

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 17:46
Date Of Accident	22/01/2020 20:40
Exact Location Of Accident	KEPPEL CLUB REAR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4288R
Insured/Policyholder	
Name Of Registered Owner	NG YOOK YIN
NRIC No	SXXXX636H
Email Address	CHRIS.GANJK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91283029
Alternative Phone No	OTHERS-98188181

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	5113563353
Cover Note Number	

Driver

Name of Driver	GAN JOO KANG
NRIC No	SXXXX185B
Date Of Birth	21/11/1953
Occupation	INDOOR
Date Of Driving Pass	21/11/1973
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91283029
Fax Number	
Contact Number	OTHERS-98188181
Email Address	CHRIS.GANJK@GMAIL.COM

Address	BLK 114 DEPOT ROAD #02-1037
Postcode	100114
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	LIGHTING POOR
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?	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

PLEASE 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	GBB7906H
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHOO WEI LIANG
NRIC/Passport Number	
Contact Number	82331714
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.

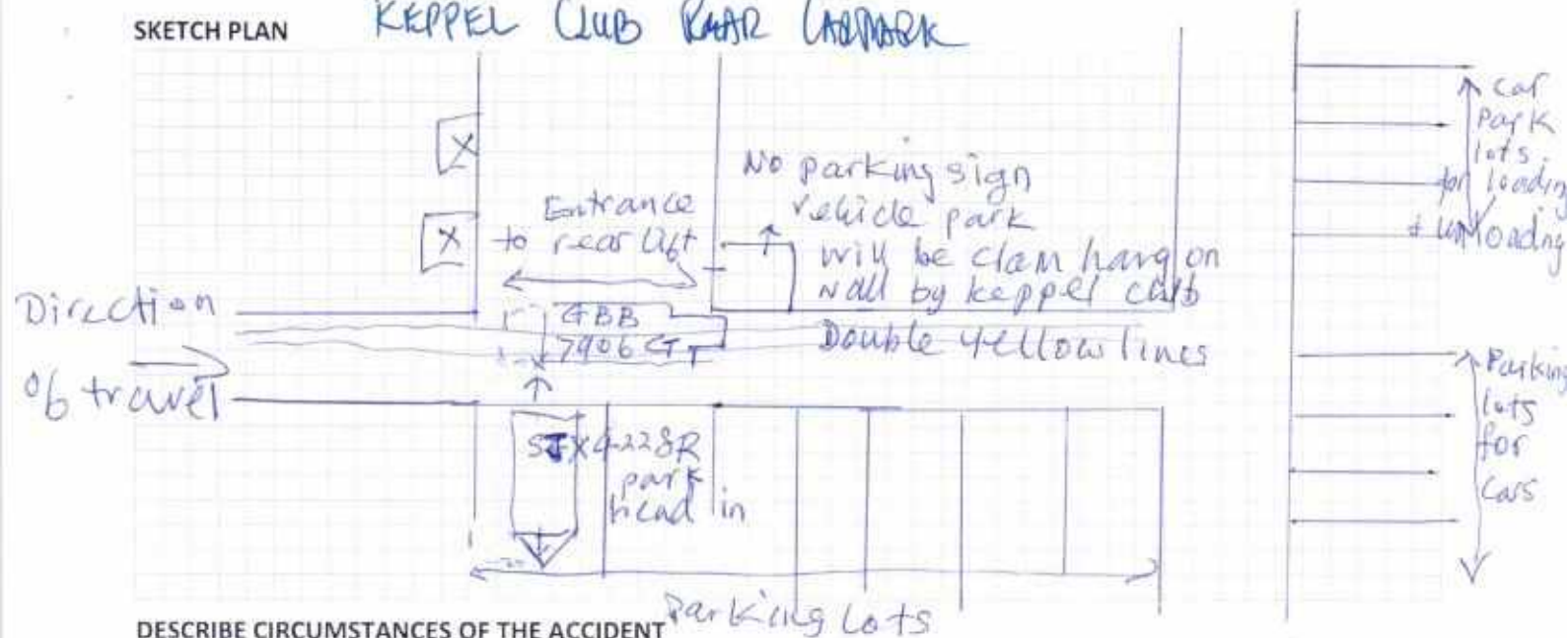
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

KEPPEL CLUB REAR CHANGING



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time of accident was approx 8:40pm on 22/01/2020 at Keppel Club rear parking lots. I was in my vehicle at approx 8:35pm for around 5 mins. The engine and headlights was on and I didn't notice any vehicle driving pass my vehicle. When I reverse out suddenly banging into the rear of Toyota Hiace GBB 7906 G. I don't know how the van parked there from nowhere. That was not designated parking lot for any vehicle instructed by the club. There's a sign on the wall stated not allowing any vehicle to park and for unloading and loading there's 3 designated lots just 30 metres away. I question the driver Choo Wei Liang and he played ignorance to the rules. I ask for his driving licence but the face on his licence is missing other than his name and data. I ask for his i.c. but he didn't want to show. I ask for his employer contact then he said the van belongs to his friend and later said the van was rental. The van was illegally parked there amiss with all the instruction sign to disallow parking also the van hazard lights was not even switch on. I am sceptical about this driver honesty whether his driving licence is genuine and also the ownership of this van whether this insurance is permitted for hire / reward or rental. The driver has no details of the van ownership or insurance coverage. The driver demanded from me

DECLARATION this afternoon at 3pm for \$200 for settlement and denial he is at fault too. The panel van has only a slight dent on the rear right near the the lights. There are also other visible scratches and dent which he admitted.

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: 23/01/2020
4:57pm

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
was there for sometime.
My vehicle STX 4228R left tail lights
is broken and damage to rear
bumper.

ACCIDENT STATEMENT

ACCIDENT DATE: 22/01/2028 (DD/MM/YYYY), TIME: Approx 8.40 (HHMM)
LOCATION: Keppel Club rear Car Park

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJX 4288 R
b) INSURANCE COMPANY: NTAC
c) POLICY NUMBER: GGH 208033229
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Vellfire
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: pleasure
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: NG YOOK YIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 2195636H CONTACT: 91283039
c) ADDRESS: Block 114 Depot Road #02-1037
(S) 100114

* CONTINUE TO 3d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Gan Joo Kang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S013918CB CONTACT: 98188181
c) ADDRESS: Block 114 Depot Road #02-1037
(S) 100114

* d) DATE OF BIRTH: 06/01/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Refined

f) DATE OF DRIVING PASS 21/11/1973

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBB 7906 G MODEL: Toyota Hiace

b) DRIVER'S NAME: CHOO WEI LIANG

c) NRIC/FIN/PASSPORT: CONTACT: 82331714

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

email: chris.ganjik@gmail.com
VIDEO

Claim Handling

Accident MT/1081668

Policy No.	5113563353	Vehicle No.	SJX4288R	GST Registrati
Certificate No.				
Policyholder Name	NG YOOK YIN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91283029	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	24/01/2020 10:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/01/2020	Time of Accident hh:mm	20:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	KEPPEL CLUB REAR CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
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			

▼ Policyholder Mailing Address

Address 1	BLK 114 #02-1037	Address 2	DEPOT ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113563353	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GAN JOO KANG	Driver NRIC	SXXXX385B	Driver DOB
Register Date of Driver License	21/11/1973	Driver Age	67	Driving Experi
Contact No.(Mobile)	98188181	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 114 #02-1037	Address 2	DEPOT ROAD	Address 3
Address 4	SINGAPORE 100114	Address Type	Foreign address	Post Code
Unit No.	02-1037			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJX4288R	Driver Insurer

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SJX4288R
Claim Description	SJX4288R / GBB7906G ON 22 Jan 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered	24/01/2020 10:38	GIA report	Received
Report Taken By	ROS LI WAHA8	Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No. MT/1081668 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 24/01/2020 10:39

Path *

Category *

Confider

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Please Select

NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 10:39	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 10:39	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 10:39	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 10:38	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 10:38	SAS	Normal	S

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[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="22/01/2020 16:59"/>							
Vehicle No. (For Motor)	<input type="text" value="SJX4288R"/>	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"/>	5113563353		NG YOOK YIN	S2195635H	GPC	Third Party	SJX4288R	SJX4288R	23/10/2019	13/06/2020