

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	07/11/2019 15:17
Date Of Accident	07/11/2019 13:50
Exact Location Of Accident	BOSS HOTEL LOBBY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE1574Y
Insured/Policyholder	
Name Of Registered Owner	YEOH SAN SAN
NRIC No	S1343792J
Email Address	SUZANNAYEOH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-87980962
Alternative Phone No	OTHERS-87980962

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5108327103
Cover Note Number	

Driver

Name of Driver	YEOH SAN SAN
NRIC No	S1343792J
Date Of Birth	14/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87980962
Fax Number	
Contact Number	OTHERS-87980962
Email Address	SUZANNAYEOH@YAHOO.COM

Address	BLK 6 HAIG ROAD #08-447
Postcode	430006
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 - OPENING DOOR OF VEHICLE
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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER 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 SKETCH PLAN

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	SLU9747S
Vehicle Make/Model/Colour	TOYOTA C-HR
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**.
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. 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.
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: 7/11/2019

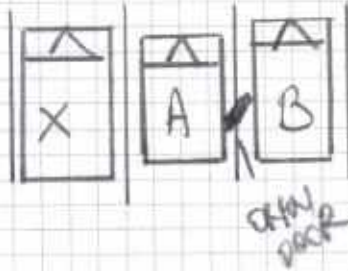
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BOSS HOTEL LOBBY CARPARK

A) SKE 1574Y

B) SLU 9747S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7/11/2019 @ 13:47 HRS I WERE DRIVING MY CAR SKE 1574Y INTO BOSS HOTEL LOBBY CARPARK. THERE ARE 3 LOTS FIRST LEFT LOT OCCUPIED RIGHT LOT OCCUPIED BY SLU 9747S SO I TURNED INTO THE CENTRE LOT AND PARKED MY CAR. BEFORE I CAN GET DOWN MY CAR I HEARD A LOUD BANG AND REALISED THE BACK PASSENGER OF SLU 9747S OPENED THE BACK PASSENGER LEFT SIDE DOOR AND HUNGED INTO MY CAR BACK PASSENGER RIGHT SIDE DOOR. DAMAGE TO MY CAR WERE SCRATCHES AND A BENT ON MY BACK PASSENGER RIGHT SIDE DOOR.

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: 7/11/2019

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

ACCIDENT STATEMENT

ACCIDENT DATE: (07/11/2019) (DD/MM/YYYY), TIME: (13:49) (HH:MM)

LOCATION: BOSS HOTEL LOBBY CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 1574 Y
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5108327103
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HYUNDAI / ELANTRA
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: YEON SAN SAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1343792J CONTACT: 87980962
 c) ADDRESS: 6 HAIG ROAD # 08-447 (+30006)

* 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: (14/10/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3/01/1984

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
 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: SLV 9741S MODEL: TOYOTA CHR
 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 = suzannayeh@yahoo.com

VIDEO

Claim Handling

Accident MT/1070397

Policy No.	5106327103	Vehicle No.	SKE1574Y	GST Registrati
Certificate No.				
Policyholder Name	YECH SAN SAN			Policyholder hi
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87980962	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	07/11/2019 15:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/11/2019	Time of Accident hh:mm	13:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	HOTEL BOSS LOBBY CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 6 #08-447	Address 2	HAIG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106327103	

▼ OI Driver Info

Driver Name	YECH SAN SAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1343792J	Driver DOB
Register Date of Driver License	01/06/1988	Driver Age	60	Driving Experi
Contact No.(Mobile)	87980962	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 6 #08-447	Address 2	HAIG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKE1574Y	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	--

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			
Date Registered						07/11/2019 16:34
Report Taken By						ROSLI WAHAB

Print AK letter

OD-MX	Insured Name	YES
96682180	Contact No. (Home)	NIL
js552180@singnet.com.sg	OI Vehicle Number	SKI

SKE1574Y / SLU9747S ON 6 Nov 2019

Claim Close Date

Attachment

Accident No. MT/1070397 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 07/11/2019 16:35

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 Category *

Confider

NO

 Category *

NO

 Category *

NO

 Category *

NO

 Category *

NO

 Category *

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:35	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:35	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:35	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:35	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:35	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:34	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:34	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:34	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:34	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:34	NRIC/ Driving License	Y	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2019 16:34	SAS	Normal	S

Video List

Uploaded By/Date

Folder Date

File Name



Hello, NAC_BUKIT_MERAH_800676

[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="07/11/2019 16:45"/>
Vehicle No. (For Motor)	<input type="text" value="SKE1574Y"/>	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 checked="" type="radio"/>	5108327103		YEOH SAN SAN	S1343792J	GPC	drive CLASSIC	SKE1574Y	SKE1574Y	22/03/2019	21/03/2020