



## 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	08/02/2020 16:03
Date Of Accident	08/02/2020 12:50
Exact Location Of Accident	YISHUN PARK HAWKER CENTRE CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7652U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACK LIM ZHUAN JIE
NRIC No	SXXXX551B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96332220
Alternative Phone No	OFFICE-96332220

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	THIRD PARTY
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	5109212058
Cover Note Number	

### Driver

Name of Driver	JACK LIM ZHUAN JIE
NRIC No	SXXXX551B
Date Of Birth	24/07/1994
Occupation	INDOOR
Date Of Driving Pass	15/08/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96332220
Fax Number	
Contact Number	OFFICE-96332220
Email Address	NOEMAIL

Address BLK 636 YISHUN ST 61 #09-98  
 Postcode 760636  
 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 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) 2  
 Passenger 1 NAME: : JUNE TAN  
 GENDER: : FEMALE

**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**

I WAS TURNING INTO THE ENTRANCE OF YISHUN PARK HAWKER CENTRE, SUDDENLY VEH B REVERSING HIT ONTO MY VEH RIGHT HAND SIDE.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLC6924L  
 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

### 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. The 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 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:

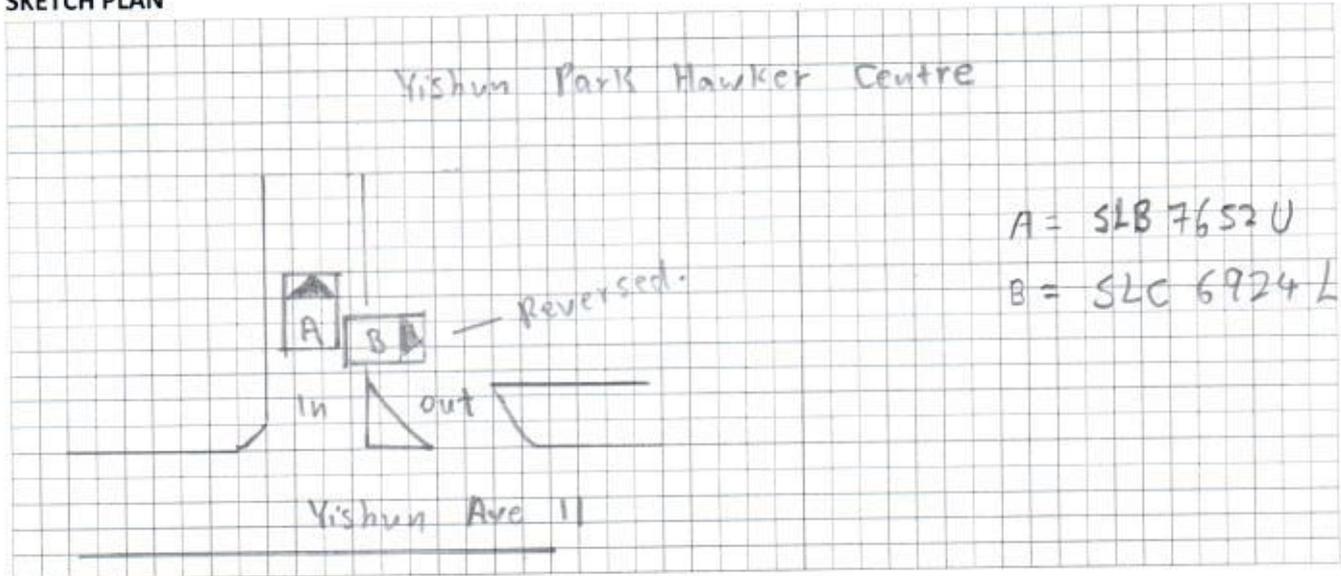
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



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.:

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="08/02/2020 16:00"/>
Vehicle No.(For Motor)	<input type="text" value="SLB7652U"/>	Certificate Number	<input type="text"/>

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"/>	5109212058		JACK LIM ZHUAN JIE	S9427551B	GPC	drivo CLASSIC	SLB7652U	SLB7652U	02/05/2019	01/05/2020

Continue

**Claim Handling**

Accident MT/1083561

Policy No.	5109212058	Vehicle No.	SLB7652U	GST Registration No.	
Certificate No.					
Policyholder Name	JACK LIM ZHUAN JIE	Cover Type	drive CLASSIC	Policyholder NRIC	S9427551B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96332220	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	08/02/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	08/02/2020	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN PARK HAWKER CENTRE CARPARK ENTRANCE				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	500				
Total OD Excess Applicable	1100.00	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 636 #09-98	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760636
Address 4		Address Type	Singapore address	Post Code	760636
Unit No.		Related Policy Number	5109212058		

**O1 Driver Info**

Driver Name	JACK LIM ZHUAN JIE	Driver Type	Main Driver	Driver DOB	24/07/1994
Unnamed driver Name		Driver NRIC	S9427551B	Driving Experience	5
Register Date of Driver License	15/08/2014	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	96332220	Contact No.(Office)		Address 3	SINGAPORE 760636
Address 1	BLK 636 #09-98	Address 2	YISHUN STREET 61	Post Code	760636
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-HX	Insured Name	JACK LIM ZHUAN JIE	Insured NRIC	S9427551B
Contact No.(Mobile)	96332220	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	JACKLIMZHUANJIE@GMAIL.COM	O1 Vehicle Number	SLB7652U	TP Vehicle Number	SLC69
Claim Description	SLB7652U / SLC6924L ON 8 Feb 2020				
Preferred Workshop Finalisation	0	Insured Liability	Not at Fault	GIA report	Received
Date Registered		Repair Option	Preferred Workshop, Name unknown	Claim Close Date	08/02/2020 16:35
Report Taken By	LEW SHAN HUI				

Print AK letter

Save Submit

**Attachment**

Accident No.	Claim No.	Upload Date	Category *	Confidential	Urgency *	Desc
MT/1083561	001	08/02/2020 16:36	Please Select	NO	Normal	
Last Doc. Received	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Please Select	NO	Normal	
Path *			Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Message Read			Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	SAS		Normal	SAS 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 16:35	Photos		Normal	Photos 2020-2-8

Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	--	--------