



### 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	03/10/2019 16:56
Date Of Accident	03/10/2019 09:00
Exact Location Of Accident	NUS CARPARK NO:10 OPEN CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8127U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE SIEW CHIOW
NRIC No	S1531357I
Email Address	SUSANLEE8155@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97808155
Alternative Phone No	OTHERS-97808155

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGHROOF
Exact Purpose for which vehicle was being used at time of accident	GOING FOR MEDICAL CHECK UP
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106430223
Cover Note Number	

#### Driver

Name of Driver	LEE SIEW CHIOW
NRIC No	S1531357I
Date Of Birth	14/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97808155
Fax Number	
Contact Number	OTHERS-97808155
Email Address	SUSANLEE8155@GMAIL.COM

Address	BLK 513 JURONG WEST STREET 52 #08-56
Postcode	640513
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:	FILE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM7831E
Vehicle Make/Model/Colour	NOT ACCURATE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOREIGN CHINA FAT LADY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

31/10/19

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

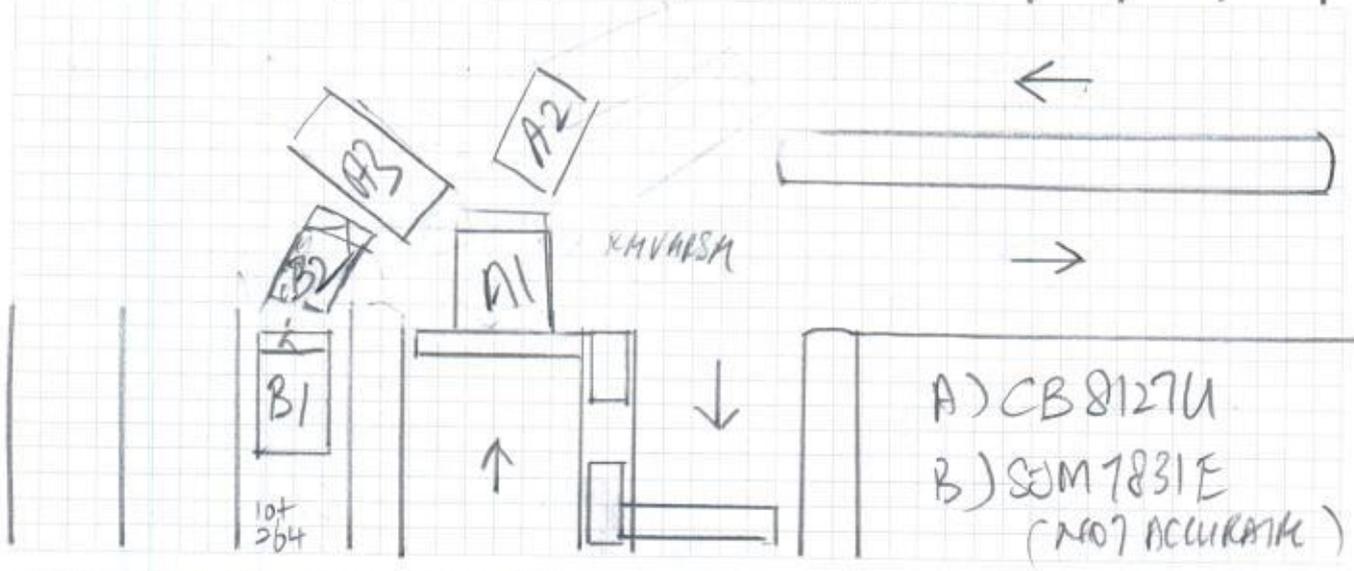
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN MUS CARPARK 10 OPEN CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I turn right but was on the wrong lane so I reverse but my vehicle was touch the barrier no way to go. When I want to turn left suddenly the red car come out from the parking lot (lot No: 264), she try to give way but the road is too narrow and she stop reverse and bang to my vehicle. After I park my car I saw her coming down and go back to her vehicle & drive off.

It is a red car. No: SJM 7831M (Not Accurate). Her vehicle no damage. Driver is a China Fat lady.

DECLARATION

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

Policyholder's Signature  
Date & Time:  
3/10/19 4:59pm

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

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

08/10/2019  
Kosa

**Claim Handling**

Accident MT/1065342

Policy No.	5106430223	Vehicle No.	CB8127U	GST Registration No.	
Certificate No.					
Policyholder Name	LEE SIEW CHOW			Policyholder NRIC	S1531357I
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97808155	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	04/10/2019 10:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/10/2019	Time of Accident Approx	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NUS CARPARK NO:10 OPEN CARPARK				

**Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 513 #05-56	Address 2	JURONG WEST STREET 52	Address 3	SINGAPORE 640513
Address 4		Address Type	Singapore address	Post Code	640513
Unit No.		Related Policy Number	5106430223		

**Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/09/1962
Unnamed driver Name	LEE SIEW CHOW	Driver NRIC	S1531357I	Driving Experience	39
Register Date of Driver License	12/03/1980	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	97808155	Contact No.(Office)		Address 3	SINGAPORE 640513
Address 1	BLK 513 #05-56	Address 2	JURONG WEST STREET 52	Post Code	640513
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	CB8127U	Driver Insurer Company	NTUC

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LEE SIEW CHOW	Insured NRIC	S1531357I	
Contact No.(Mobile)	97808155	Contact No.(Home)	65603730	Contact No.(Office)		
Email Address	LM19770213@YAHOO.COM.SG	Q1 Vehicle Number	CB8127U	TP Vehicle Number	SJM7831E(WOT ACCL)	
Claim Description	CB8127U ON 3 Oct 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Workshop No.		Preferred Repairer Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	07/10/2019 11:17	Claim Close Date		Date Received	04/10/2019 00:00	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		

Print AK letter

**Attachment**

Accident No.	MT/1065342	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/10/2019 11:18

Choose File	Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Oct 2019 11:18	Photos	Normal	Photos 2019-10-7	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Oct 2019 11:18	Photos	Normal	Photos 2019-10-7	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Oct 2019 11:18	Photos	Normal	Photos 2019-10-7	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Oct 2019 11:18	Photos		Normal	Photos 2019-10-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Oct 2019 11:18	Photos		Normal	Photos 2019-10-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Oct 2019 11:18	Photos		Normal	Photos 2019-10-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Oct 2019 11:18	Photos		Normal	Photos 2019-10-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Oct 2019 11:18	Photos		Normal	Photos 2019-10-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Oct 2019 11:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Oct 2019 11:18	SAS		Normal	SAS 2019-10-7

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"/>

# ACCIDENT STATEMENT

ACCIDENT DATE: (08/10/2019) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: NUS CAR PARK 10 OPEN CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB8127U
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5106430223
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Toyota High Roof
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Medical check up
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) If third party claim will fight for the case

## 2. INSURED / POLICY HOLDER

- A) NAME: LEE SIEW CHOW (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S15313572 CONTACT: 97808151
- C) ADDRESS: Blk 513 Jurong West St 53 #02-56  
Singapore 640513

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

### DRIVER

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

\* d) DATE OF BIRTH: (14/9/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2/3/1980

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Sunny

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 (No accurate)

- a) VEHICLE NUMBER: SJM 7831E MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: Foreign China Fat lady
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email = Susanlee Sitt@gmail.com

VIDEO



## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/10/2019 16:24"/>
Vehicle No.(For Motor)	<input type="text" value="CB8127U"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S106430223		LEE SIEW CHIOU	S15313571	GBS	Comprehensive	CB8127U	CB8127U	28/12/2018	27/12/2019

Continue