





## 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	17/12/2019 15:22
Date Of Accident	09/12/2019 20:15
Exact Location Of Accident	BLK 11A BOON TIONG RD MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3712P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIEW IY
NRIC No	S1846807G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98807556
Alternative Phone No	OFFICE-98807556

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR 1.2 TURBO ACTIVE (AUTO)
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110642544
Cover Note Number	

### Driver

Name of Driver	LIM AH HO
NRIC No	S1071744B
Date Of Birth	29/06/1948
Occupation	INDOOR
Date Of Driving Pass	24/05/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96643774
Fax Number	
Contact Number	OFFICE-96643774
EMail Address	NOEMAIL

Address	BLK 59 ENG HOON STREET #02-69
Postcode	160059
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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

ON STATED DATE AND TIME, WHILE I EXIT FROM THE CARPARK LOT AND ACCIDENTALLY SLIGHTLY HIT ONTO VEHICLE B 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	EU128X
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)	0



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

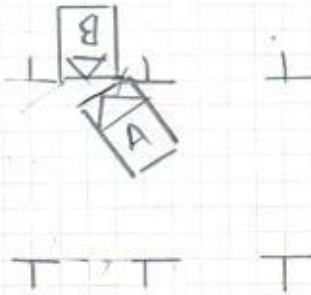
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## SKETCH PLAN

B11c 11A Boon Tong Rd  
Multi-story carpark

A: SMC3712P  
B: EM128X



## 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.:

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/12/2019 15:12"/>							
Vehicle No. (For Motor)	<input type="text" value="SMC3712P"/>	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
*	5110642344		LIM SIEW EY	S1846807G	GPC	drive CLASSIC	SMC3712P	SMC3712P	29/06/2019	28/06/2020
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5110642544	Policyholder Name	LIM SIEW JY	Policyholder NRIC	S1846807G
Certificate No.					
Address	BLK 59 #02-69 ENG HOON STREET TIONG BAHU ESTATE SINGAPORE 160059				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/06/2019	Effective Date	29/06/2019 00:00	Expiry Date	28/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	500
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 59 #02-69	Address 2	ENG HOON STREET	Address 3	TIONG BAHU ESTATE
Address 4	SINGAPORE 160059	Address Type	Singapore address	Post Code	160059
Unit No.	02-69	Related Policy Number	5110642544		

## Insured Object: SMC3712P

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)



## Claim Handling

Accident MT/1076178

Policy No.	3110642544	Vehicle No.	SMC3712P	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SIEW JY			Policyholder NRIC	S1846807G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	98927556	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	17/12/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/12/2019	Time of Accident (hh:mm)	20:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 11A BOON TONG RD MULTISTORY CARPARK				

## Total Excess Applicable

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

## Benefits

Coverage		Sum Insured	99999999.99
Transport Allowance			99999999.99
Excess Waiver			99999999.99

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 59 #02-69	Address 2	ENG HOON STREET	Address 3	TIONG BAHRU ESTATE
Address 4	SINGAPORE 160059	Address Type	Singapore address	Post Code	160059
Unit No.	02-69	Related Policy Number	3110642544		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM AH HO	Driver NRIC	S1071744B	Driver DOB	29/06/1948
Register Date of Driver License	24/05/2007	Driver Age	71	Driving Experience	12
Contact No.(Mobile)	98643774	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 59	Address 2	ENG HOON STREET	Address 3	TIONG BAHRU ESTATE
Address 4	SINGAPORE 160059	Address Type	Singapore address	Post Code	160059
Unit No.	02-69				
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	LIM SIEW JY	Insured NRIC	S1846807G
Contact No.(Mobile)	91127606	Contact No.(Office)		Contact No.(Home)	
Email Address	corni_in@ntstmail.com	Vehicle Number	SMC3712P	TP	EU128X
Claim Description	SMC3712P / EU128X ON 9 Dec 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered	17/12/2019 17:46	Claim Close Date		Date Received	17/12/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1076178	Claim No.	001
Last Occ. Received	Yes No	Upload Date	17/12/2019 17:47
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	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 17:47	SAS		Normal	SAS 2019-12-17	<a href="#">Edit</a>





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Photos

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Uploaded By/Data

Folder Date

File Name



Source

Action

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