

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 15:22
Date Of Accident	29/11/2019 11:20
Exact Location Of Accident	PIE TWDS TUAS BEFORE KALLANG EXIT L/P 537
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4286Z
Insured/Policyholder	
Name Of Registered Owner	GOH ENG TECK
NRIC No	S1123378C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96219959
Alternative Phone No	OFFICE-96219959

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075929953-03
Cover Note Number	

Driver

Name of Driver	GOH THIAM HONG(WU TIANHONG)
NRIC No	S7737710G
Date Of Birth	24/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97941357
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 336C ANCHORVALE CRES #11-50
Postcode	543336
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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

I WAS TRAVELLING ALONG PIE TWDS TUAS BEFORE KALLANG EXIT (L/P 537), VEH INFRONT OF ME STOP. AS SUCH I FOLLOW TO STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR 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	GBA6132J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIN CHEE KEN
NRIC/Passport Number	S8157227E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH THIAM HONG(WU TIANHONG)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SML4286Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

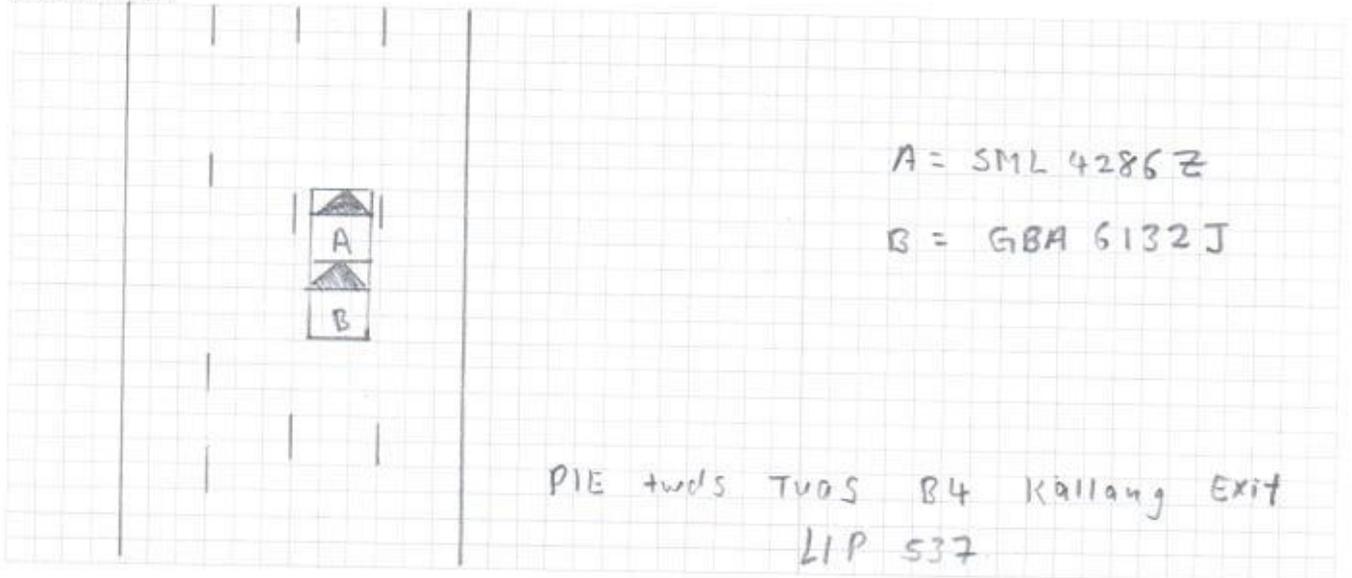


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



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

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident: 29/11/2019 15:21

Vehicle No.(For Motor) SML4286Z 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"/>	5075929953-03		GOH ENG TECK	S1123378C	GPC	Third Party	SML4286Z	SML4286Z	30/11/2018	29/11/2019

Continue

Claim Handling

Accident MT/1073621

Policy No.	5075929953-03	Vehicle No.	SML42862	GST Registration No.	
Certificate No.					
Policyholder Name	GOH ENG TECK			Policyholder NRIC	S1123379C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96219959	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private hire	No

Accident Details

Report Date	29/11/2019 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/11/2019	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TLJAS BEFORE KALLANG EXIT L/P 537				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	53 LENGKONG EMPAT	Address 2	#02-04 ESCADA VIEW	Address 3	SINGAPORE 417657
Address 4		Address Type	Singapore address	Post Code	417657
Unit No.		Related Policy Number	5075929953-04		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH THIAM HONG(WU TIANHUI)	Driver NRIC	S7737710G	Driver DOB	24/12/1977
Register Date of Driver License	23/03/1998	Driver Age	41	Driving Experience	21
Contact No.(Mobile)	97941357	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 336C #11-50	Address 2	ANCHORVALE CRESCENT	Address 3	ANCHORVALE COVE
Address 4	SINGAPORE 543336	Address Type	Singapore address	Post Code	543336
Unit No.	11-50				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GOH ENG TECK	Insured NRIC	S11233	
Contact No.(Mobile)	96219959	Contact No.(Home)	63461116	Contact No.(Office)		
Email Address	VICTOR_MOTOR_CREDIT@HOT	DI Vehicle Number	SML42862	TP Vehicle Number	GBA63	
Claim Description	SML42862 / GBA6132J ON 29 Nov 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Repair Option	Preferred	Preferred Workshop, Name unknown				
Date Registered	29/11/2019 16:13	Claim Close Date		Date Received	29/11/	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1073621	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	29/11/2019 16:14
Path *			
Choose File	No file chosen	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		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) e	29 Nov 2019 16:14	NRIC/ Driving License	Y	NRIC/ Driving License 2019-11-29	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 16:14	SAS	Normal	SAS 2019-11-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 16:13	Photos	Normal	Photos 2019-11-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 16:13	Photos	Normal	Photos 2019-11-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 16:13	Photos	Normal	Photos 2019-11-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 16:13	Photos	Normal	Photos 2019-11-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 16:13	Photos	Normal	Photos 2019-11-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 16:13	Photos	Normal	Photos 2019-11-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading