



### 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	23/01/2020 17:22
Date Of Accident	22/01/2020 15:30
Exact Location Of Accident	ALONG FRAMAT ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD786P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GLANCE AUTO PTE LTD
Co Reg No	2XXXXX960H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84444744

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113212502
Cover Note Number	

#### Driver

Name of Driver	YUSUF KHAN S/O AHMAD KHAN
Work Permit No	SXXXX497G
Date Of Birth	01/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84444744
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 450A SENGKANG WEST WAY #14-329
Postcode	791450
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

REFER TO STATEMENT.

#### 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	SKK2077C
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)	

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/01/2020 (DD/MM/YYYY), TIME: 15:29 (HH:MM)

LOCATION: Along Kramat Road

1. DETAILS OF VEHICLE
- a) VEHICLE NUMBER: SED786P
  - b) INSURANCE COMPANY: NTUC
  - c) POLICY NUMBER: \_\_\_\_\_
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: TOYOTA WISH
  - f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
- a) NAME: Glance Auto Pte Ltd. (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: 201227960H CONTACT: \_\_\_\_\_
  - c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passenger  
(including driver)  
(01)

- DRIVER
- a) NAME: Yusuf Khan S/O Ahmad Khan (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: S83284979 CONTACT: 84444744
  - c) ADDRESS: 450A Sengkang West Way #14-329  
S(791450)

\*d) DATE OF BIRTH: 01/01/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## B. THIRD PARTY VEHICLE

\* No of passenger  
(including driver)  
(01) male

a) VEHICLE NUMBER: SFK2077C MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: 91383083

c) NRIC/FIN/PASSPORT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( )

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_

email =

fax =

photos:  
Jackson  
std folder

## 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

Vehicle A: SKD 786P

Vehicle B: SKK 2077C

(cuppage plaza)



(holiday Inn)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SKD 786P, was stationary on the stated venue as I was waiting for job. Suddenly, I felt an impact on my vehicle's rear portion. vehicle 'B', SKK 2077C, had moved off & collided onto my vehicle.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

*[Handwritten Signature]*

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113212502		GLANCE AUTO PTE LTD	201227960H	GPC	Third Party, Fire & Theft	SKD786P	SKD786P	08/10/2019	07/10/2020

**Claim Handling**

Accident MT/1081625

Policy No.	5113212502	Vehicle No.	SKD786P	GST Registration No.	
Certificate No.					
Policyholder Name	GLANCE AUTO PTE LTD			Policyholder NRIC	201227560H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	84444744	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	No	NCD Entitlement(%)	40	Private Hire	Yes

**Accident Details**

Report Date	23/01/2020 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/01/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PRAMAT ROAD				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	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	BLK 450A #14-329	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE CREST
Address 4	SINGAPORE 791450	Address Type	Singapore address	Post Code	791450
Unit No.		Related Policy Number	5113212502		

**OI Driver Info**

Driver Name	YUSUF KHAN S/O AHMAD KHAN	Driver Type	Main Driver	Driver DOB	01/08/1983
Unnamed driver Name		Driver NRIC	S8326497G	Driving Experience	7
Register Date of Driver License	09/10/2012	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	84444744	Contact No.(Office)		Address 3	FERNVALE CREST
Address 1	BLK 450A #14-329	Address 2	SENGKANG WEST WAY	Post Code	791450
Address 4	SINGAPORE 791450	Address Type	Singapore address		
Unit No.	14-329				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GLANCE AUTO PTE LTD	Insured NRIC	201227560H	
Contact No.(Mobile)	84444744	Contact No.(Home)		Contact No.(Office)		
Email Address		Vehicle Number	SKD786P	TP Vehicle Number	SKK20	
Claim Description	SKD786P / SKK3077C ON 22 Jan 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Repair Option	Preferred	Preferred Workshop, Name unknown				
Date Registered		Claim Close Date	23/01/2020 19:11	Date Received	23/01/2020	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1081625	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	23/01/2020 19:11

Path *	Category *	Confidential	Urgency *	Desci
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

**Attachment List**

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	SAS		Normal	SAS 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:11	Photos		Normal	Photos 2020-1-23

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
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