

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	24/01/2020 13:59
Date Of Accident	23/01/2020 09:30
Exact Location Of Accident	60 GUL LANE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9943J
Insured/Policyholder	
Name Of Registered Owner	FLASH LAUNDRY PTE LTD
Co Reg No	2XXXXX188W
Email Address	NICK@FLASHLAUNDRY.COM.SG
Mobile Phone No	(LOCAL) +65-91525744
Alternative Phone No	OFFICE-87198115

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	AFTER MEAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112476280
Cover Note Number	

Driver

Name of Driver	PEH CHIM THIAM
NRIC No	SXXXX554A
Date Of Birth	27/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91525744
Fax Number	
Contact Number	OTHERS-87198115
Email Address	NICK@FLASHLAUNDRY.COM.SG

Address	BLK 348 ANG MO KIO AVENUE 3 #06-2092
Postcode	560348
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	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	SCU7070E
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG
NRIC/Passport Number	
Contact Number	
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.

Policyholder's Signature
Date & Time:

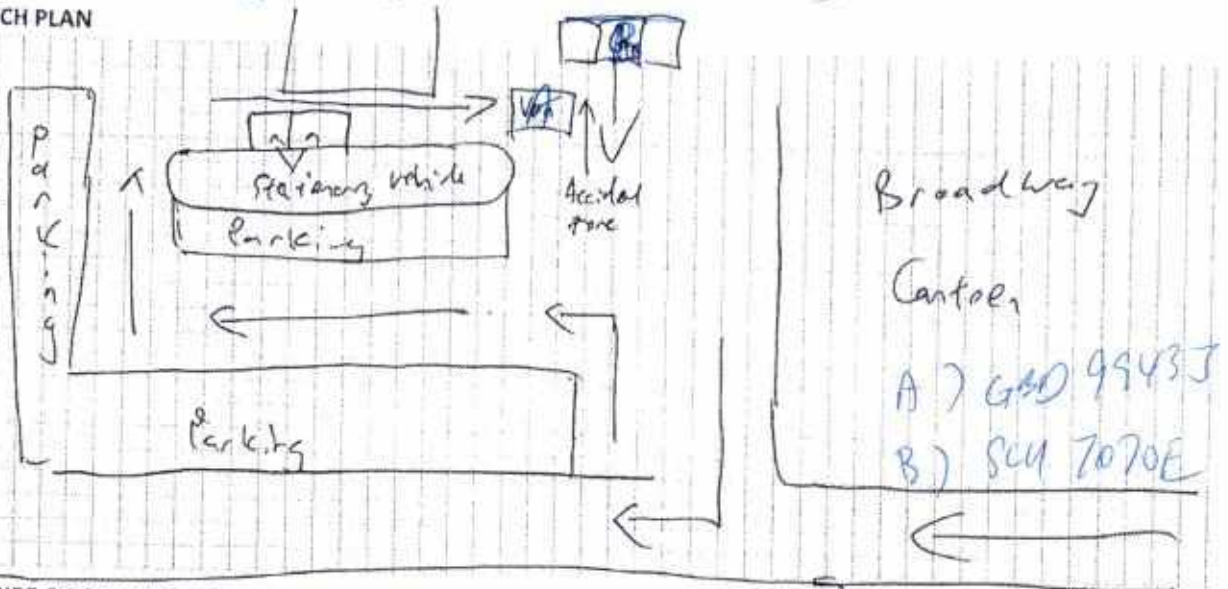


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Wong Jia Hui*
NRIC/FIN No.: *W001123456789*

600 GNC Lock (CHAMPK)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was eating the Canteen after my meal when I collided with SCU 7070E when he exit his Parking lot.

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.:



ACCIDENT STATEMENT

ACCIDENT DATE: 25/01/2020 (DD/MM/YYYY), TIME: 09:30 (HH:MM)

LOCATION: 60 Gul Lane (Carpark)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: G13 G 9943 J
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5112476280 - 000001
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hiace Toyota
f) TYPE: (SALOON / COUPE / MPV / CAN LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: After meal
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: Flah Laundry Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200506188W CONTACT: 91525744
c) ADDRESS: 10 Gul Link S(625380)

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Pol Chian Thian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 50180554A CONTACT: 8719 8115
c) ADDRESS: Blk 348 Ang Mo Kio Ave 3 #06-202
X5603481

* d) DATE OF BIRTH: 27/11/1948 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/09/1978

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

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SCU 7070 E MODEL: Mercedes Benz

b) DRIVER'S NAME: Ang

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
()

No of passengers
(including driver)
()

No of passengers
(including driver)
()

email: _____
VIDEO

Claim Handling

Accident MT/1081719

Policy No.	5112476280	Vehicle No.	GBG9943J	GST Registrat
Certificate No.	5112476280-000001			
Policyholder Name	FLASH LAUNDRY PTE LTD			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	91525744	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date:	24/01/2020 14:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident:	23/01/2020	Time of Accident hh:mm	09:30	Country of Acc
Reporting Centre		Orange Force		ICM No:
Accident Location	60 GUL LANE CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	16/0
GST Registration No.	200506188W	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1:	10 GUL LINK	Address 2:	SINGAPORE 629380	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112476280	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	PEH CHIM THIAM	Driver NRIC	SXXXX554A	Driving Exper
Register Date of Driver License	14/09/1978	Driver Age	70	Contact No.(Hi
Contact No.(Mobile)	87198115	Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.	06-2092			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBG9943J	Driver Insurer

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	FL
Contact No.(Mobile)	92214458	Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBG9943J / SCU7070E ON 23 Jan 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		24/01/2020 14:13	Claim Close Date
		ROSLI WAHAB	

Print AK letter

Attachment

Accident No.	MT1081719	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/01/2020 14:14

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

Choose File

No file chosen

Choose File

No file chosen

Message Read

Path *

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

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NO

Please Select

NO

Please Select

NO

Confider

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:14	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:14	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:14	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:14	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:14	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:13	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:13	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:13	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:13	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:13	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:13	NRIC/ Driving License	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 14:13	SAS	Normal

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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" value="5112476280"/>	Date of Accident	<input type="text" value="23/01/2020 13:57"/>							
Vehicle No. (For Motor)	<input type="text" value="GBG99431"/>	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 checked="" type="radio"/>	5112476280	5112476280-000001	FLASH LAUNDRY PTE LTD	200506188W	GFM	Preferred Workshop Plan	GBG99431	GBG99431	01/10/2019	30/09/2020
<input type="button" value="Continue"/>										