



## 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	26/11/2019 17:23
Date Of Accident	26/11/2019 09:30
Exact Location Of Accident	FRENCH RD JUNC WITH HORNE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7956R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK TING CHYE FRANKIE
NRIC No	S1432773H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87230233
Alternative Phone No	OFFICE-87230233

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107294329
Cover Note Number	

### Driver

Name of Driver	QUEK TING CHYE FRANKIE
NRIC No	S1432773H
Date Of Birth	25/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87230233
Fax Number	
Contact Number	OFFICE-87230233
Email Address	NOEMAIL

Address	BLK 653 SENJA LINK #07-28
Postcode	670653
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 - MAJOR/MINOR RD
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)	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 STOP AT THE FRENCH RD TO CHECK ON THE TRAFFIC COMING FROM THE MAIN ROAD, WHEN THE TRAFFIC WAS CLEAR, I CROSS THE JUNC TOWARDS PENHAS RD, SUDDENLY THE TAXI COME FROM MY LEFT SIDE AND HIT ONTO MY VEH 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	SHA1871X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO CHENG KIEW
NRIC/Passport Number	S1113058E
Contact Number	91995038
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

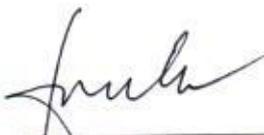
## SKETCH PLAN

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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:

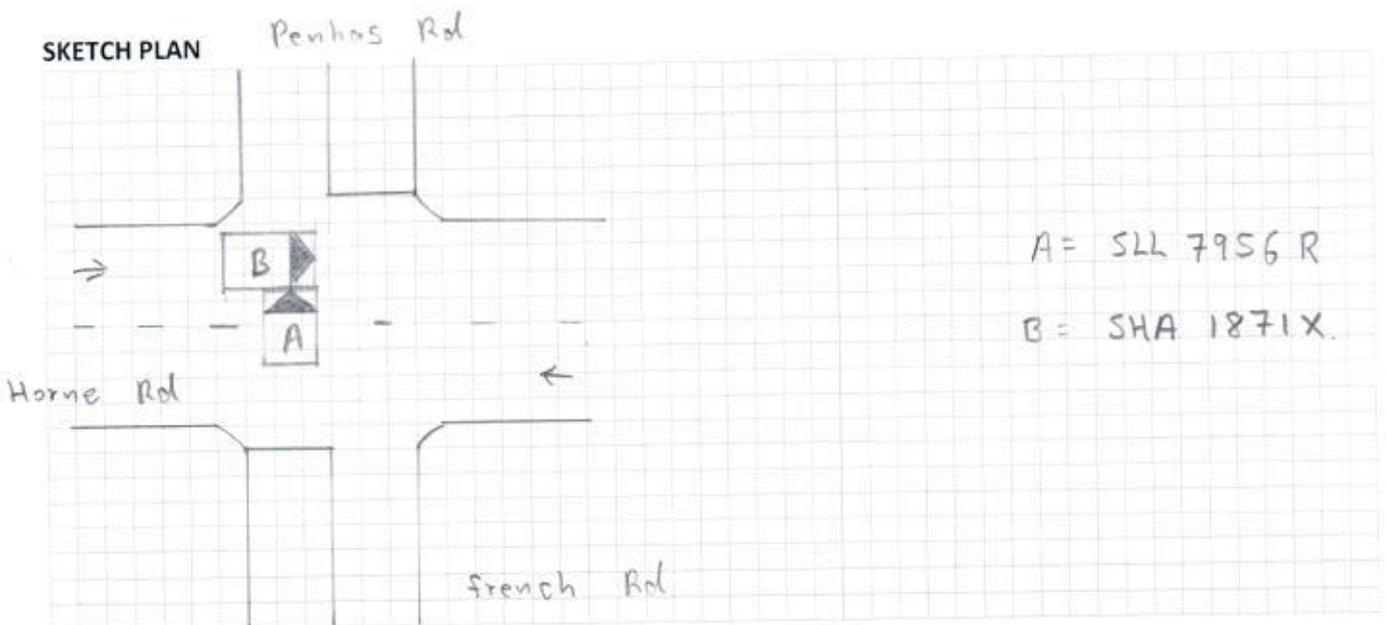
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN

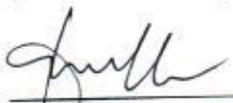


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107294329		QUEK TING CHYE FRANKIE	S1432773H	GPC	drivo CLASSIC	SLL7956R	SLL7956R	28/01/2019	09/03/2020

Continue

**Claim Handling**

Accident MT/1073186

Policy No.	5107294329	Vehicle No.	SLL7956R	GST Registration No.	
Certificate No.				Policyholder NRIC	S1432773H
Policyholder Name	QUEK TING CHYE FRANKIE	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	87230233	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Exemption(%)	0	Private Hire	Yes
NCD Protection	No				

**Accident Details**

Report Date	27/11/2019 09:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	26/11/2019	Time of Accident (h:mm)	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FRENCH RD JUNC WITH HORNE RD				

**Total Excess Applicable**

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

**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 653 #07-28	Address 2	SENIA LINK	Address 3	SINGAPORE 670653
Address 4		Address Type	Singapore address	Post Code	670653
Unit No.		Related Policy Number	5107294329		

**DI Driver Info**

Driver Name	QUEK TING CHYE FRANKIE	Driver Type	Main Driver	Driver DOB	25/09/1960
Unnamed driver Name		Driver NRIC	S1432773H	Driving Experience	3
Register Date of Driver License	21/12/2015	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	87230233	Contact No.(Office)		Address 3	SINGAPORE 670653
Address 1	BLK 653 #07-28	Address 2	SENIA LINK	Post Code	670653
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	QUEK TING CHYE FRANKIE	Insured NRIC	S1432773H
Contact No.(Mobile)	88530018	Contact No.(Home)	62199060	Contact No.(Office)	
Email Address	BACK25LXTY@GMAIL.COM	DI Vehicle Number	SLL7956R	TP Vehicle Number	SHA18
Claim Description	SLL7956R / SHA1871X ON 26 Nov 2019				
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	27/11/2019 09:11
Date Registered				Date Received	27/11/2019
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1073186	Claim No.	001
Last Doc. Received	Yes No	upload Date	27/11/2019 09:12
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
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:12	SAS		Normal	SAS 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:12	Photos		Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:12	Photos		Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:12	Photos		Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:12	Photos		Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:11	Photos		Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:11	Photos		Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:11	Photos		Normal	Photos 2019-11-27
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:11	Photos		Normal	Photos 2019-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Nov 2019 09:11	Photos		Normal	Photos 2019-11-27

Video List

Uploaded By/Date	Folder Date	File Name		Source
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