





## 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	27/03/2020 13:47
Date Of Accident	27/03/2020 11:00
Exact Location Of Accident	DEFU LANE 9 OPPOSITE NO 44
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG1111Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HUAT POH
NRIC No	SXXXX369G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90051011
Alternative Phone No	OFFICE-90051011

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	REPORTING ONLY
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	5085344944-03
Cover Note Number	

### Driver

Name of Driver	TAN HUAT POH
NRIC No	SXXXX369G
Date Of Birth	12/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1982
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90051011
Fax Number	
Contact Number	OFFICE-90051011
Email Address	NOEMAIL

Address	BLK 622 HOUGANG AVE 8 #01-218
Postcode	530622
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	COLLIDED INTO PARKED VEHICLE
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

I REVERSING TO PARKED INTO A PARALLEL LOT. MY VEH ACCIDENTALLY TOUCH ONTO VEH B FRONT LEFT PORTION. NO DAMAGE TO OUR BOTH VEH.

#### 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	SKG2071P
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

A = SDG 1111 Y  
B = SKG 2071 P

Defu lane 9 Opposite No 44

## 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.

Date of Accident

27/03/2020 13:46

Vehicle No.(For Motor)

SDG1111Y

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5085344944-03		TAN HUAT POH	S1390369G	GPC	drive CLASSIC	SDG1111Y	SDG1111Y	27/11/2019	26/11/2020



## Claim Handling

Accident MT/1089794

Policy No.	5085344944-03	Vehicle No.	SDG1111Y	GST Registration No.	
Certificate No.					
Policyholder Name	TAN HUAT POH			Policyholder NRIC	S1390369G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90051011	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

**▼ Accident Details**

Report Date	27/03/2020 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	27/03/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DEFU LANE 9 OPPOSITE NO 44				

**▼ Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	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	0.00	Total TP Excess Applicable	0.00		

**▼ Benefits**

Coverage	Sum Insured		
Excess Waiver	99999999.99		
Transport Allowance	99999999.99		

**▼ GST Registered Information**

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

## ▼ Policyholder Mailing Address

Address 1	BLK 622 #01-218	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530622
Address 4		Address Type	Singapore address	Post Code	530622
Unit No.		Related Policy Number	5085344944-03		

**▼ OI Driver Info**

Driver Name	TAN HUAT POH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1390369G	Driver DOB	12/12/1959
Register Date of Driver License	01/01/1999	Driver Age	60	Driving Experience	21
Contact No.(Mobile)	90051011	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 622 #01-218	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530622
Address 4		Address Type	Singapore address	Post Code	530622
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	TAN HUAT POH	Insured NRIC	S1390369G
Contact No.(Mobile)	90051011	Contact No. (Home)	62869446	Contact No. (Office)	
Email Address		OI Vehicle Number	SDG1111Y	TP Vehicle Number	SKG20
Claim Description	SDG1111Y / SKG2071P ON 27 Mar 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault		
Preferred Workshop, Name unknown	Yes	Repair Option	Prefered	GIA report	Received
Date Registered	27/03/2020 15:42	Claim Close Date		Date Received	27/03/2020
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1089794	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2020 15:42			
Path *		Category *	Confidential	Urgency *	Desc	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

3/27/2020

Claim Handling(accident reporting Claim Task )

Choose File No file chosen

Clear

Please Select ▼

NO ▼

Normal ▼

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 27 Mar 2020 15:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 27 Mar 2020 15:42	SAS		Normal	SAS 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 27 Mar 2020 15:42	Photos		Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 27 Mar 2020 15:42	Photos		Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 27 Mar 2020 15:42	Photos		Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 27 Mar 2020 15:42	Photos		Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 27 Mar 2020 15:42	Photos		Normal	Photos 2020-3-27	

## Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				