

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	13/03/2020 09:54
Date Of Accident	12/03/2020 09:30
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3647L
Insured/Policyholder	
Name Of Registered Owner	HOON DAI CHUN
NRIC No	SXXXX326Z
Email Address	HOONDC@BBGR.COM.SG
Mobile Phone No	(LOCAL) +65-94501169
Alternative Phone No	OFFICE-64537527
Vehicle Particulars	
Manufacturer	BMW
Model	520i
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?	YES
If No, Please state action to be taken	
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	5105564793-01
Cover Note Number	
Driver	
Name of Driver	HOON DAI CHUN
NRIC No	SXXXX326Z
Date Of Birth	29/07/1954
Occupation	INDOOR
Date Of Driving Pass	11/12/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94501169
Fax Number	
Contact Number	OFFICE-64537527
Email Address	HOONDC@BBGR.COM.SG

Address	39B BARTLEY ROAD
Postcode	539778
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?	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	SKK2342L
Vehicle Make/Model/Colour	TOYOTA FORTUNER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP KAR (YAP JIA)
NRIC/Passport Number	SXXXX022B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SLU 3647 L
Veh B: SKK 2342 L

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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.:

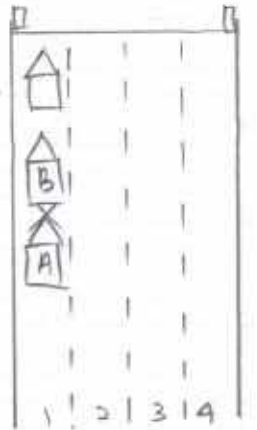
12/3/20 5:30 PM

18/03/2020
Resd. Libran

SKETCH PLAN

Veh A: SLV 3647L

Veh B: SKK 2342L



Balestier Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i was stationary along Balestier Road at traffic junction.
I turn to my back to take my belonging and accidentally push the fuel
pedal and cause my car moved forward hit onto rear of the vehicle B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

12/3/20 530 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/03/2020
Kosdi / MTHAR

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 12/3/20 *Time of Accident: 9.30am
*Accident Location: Robinson Rd.

Vehicle Details

*Vehicle Number: SL 3647 L *Make & Model: BMW 520i

Insured / Policyholder

*Owner Name: Hoon Der. Chuan *NRIC: S0069246Z
*Address: 39B Bartley Rd Singapore 539778
*Email: hooonder@bbqr.com.sg *HP: 84501169
*Occupation: Business / Director (Indoor / Outdoor) *Tel/H/Other: 64337527
(Office)

Driver

(✓) same as above
*Driver Name: _____ *NRIC: _____
*Address: _____
*Date of Birth: 29/7/1954 *Driving Pass Date: 1471 11/12/2008 HP: 84501169
*Email: _____ *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel/H/Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SKK 2342 L
Make & Model: Toyota Fortuna
Vehicle Category: _____
Name of Driver: Yap Ker (Yap Jia)
NRIC: S5724222B
HP: _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Unknown
Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC: _____
HP: _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident 987/1000145

Policy No.	SJ00664793-01	Vehicle No.	SLL19MAYL	GST Registration No.	
Certificate No.					
Policyholder Name	WONG DAT CHUN			Policyholder NRIC	SJ00664793
Product Code	PRIVATE CAR 1500RANGE	Driver Table	Group 1/2/3/4/5/6/7/8/9	Lead Ins	0
Contact No. (Mobile)	94501168	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		Website	<div>Yes</div>
KPI	<div>No</div> <div>Yes</div>	TPA	<div>No</div> <div>Yes</div>	eClaims Feature	
NCB Protection	No	NCB Endorsement(%)	0%	Private Hire	No
🔍 Accident Details					
Report Date	11/05/2020 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	11/05/2020	Time of Accident Min	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BALFORTH ROAD				
📋 Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
RED OD Excess	0.00	100 TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	2				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
🔍 Benefits					
Coverage			Sum Insured		
Excess Waiver			9000000.00		
🔍 GST Registered Information					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					

Policyholder Mailing Address

Address 1		Address 2		Address 3	
Address 4		Address Type		Post Code	
Unit No.		Related Policy Number		331779	
Q1 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unrelated driver Name		Driver NIC		40/07/1954	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		43	
Address 1		Address 2		Contact No.(Home)	
Address 4		Address Type		Address 3	
Unit No.		Singapore address		Post Code	
Does he own a Singapore Registered car?		Driver Vehicle No.		321778	
Yes - No		SU13475		Driver Insurer Company	
NTUC					
Declaration					
Breathalyzer or Blood Test Reading?		Any injury?		Yes - No	
Jump		Yes - No			
Modification History					

Claim 901 New

Claim Type *	<input type="text" value="CD-MR"/> <input type="text" value="Insured Name"/> <input type="text" value="RODRI GAI CHUN"/> <input type="text" value="Insured No. (LIC)"/> <input type="text" value="860683262"/>		
Contact No. (Mobile)	<input type="text" value="94501158"/> <input type="text" value="Contact No. (Home)"/> <input type="text" value="Contact No. (Office)"/> <input type="text" value="IT"/>		
Email Address	<input type="text" value=""/> <input type="text" value="OI"/> <input type="text" value="Vehicle Number"/> <input type="text" value="SLU2647L"/> <input type="text" value="Vehicle Number"/> <input type="text" value="3KK2347L"/>		
Claim Description	<input type="text" value="SLU1647L z 3KK2347L ON 12 Mar 2020"/> <input type="text" value="Name of Preferred Workshop"/> <input type="text" value="HUT BURE"/>		
Preferred Workshop	<input type="text" value="SUKKUMON"/> <input type="text" value="Insured Liability"/> <input type="text" value="Fully at Fault"/>		
Excluded No. Production	<input type="text" value="YES"/> <input type="text" value="Excluded No. Repair Option"/> <input type="text" value="Preferred Workshop (refer below)"/> <input type="text" value="GIA report"/> <input type="text" value="Received"/>		
Date Registered	<input type="text" value="13/03/2020 17:46"/> <input type="text" value="Claim Date"/> <input type="text" value="Date Received"/> <input type="text" value="13/03/2020 00:00"/>		
Report Taken By	<input type="text" value="BDS(1) WANAB"/>		
<input checked="" type="checkbox"/> Print AA letter			

Abstract: The purpose of this study was to determine the effect of a 12-week training program on the physical fitness of 10-year-old children. The study was conducted in a primary school in the city of Ankara, Turkey. The children were divided into two groups: a control group and an experimental group. The experimental group participated in a 12-week training program that included aerobic, strength, and flexibility exercises. The physical fitness of the children was measured at the beginning and end of the training program using a series of tests. The results of the study showed that the experimental group had significantly higher levels of physical fitness than the control group at the end of the training program. The study suggests that a 12-week training program can improve the physical fitness of 10-year-old children.

Appoint No. Last Doc. Received	R1/2020-1-10 Yes No	Claim No. Upload Date	001 13/03/2020 17:22
-----------------------------------	------------------------	--------------------------	-------------------------

Category *	Confidential	Legacy *	Description *
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> <input type="text" value="NO"/>	<input type="button" value="Clear"/> <input type="text" value="Normal"/>	<input type="text"/>

Attachment	Uploaded By/Date	Category	Priority	Description	Msg Sent / (C/S)	Action
	NAC_BUKIT_MERAH_000676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Mar 2020 17:22	Photos	Normal	Photos 2020-3-12		<input type="button" value="Edit"/>
	NAC_BUKIT_MERAH_000676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Mar 2020 17:22	Photos	Normal	Photos 2020-3-12		<input type="button" value="Edit"/>
	NAC_BUKIT_MERAH_000676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 12 Mar 2020 17:22	Photos	Normal	Photos 2020-3-12		<input type="button" value="Edit"/>

S (BUKIT MERAH)) on 12 Mar 2020 17:22

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:22

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:20

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:20

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:20

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:20

Photos

Normal

Photos 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:20

NRIC/ Driving License

1

Normal

NRIC/ Driving License 2020-3-13

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 13 Mar 2020 17:20

SAS

Normal

SAS 2020-3-13

Edit

Video List

Uploaded By/Date

File Date

File Name

Source

Action

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="12/03/2020 09:53"/>
Vehicle No.(For Motor)	<input type="text" value="SLU3647L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	\$105564793-01		HOON DAI CHUN	S0069326Z	GPC	drive PREMIUM	SLU3647L	SLU3647L	09/12/2019	08/12/2020

Chief Executive