

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	22/11/2019 16:46
Date Of Accident	21/11/2019 18:15
Exact Location Of Accident	EUNOS RD 8 JUNC WITH EUNOS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4027J
Insured/Policyholder	
Name Of Registered Owner	KOH CHEE MENG
NRIC No	S8805092D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82017816
Alternative Phone No	OFFICE-82017816

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110049114
Cover Note Number	

Driver

Name of Driver	KOH CHEE WEI (XU ZHIWEI)
NRIC No	S9212986A
Date Of Birth	08/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86834898
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 249 YISHUN AVE 9 #05-191
Postcode	760249
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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 TRAVELING ALONG EUNOS RD 8 WHILE APPROACHING JUNC WITH EUNOS AVE 5 ON THE LEFT LANE, SUDDENLY VEH B FROM THE RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

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	SMD7206C
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.:

Eunos Ave 5

A = SJR 4027
B = SMD 7206

Eunos Rd 8

B = SMD 7206C

Eunos Rel 8

Please Refer to Statement

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


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. 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="radio"/>	5110049114		KOH CHEE MENG	S8805092D	GPC	Third Party	SJR4027J	SJR4027J	31/05/2019	30/05/2020

Claim Handling

Accident MT/1072586

Policy No.	S110049114	Vehicle No.	SJR4027J	GST Registration No.	
Certificate No.					
Policyholder Name	KOH CHEE MENG			Policyholder NRIC	S8805092D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82017816	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No - Yes	TCA	No - Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	22/11/2019 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	21/11/2019	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUNOS RD 8 JUNC WITH BUNOS AVE 5				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	500.00	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 274A #15-810	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 821274
Address 4		Address Type	Singapore address	Post Code	821274
Unit No.		Related Policy Number	S101529350-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/04/1992
Unnamed driver Name	KOH CHEE WEI (AU ZHIWEI)	Driver NRIC	S9212985A	Driving Experience	6
Register Date of Driver License	07/02/2013	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	86834898	Contact No.(Office)		Address 3	YISHUN SUNSHINE
Address 1	BLK 249 #05-191	Address 2	YISHUN AVENUE 9	Address 3	YISHUN SUNSHINE
Address 4	SINGAPORE 760249	Address Type	Singapore address	Post Code	760249
Unit No.	05-191				
Does he own a Singapore registered car?	Yes - No	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	KOH CHEE MENG	Insured NRIC	S8805092D
Contact No.(Mobile)	82017816	Contact No.(Home)		Contact No.(Office)	
Email Address	chee88meng@hotmail.com	OI Vehicle Number	SJR4027J	TP Vehicle Number	SMD72
Claim Description	SJR4027J / SMD7206C ON 21 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	22/11/2019 17:11
Report Taken By				Date Received	22/11/2019

Print AK letter

Save Submit

Attachment

Accident No.	MT/1072586	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/11/2019 17:13
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:13	SAS		Normal	SAS 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:13	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:12	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:12	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:12	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:12	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:12	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:12	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:12	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:11	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:11	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:11	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:11	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:11	Photos		Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Nov 2019 17:11	Photos		Normal	Photos 2019-11-22	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
		Display in New Window	Scan and uploading			