

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 15:50
Date Of Accident	23/01/2020 12:45
Exact Location Of Accident	BEDOK NORTH RD NEAR BEDOK NORTH MRT STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6130H
Insured/Policyholder	
Name Of Registered Owner	SWISS TECHNOLOGY ENGINEERING SINGAPORE PTE. LTD.
Co Reg No	2XXXXX258N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63844401

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110678517
Cover Note Number	

Driver

Name of Driver	KHAN KAMAL HOSSAIN
NRIC No	GXXXX362P
Date Of Birth	05/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94519230
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	25 KAKI BUKIT ROAD 4 #07-55
Postcode	417800
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	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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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	SKX1070J
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)	

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.



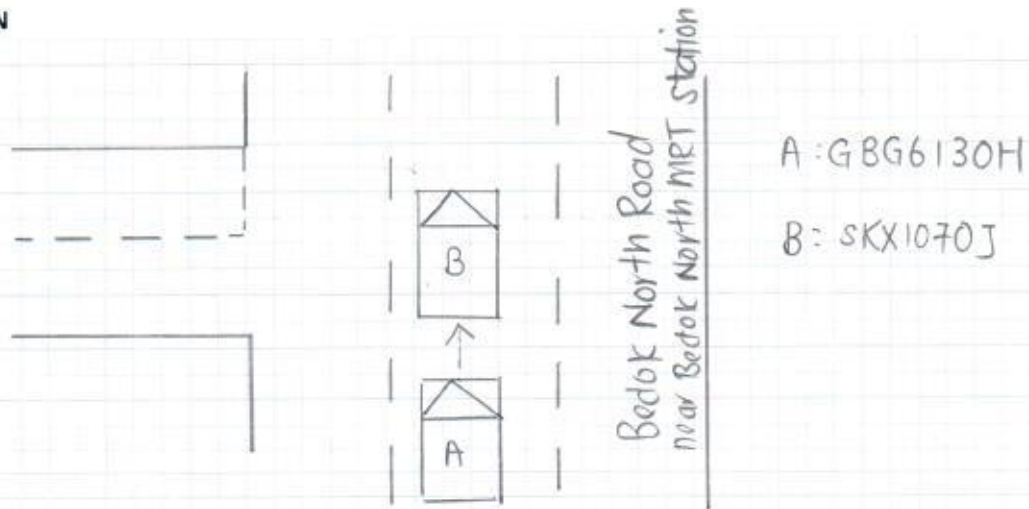
Policyholder's Signature
Date & Time:

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

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

9013

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bedok Reservoir Road turning into Bedok North Road. About 20m later, vehicles in front braked. I braked immediately but still hit onto the vehicle (SKX1070J).

There was 1 passenger in my vehicle and 1 passenger (male) in SKX1070J'S vehicle. No one was injured.

DECLARATION

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.	<input type="text"/>	Date of Accident	<input type="text" value="23/01/2020 15:48"/>
Vehicle No.(For Motor)	<input type="text" value="GBG6130H"/>	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"/>	5110678517		SWISS TECHNOLOGY ENGINEERING SINGAPORE PTE. LTD.	201300258N	GCV	Third Party	GBG6130H	GBG6130H	25/06/2019	19/06/2020

Claim Handling

Accident MT/1081627

Policy No.	5110678517	Vehicle No.	GBG6130H	GST Registration No.	
Certificate No.					
Policyholder Name	SWISS TECHNOLOGY ENGINEERING SINGAPORE PTE. LTD.			Policyholder NRIC	201300258H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	63844401	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	23/01/2020 19:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/01/2020	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH RD NEAR BEDOK NORTH MRT STATION				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	23/01/2020 19:23:11 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-55 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	07-55	Related Policy Number	5110678517		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/06/1982
Unnamed driver Name	KHAN KAMAL HOSSAIN	Driver NRIC	GXXXX362P	Driving Experience	0
Register Date of Driver License	19/06/2019	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	94519230	Contact No.(Office)		Address 3	SINGAPORE 417800
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-55 SYNERGY @ KB	Post Code	417800
Address 4		Address Type	Singapore address		
Unit No.	07-55				
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	SWISS TECHNOLOGY ENGINEER	Insured NRIC	201300258H		
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)			
Email Address		O1 Vehicle Number	GBG6130H	TP Vehicle Number	SKX10		
Claim Description	GBG6130H / SKX10701 ON 23 Jan 2020				Name of Preferred Workshop		
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	23/01/2020 19:23	Date Received	23/01/2020
Report Taken By	LEW SHAN HUI						

Print AK letter

Save Submit

Attachment

Accident No.	MT/1081627	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/01/2020 19:24
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	File
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	SAS		Normal	SAS 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 19:24	Photos		Normal	Photos 2020-1-23	

Video List

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