. Policyholder Name LIM NGAK YONG Policyholder NR1C S1428881C Product Code PRIVATE CAR INSURANCE Cover Type GHV0 CLASSIC Loading Contact No.(Mobile) 94576546 Contact No.(Office) Contact No.(Home) **Email Address** Special Remark eCode No \* No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) No 50 Private Hire Accident Details 20/09/2019 14:27 Accident Report Within 24 hrs Accident Type Side Swipe Date of Accident 20/09/2019 Time of Accident hh:mm Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location NEW UPPER CHANGE RD (BEDOK MRT U TURN POINT) ▼ Total Excess Applicable Excess Type Windscreen Excess 100,00 600.00 TP Standard Excess 0.00 YIED OD Excess YIED TP Excess 0.00 0.00 Driver is Covered? Covered Additional Excess Total OD Excess Applicable Total TP Excess Applicable 600.00 0.00 **♥** Benefits Coverage Sum Insured Accessory 2000 ♥ GST Registered Information GST Registered GST Registration Date No GST Registration No. GST Status Verified Yes **Modification History** ♥ Policyholder Mailing Address BLK 115 #06-110 BEDOK RESERVOIR ROAD SINGAPORE 470115 Address 4 Address Type Post Code Singapore address 470115 Unit No. Related Policy Number 5088914475-02 ♥ OI Driver Info Main Driver Driver Name LIM NGAK YONG Driver Type Driver DOB Unnamed driver Name Driver NRIC S1428881C 07/10/1960 Register Date of Driver License Driver Age Driving Experience 10 08/06/2009 Contact No./Home) Contact No.(Mobile) 94576546 Contact No.(Office) Address 1 Address 2 BEDOK RESERVOIR ROAD Address 3 BLK 115 #06-110 SINGAPORE 470115 Address 4 Address Type Singapore address Post Code 470115 Does he own a Singapore Registered car? Yes w No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? Any injury? Yes w No Modification History Claim 001 New OD-MX Insured LIM NGAK YONG 51428 Claim Type \* Contact No.(Mobile) 94576546 64493370 WILLIELIM@PAKRIGHT.COM.SG Vehicle SKQ1972T SLD68 0 Claim Description SKQ1972T / SLD6B18E ON 20 Sept 2019 Insured Liability Not at Fault Preferered Repair Preferred Workshop, Na Preferred Workshop Bonuick No. Yes Finalisation GIA Received Preferred Workshop, Name un Date 20/09/ 20/09/2019 14:30 Date Registered Report Taken By LIEW SHAN HUI

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♥ Attachment List

Attachment	Uplsaded By/Date	Category	9	Urgency	Description	
473.00E	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 14:31	NR3C/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-20	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 14:30	Photos		Normal	Photos 2019-9-20	
Video List						
	Uploaded By/Date Folder Date		File Name		Source	

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