



### 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	06/03/2020 16:56
Date Of Accident	05/03/2020 21:15
Exact Location Of Accident	BLK 33 JLN BAHAGIA
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1199Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STORMVILLE
Co Reg No	5XXXX666K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97818596

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	THIRD PARTY
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	5081526888-03
Cover Note Number	

#### Driver

Name of Driver	TAN HAN KHIANG (CHEN HANQIANG)
NRIC No	SXXXX676A
Date Of Birth	28/03/1976
Occupation	INDOOR
Date Of Driving Pass	12/10/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97818596
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	73 BRIGHTON CRES
Postcode	559215
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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

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	GBA4209K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIEW SWEE KIAN
NRIC/Passport Number	SXXXX447A
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.



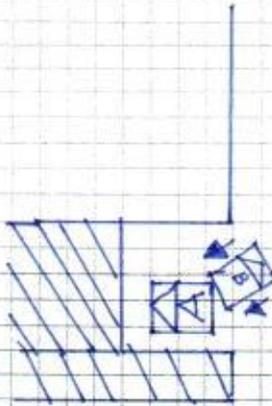
Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

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

SKETCH PLAN

Vehicle A: GBF 1199 Z  
Vehicle B: GBSH 4209 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was parked stationary on the stated venue. Suddenly I felt a impact from the rear portion of my stationary vehicle. I aight and realise that is vehicle B that collided onto my vehicle when reversing.

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.:

Date of Accident : 05/03/2020 Accident Time: 2115 (24-HR-Format)  
 Accident Place : Block 33 Jalan Bahagia  
 Vehicle No. (Car Plate No.) : G8F 1199Z Make/Model: Toyota Liteace  
 Insurance Company : NTUC Policy No: 5081526888-03  
 Owner or Company Name /IC No. : Stormville (53051666K)  
 Owner or Company Contact No. : 97818596 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Tan Han Kiang (S7608676A)  
 DRIVER'S Date Of Birth : 28/03/1976 DRIVER'S License Pass Date 12/10/2004  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : 73 Brighton Crescent S (559215)  
 DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>G8A 4209K</u>	Vehicle No: _____
Vehicle Make/Model: <u>Mercedes benz Vito</u>	Vehicle Make/Model: _____
Name Driver: <u>Liew Swee Kian</u>	Name Driver: _____
IC No. Driver/Contact: <u>S1333447A</u>	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081526888-03		STORMVILLE	53051666K	GCV	Comprehensive	GBF1199Z	GBF1199Z	29/06/2019	28/06/2020

Continue

**Claim Handling**

Accident MT/1087239

Policy No.	5081526888-03	Vehicle No.	GBF1199Z	GST Registration No.	
Certificate No.					
Policyholder Name	STORMVILLE	Policyholder NRIC	S3051666K		
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive		
Contact No.(Mobile)	97818596	Contact No.(Office)			
Email Address		Special Remark			
KfK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes		
NCD Protection	No	NCD Entitlement(%)	20		
eCode		<input type="text" value="No"/>			
eCode Reason					
Private Hire		No			

**Accident Details**

Report Date	06/03/2020 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	05/03/2020	Time of Accident hh:mm	21:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 33 JLN BAHAGIA				

**Total Excess Applicable**

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

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	73 BRIGHTON CRESCENT	Address 2	SERANGOON GARDEN ESTATE	Address 3	SINGAPORE 559215
Address 4		Address Type	Singapore address	Post Code	559215
Unit No.		Related Policy Number	5081526888-03		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HAN KHANG (CHEN HANQI)	Driver NRIC	S00XX676A		
Register Date of Driver License	12/10/2004	Driver Age	43		
Contact No.(Mobile)	97818596	Contact No.(Office)			
Address 1	73 BRIGHTON CRESCENT	Address 2	# SERANGOON GARDEN ESTATE	Address 3	SINGAPORE 559215
Address 4		Address Type	Singapore address	Post Code	559215
Unit No.					
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	STORMVILLE	Insured NRIC	S3051666K	
Contact No.(Mobile)	97818596	Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		OI Vehicle Number	GBF1199Z	TP Vehicle Number	GBA42	
Claim Description	GBF1199Z / GBA4209K ON 5 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Not at Fault			
Repair Option	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered	06/03/2020 17:19	Claim Close Date		Date Received	05/03/20	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1087239	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2020 17:20
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Mr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:20	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:20	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:20	SAS		Normal	SAS 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:20	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:20	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:20	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:19	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:19	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:19	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:19	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:19	Photos		Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2020 17:19	Photos		Normal	Photos 2020-3-6	

Video List

Uploaded By/Date	Folder Date	File Name		Source
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