



## 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	02/12/2019 16:20
Date Of Accident	29/11/2019 19:00
Exact Location Of Accident	BALESTIER ROAD TWDS LAVENDER ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6788B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAYMOND MAIDS EMPLOYMENT AGENCY
Co Reg No	41900600A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93835256
Alternative Phone No	OFFICE-93835256
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076548087-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG KEK LANG
NRIC No	S1195362Z
Date Of Birth	15/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1975
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93835256
Fax Number	
Contact Number	
E Mail Address	SINGWAH7@GMAIL.COM

Address 356 ONAN ROAD  
 Postcode 424753  
 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 SIDE SWIPE  
 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? 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**

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 SKF3681C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number 91263645  
 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.

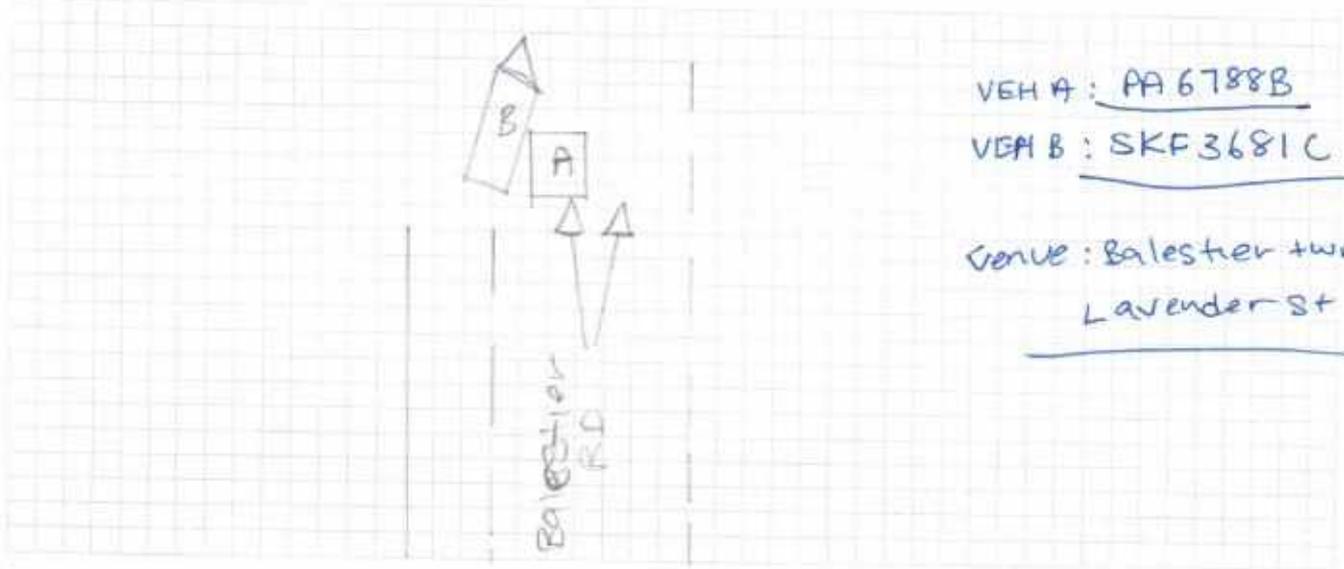
Raymond Maids Employment Agency  
818 Mountbatten Road #04-20  
Korong Shopping Centre, Singapore 178944  
Tel: 6349 0789 Fax: 6345 8888  
E-mail: rymaids@comnet.com.sg  
Company No: 9004149

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

I was travelling at the mention road. Suddenly veh B cut into my lane. I tried to brake but it was too late. result with the collision into each other. no one injured and no police report, it was a heavy traffic during the accident.

DECLARATION

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

Raymond Maids Employment Agency  
895 Macpherson Road #01-20A  
Raffles Shopping Centre, Singapore 437854  
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.:

**Claim Handling**

Accident MT/1074024

Policy No.	5076548067-03	Vehicle No.	PA6788B	GST Registrati
Certificate No.				
Policyholder Name	RAYMOND MAIDS EMPLOYMENT AGENCY			Policyholder NI
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93835256	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

**Accident Details**

Report Date	03/12/2019 10:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	19:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BALESTIER ROAD TWDS LAVENDER ST			

**Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Ex
Unearned Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	03/12/2019 10:59:58 System changed GST Registered from Yes to No 03/12/2019 10:59:58 System changed GST Registration No. from NA to null 03/12/2019 10:59:58 System changed GST Registration Date from 01/01/2015 to null		

**Policyholder Mailing Address**

Address 1	855 MOUNTBATTEN ROAD	Address 2	#06-20 KATONG SHOPPING CEI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-20	Related Policy Number	5076548067-04	

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NG KER LANG	Driver NRIC	S1195362Z	Driving Experi
Register Date of Driver License	25/11/1975	Driver Age	62	Contact No.(Hi
Contact No.(Mobile)	93835256	Contact No.(Office)		Contact No.(H
Address 1	359 # ONAN ROAD	Address 2	SINGAPORE 424753	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	PA6788B	Driver Insurer

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RA
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	PA6788B
Claim Description	PA6788B / SKF3681C ON 2 Dec 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contract No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			03/12/2019 11:02
			ROSLI WAHAB
<input type="checkbox"/> Print AK letter			

Save Submit

**Attachment**

Accident No.	MT/1074024	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/12/2019 11:03
Path *		Category *	Confidence
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:03	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:03	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:03	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:02	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:02	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:02	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:02	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:02	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:02	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 11:02	SAS	Normal	S	

Video List

Uploaded By/Date	Folder Date	File Name	
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Hello, NAC\_BUKIT\_MERAH\_800676

[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 checked="" type="checkbox"/>	5076548087-03		RAYMOND MAIDS EMPLOYMENT AGENCY	41900600A	GBS	Comprehensive	PA6788B	PA6788B	31/12/2018	30/12/2019

rsbm

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**From:** rsbm <rsbm@lkkauto.com>  
**Sent:** Friday, 6 December, 2019 10:40 AM  
**To:** 'Theresa Vimala D/O Balagangadharan'  
**Subject:** RE: Creation of MX for efilings made on 2 Dec (Not to pay)  
**Attachments:** PA6788B\_29112019.PDF

Hi thanks for the email but the owner only come on 02/12/2019 and the ebao done the next working day 03/12/2019 its not late thanks.

Thanks & Best Regards,  
**ROSLI WAHAB**  
NACS Bukit Merah  
Tel: 6898 0055  
Fax: 6271 8802  
Email: [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)

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**From:** Theresa Vimala D/O Balagangadharan [<mailto:thrsvim.bala@income.com.sg>]  
**Sent:** Thursday, 5 December, 2019 5:00 PM  
**To:** LKK Bukit Merah  
**Cc:** Clement Ng; Desmond Foo Guo Hui; Patrick Tan Teck Boon; Clarence Richard Anthony  
**Subject:** Creation of MX for efilings made on 2 Dec (Not to pay)

Dear Sir/Mdm,

We will not be paying the following reporting fee as the claim file was not submitted in our system.

We have registered them in our system after 2 working days, so please do not submit the case(s) to our system anymore.

No.	CASE REFERENCE	DOA	EFILE DATE	VEH/NO	REPORTING C
1	MNA419158918	29/11/2019 19:00	2/12/2019 16:29	PA6788B	National Assessment Cen Merah)

As our Accident Reporting Centre, we require you to create the claim file on eBao-GCS by the next working day, after submitting the e-filing at Merimen system.

The reporting fees will be paid on case basis after you have registered the claims at both systems & uploaded the GIA report and photos at our system.

With effect from 1<sup>st</sup> Sep 2011, we will only pay the Reporting Fees if and only if:

- the claim is registered in both systems by the next working day;
- GIA report &/or photos is uploaded to our system.

Meanwhile, if you have any problem using our new claims system, please contact my colleagues for assistance:

- Patrick Tan ([patrick.tan@income.com.sg](mailto:patrick.tan@income.com.sg))
- Clarence Anthony ([clarence.anthony@income.com.sg](mailto:clarence.anthony@income.com.sg))

With Regards

**Theresa Vimala**  
Senior Administrator  
Operations, Motor & Personal Lines (PL)  
T +65 6430 7898  
[www.income.com.sg](http://www.income.com.sg)

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made different



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**in** with you

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