

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 | 02/03/2020 14:05 |
| Date Of Accident | 29/02/2020 18:00 |
| Exact Location Of Accident | AYE B4 ALEXANDRA EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMK5648L |
| Insured/Policyholder | |
| Name Of Registered Owner | IVAN LIM FANG WEI |
| NRIC No | SXXXX347A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91509864 |
| Alternative Phone No | OFFICE-91509864 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | SLK200 |
| 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 | 5108860050 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | IVAN LIM FANG WEI |
| NRIC No | SXXXX347A |
| Date Of Birth | 07/08/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/02/2018 |
| Driving Experience | 2 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91509864 |
| Fax Number | |
| Contact Number | OFFICE-91509864 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | BLK 58 HAVELOCK RD #06-168 |
| Postcode | 161058 |
| 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 | 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: : 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 TRAVELLING ALONG AYE BEFORE ALEXANDRA EXIT ON THE SECOND LANE, VEH INFRONT OF ME STOP, I ALSO APPLY MY BRAKE TO STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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 | SLM7833G |
| 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)

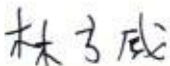
SKETCH PLAN

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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.:

A = SMK 5648 L

B = SLM 7833 G.

AYE 34 Alexandra Exit

Refer to statement

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

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Policy Query

| | | | | | | | | | | |
|---|---------------------------------------|--------------------|---|-------------------|---------|------------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="29/02/2020 14:02"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SMK5648L"/> | 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"/> | 5108860050 | | IVAN LIM FANG WEI | S8927347A | GPC | drivo CLASSIC | SMK5648L | SMK5648L | 15/04/2019 | 14/04/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Claim Handling

Accident MT/1086566

| | | | | | |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No. | 5108860050 | Vehicle No. | SMK5648L | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | IVAN LIM FANG WEI | | | Policyholder NRIC | S8927347A |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 91509864 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KPK | <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(%) | 10 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 02/03/2020 18:43 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 29/02/2020 | Time of Accident hh:mm | 18:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | AYE B4 ALEXANDRA EXIT | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 1,500.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 1500.00 | 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 128 #18-38 | Address 2 | BUKIT MERAH VIEW | Address 3 | BUKIT MERAH VIEW |
| Address 4 | SINGAPORE 150128 | Address Type | Singapore address | Post Code | 150128 |
| Unit No. | 18-38 | Related Policy Number | 5108860050 | | |
| OI Driver Info | | | | | |
| Driver Name | IVAN LIM FANG WEI | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S8927347A | Driver DOB | 07/08/1989 |
| Register Date of Driver License | 08/02/2018 | Driver Age | 30 | Driving Experience | 2 |
| Contact No.(Mobile) | 91509864 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 128 #18-38 | Address 2 | BUKIT MERAH VIEW | Address 3 | BUKIT MERAH VIEW |
| Address 4 | SINGAPORE 150128 | Address Type | Singapore address | Post Code | 150128 |
| Unit No. | 18-38 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| 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-MX | Insured Name | IVAN LIM FANG WEI | Insured NRIC | S8927347A | |
| Contact No.(Mobile) | 91509864 | Contact No.(Home) | | Contact No.(Office) | | |
| Email Address | | OI Vehicle Number | SMK5648L | TP Vehicle Number | SLM7833G | |
| Claim Description | SMK5648L / SLM7833G ON 29 Feb 2020 | | | | Name of Preferred Workshop | 0 |
| Preferred Workshop | 0 | Insured Liability | Not at fault | | | |
| Preferred Repair Option | Yes | Preferred Workshop, Name unknown | | GIA report | Received | |
| Date Registered | | Claim Close Date | 02/03/2020 18:44 | Date Received | 02/03/2020 | |
| Report Taken By: | LIEW SHAN HUI | | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | | |

Save Submit

Attachment

| | | | | | |
|------------------------|---|---------------|------------------|-----------|-------|
| Accident No. | MT/1086566 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 02/03/2020 18:45 | | |
| Path * | | | | | |
| Choose File | No file chosen | Category * | Confidential | Urgency * | Desci |
| 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 | | | | | |
| Attachment List | | | | | |

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