





## 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	29/11/2019 16:52
Date Of Accident	28/11/2019 19:00
Exact Location Of Accident	600 SERANGOON RD PARALLEL PARKING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9310B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	1ST SOLUTION GROUP PTE LTD
Co Reg No	201602498W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67437666

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER-1.6 D L2 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5103554262-01
Cover Note Number	

### Driver

Name of Driver	TENG TENG
NRIC No	G3311998X
Date Of Birth	01/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98556824
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 47 JALAN TIGA #13-42
Postcode	390047
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	WET

#### 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

MY VEH WAS PARKED AT THE 600 SERANGOON RD PARALLEL PARKING LOT. BEFORE I ALIGHTED FROM MY VEH, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B WAS PARKED BEHIND MY VEH, WHILE MOVING OFF FROM THE LOT, HIS VEH RIGHT FRONT HIT ONTO MY VEH REAR LEFT 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	SLU174D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	M SIVA BALAN
NRIC/Passport Number	S6927539G
Contact Number	98351231
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

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

# SKETCH PLAN

A = GBD 9310 B  
B = SLU 174 D

600 Serangoon Rd.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/11/2019 16:51"/>
Vehicle No.(For Motor)	<input type="text" value="GBD9310B"/>	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 type="radio"/>	5103554262-01		1ST SOLUTION GROUP PTE LTD	201602498W	GCV	Comprehensive	GBD9310B	GBD9310B	12/09/2019	11/09/2020



## Claim Handling

Accident MT/1073647

Policy No.	5103554262-01	Vehicle No.	GBD93108	GST Registration No.	
Certificate No.					
Policyholder Name	1ST SOLUTION GROUP PTE LTD				
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Policyholder NRIC	201602498W
Contact No.(Mobile)	67437666	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
				Private Hire	No

## Accident Details

Report Date	29/11/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	28/11/2019	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	600 SERANGOON RD PARALLEL PARKING				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	20/07/2016
GST Registration No.	201602498W	GST Status Verified	Yes
Modification History	29/11/2019 17:27:05 System changed GST Registered from No to Yes 29/11/2019 17:27:05 System changed GST Registration No. from null to 201602498W 29/11/2019 17:27:05 System changed GST Registration Date from null to 20/07/2016		

## Policyholder Mailing Address

Address 1	113 EUNOS AVENUE 3	Address 2	#02-14 GORDON INDUSTRIAL E	Address 3	SINGAPORE 409838
Address 4		Address Type	Singapore address	Post Code	409838
Unit No.	02-14	Related Policy Number	5103554262-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/01/1995
Unnamed driver Name	TENG TENG	Driver NRIC	G3311998X	Driving Experience	0
Register Date of Driver License	17/08/2019	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	98556824	Contact No.(Office)		Address 3	PINE GREEN
Address 1	BLK 47 #13-42	Address 2	JALAN TIGA	Post Code	390047
Address 4	SINGAPORE 390047	Address Type	Singapore address		
Unit No.	13-42				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-HX	Insured Name	1ST SOLUTION GROUP PTE LTD	Insured NRIC	201602498W
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	GBD93108	TP Vehicle Number	SLU174D
Claim Description	GBD93108 / SLU174D ON 28 Nov 2019				
Preferred Workshop	<input type="text" value="0"/>	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Finalisation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Workshop, Name unknown	CIA report	Received	
Date Registered		Report Taken By	LIEW SHAN HUI	Claim Close Date	29/11/2019

☒ Print AK letterSave Submit

## Attachment

Accident No.	MT/1073647	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	29/11/2019 17:29
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:29	SAS	Normal	SAS 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:29	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:29	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:29	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:28	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:28	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:28	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:28	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:28	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:28	Photos	Normal	Photos 2019-11-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:28	Photos	Normal	Photos 2019-11-29

Video List

Uploaded By/Date

Folder Date

File Name

Source

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