

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	15/01/2020 17:22
Date Of Accident	11/01/2020 22:50
Exact Location Of Accident	COMPASSVALE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1885L
Insured/Policyholder	
Name Of Registered Owner	NOUVEAUX ARRIVANTS SERVICES
Co Reg No	53312026L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96991290
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086502637-03
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	TOH KAUN CHEE
NRIC No	S8033832E
Date Of Birth	14/10/1980
Occupation	INDOOR
Date Of Driving Pass	31/07/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96991290
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 569 #03-91 HOUGANG STREET 51
Postcode	530569
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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN9374J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CINDY YAP
NRIC/Passport Number	
Contact Number	97427245
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.



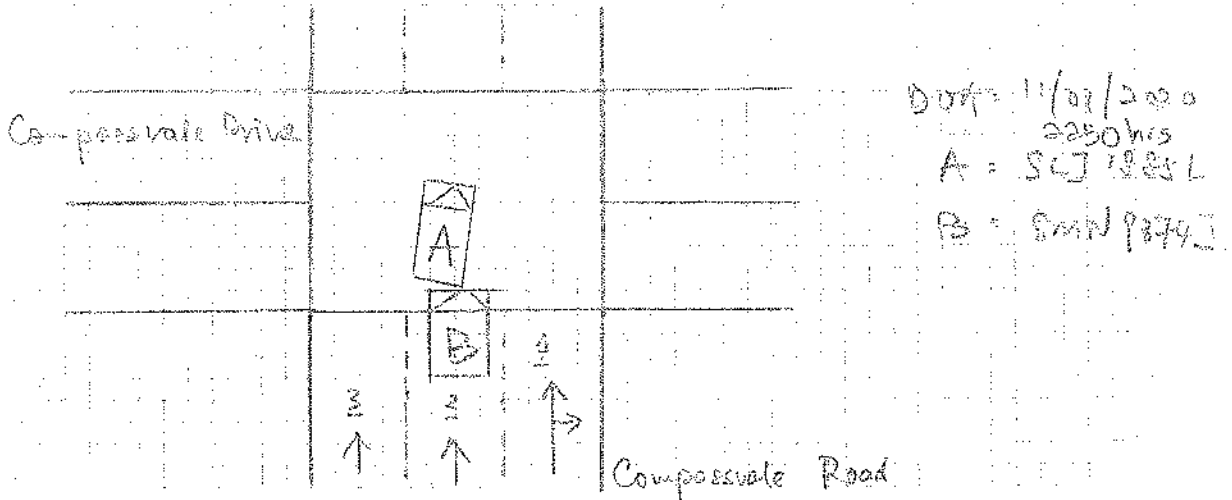
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No: Nalan Tang (S098825)
Customer Care Executive
Motor Service Centre

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driver of car A. I was waiting for the junction traffic light of Compassvale drive and compassvale Rd. Time is 10.50 pm. While waiting for the light to turn green, I had a change of travel plan and wanted to filter right to lane 2. I turn on my car signal light (right) to signal to driver of car B. But I saw the driver was looking down at her mobile phone. When the traffic light turned green, I waited for the car B to move first, but the car didn't move for 3 sec, so I took initiative to move and filter right. ^{slowly} Within 1 sec the car B also move off simultaneously. My car speed was about 5 to 10 km/h. I saw the car B moving and tap my horn twice to warn the driver, but the driver obviously was not aware of my car moving ahead of her and as she was looking at her phone. At my moving off speed was so slow and I did turn on my right indicator light signal at least 5 seconds before moving off, plus I tap my horn to warn the driver of car B. However the driver was not paying attention at all. All the above actions are captured on my car camera and the video is submitted as evidence.

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: Alan Tang (S098825)
NRIC/FIN No.: Customer Care Executive
Motor Service Centre

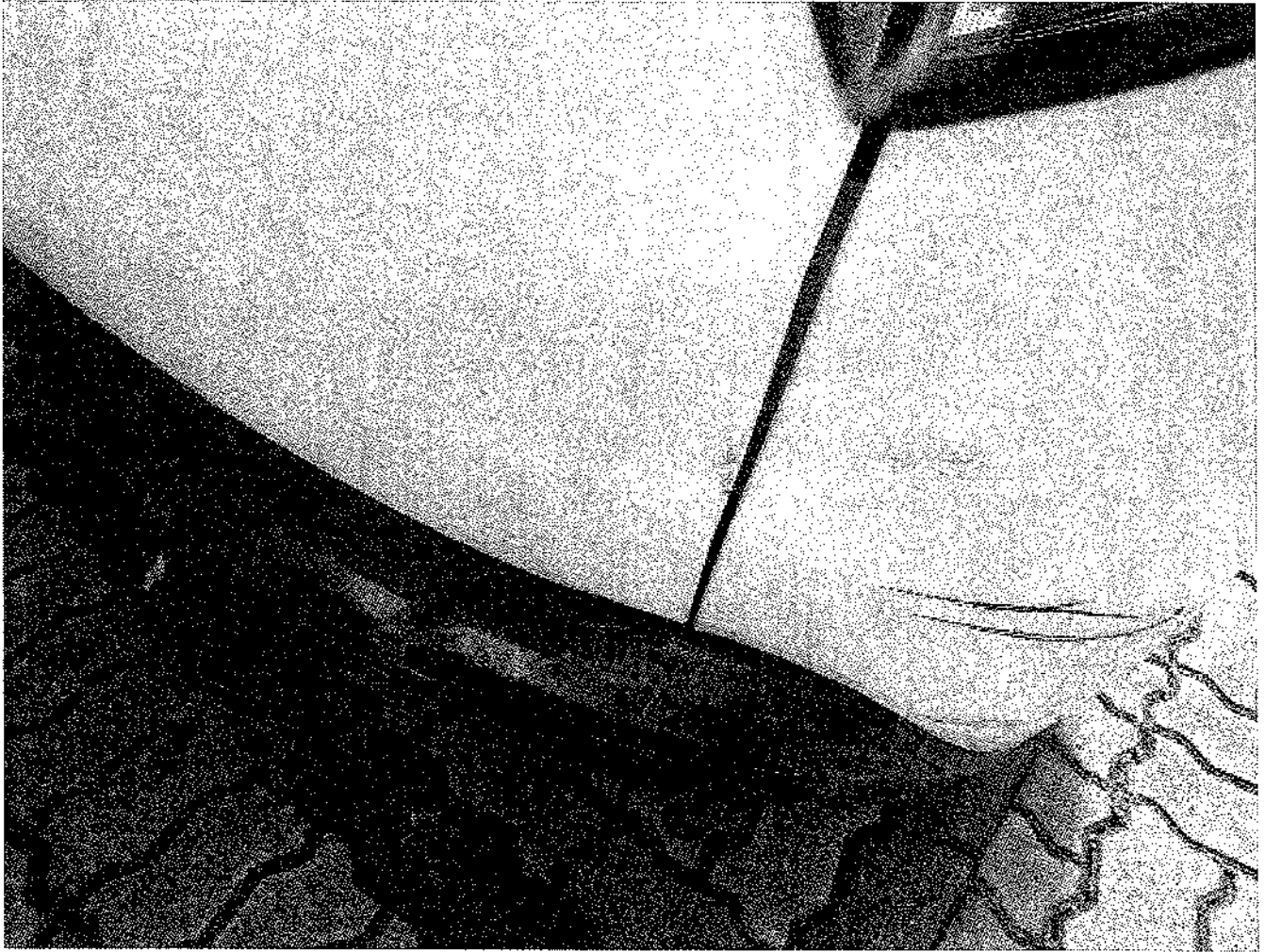
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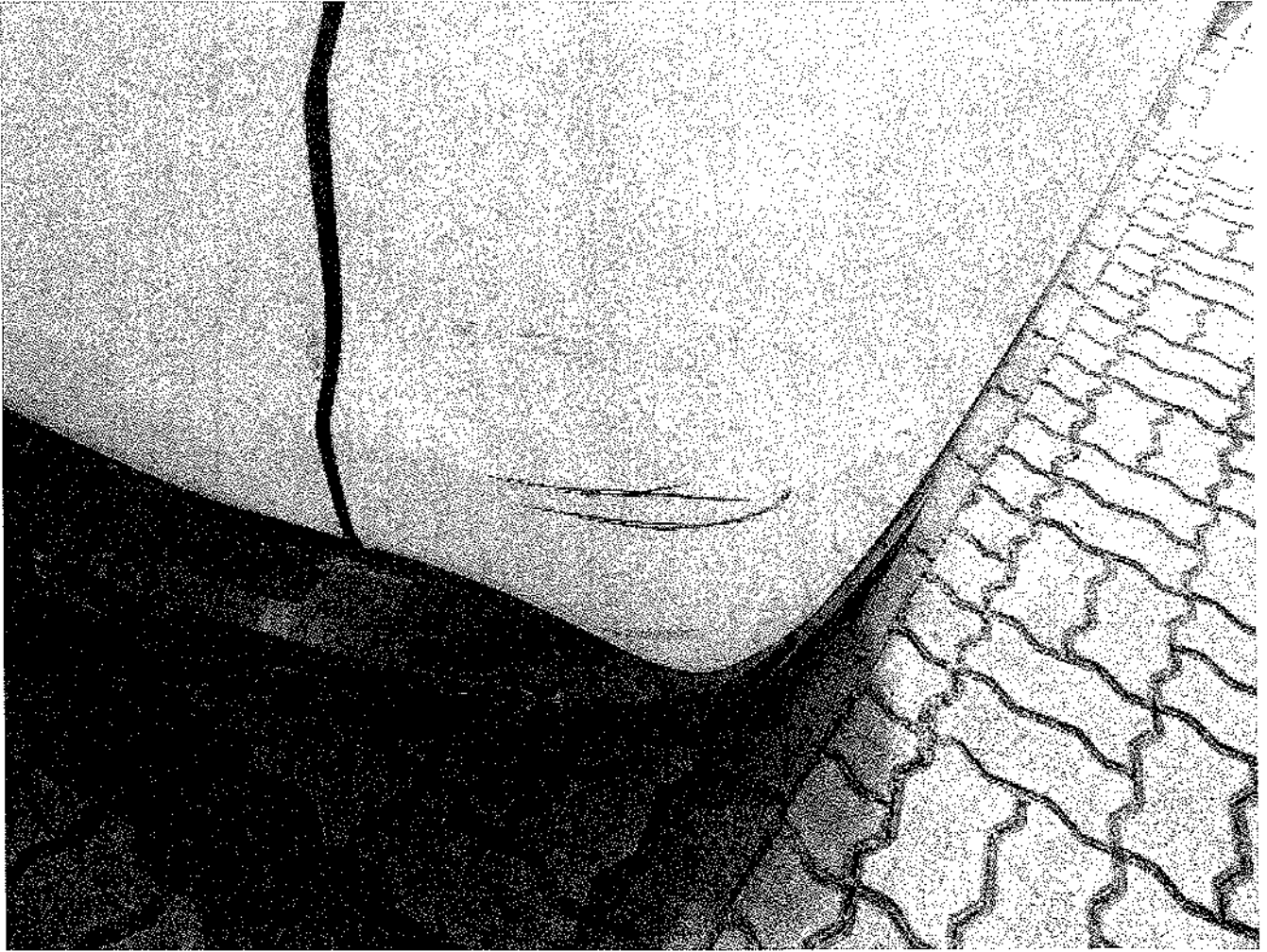
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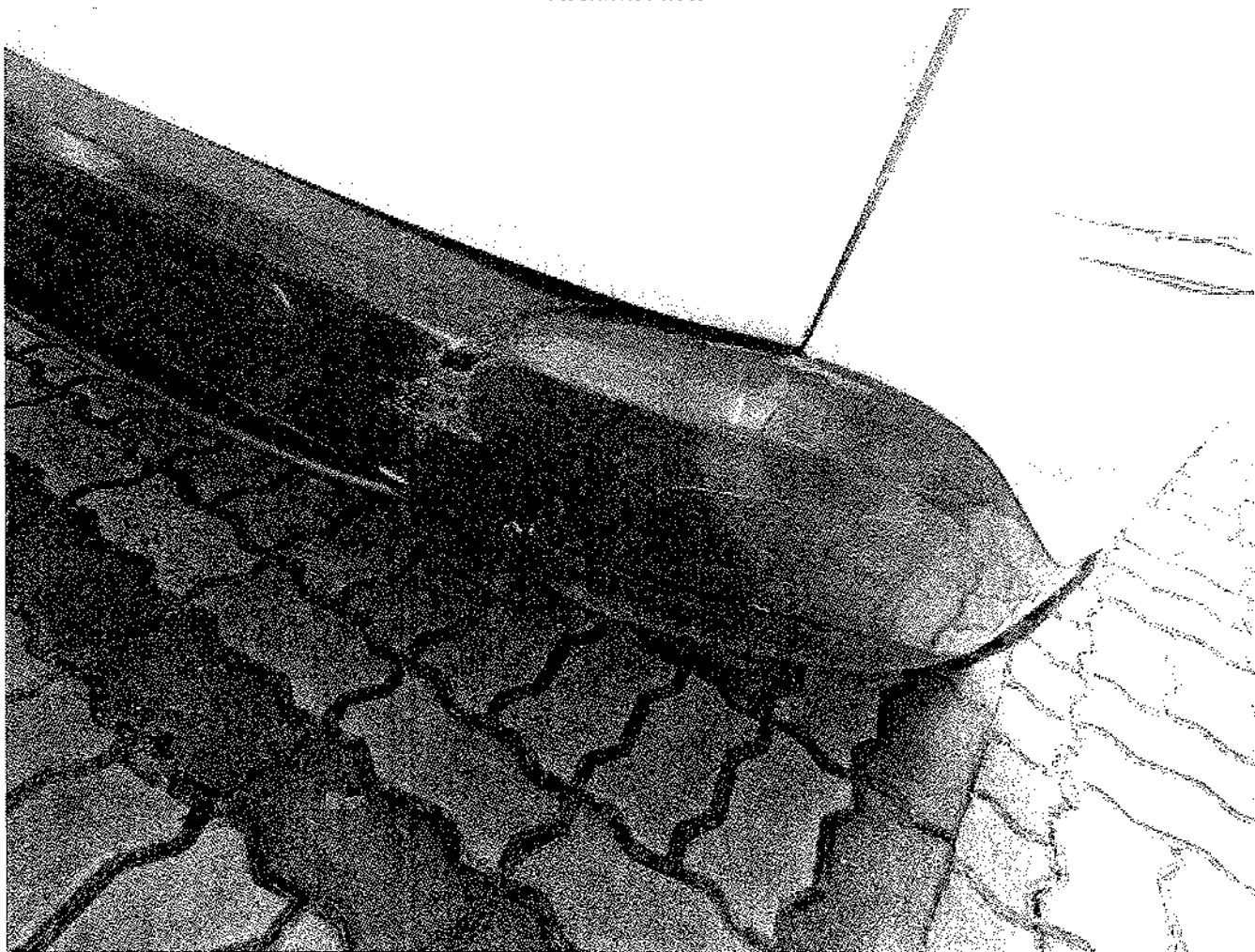
Accident Photo



Accident Photo



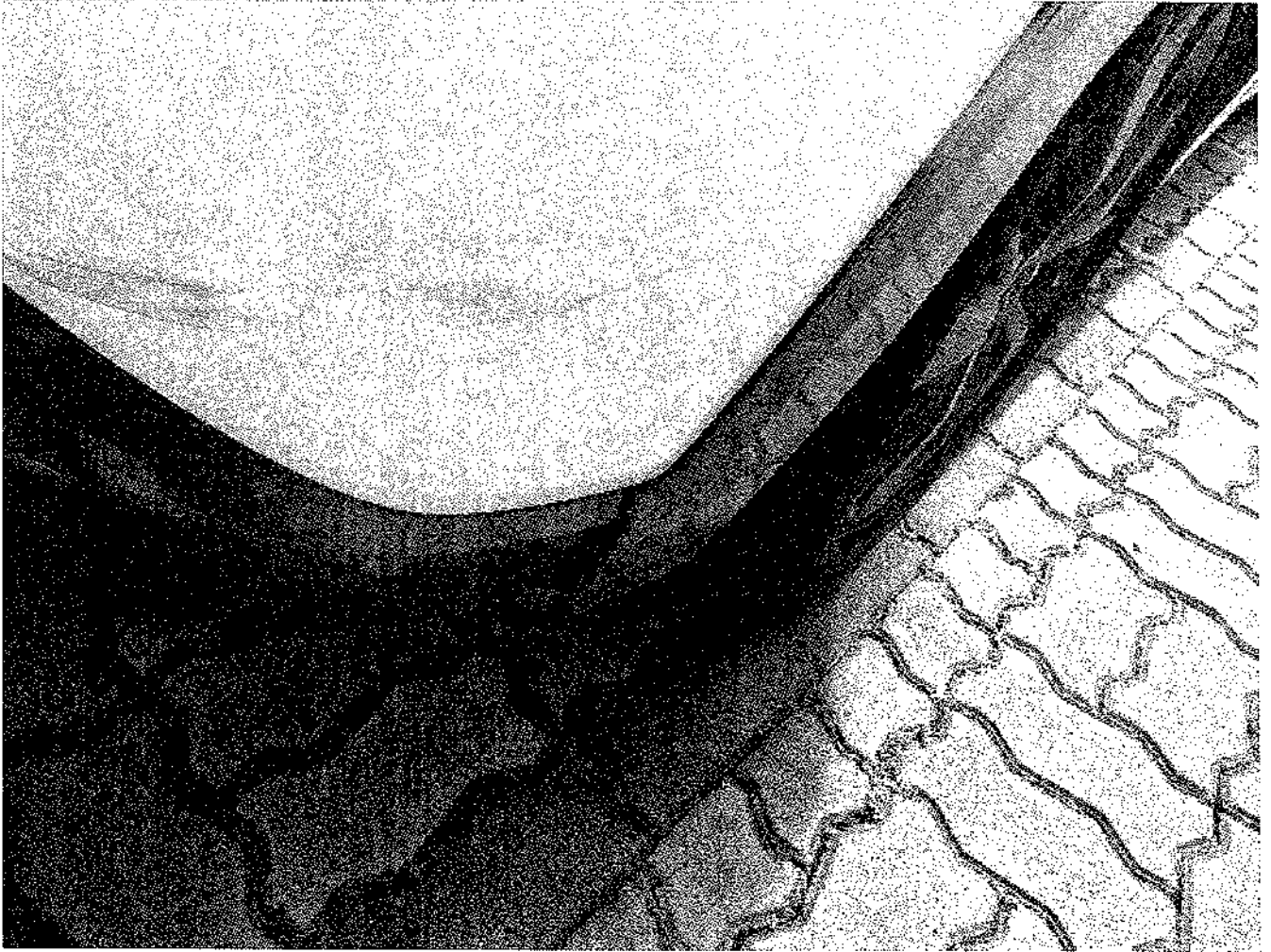
Accident Photo



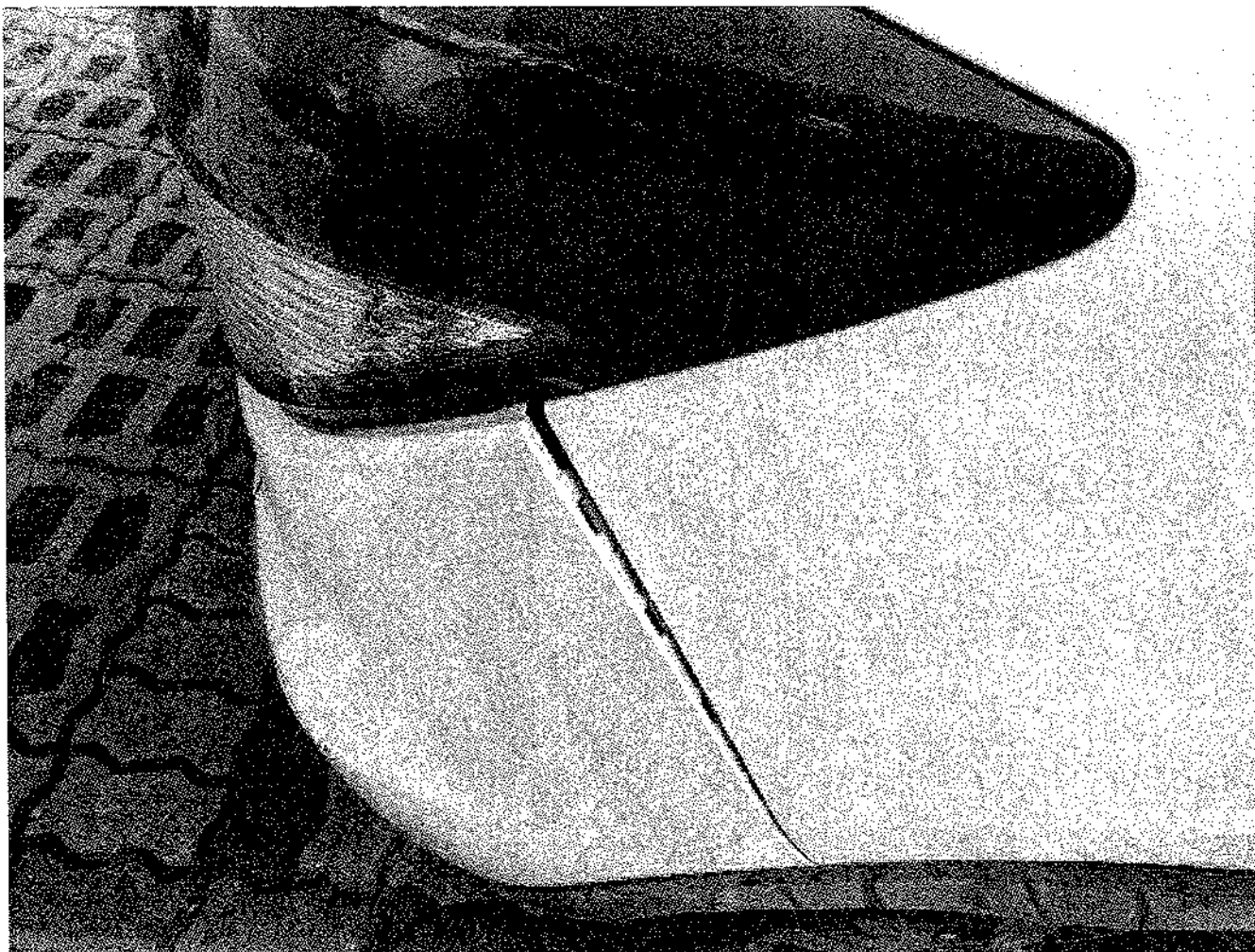
Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Guidance Note

This Guidance Note is intended to assist you with your policy details and accident reporting procedures.

If you require further assistance, please call our Customer Care Executive at 6841 9000.

Vehicle Number: SLJ 1885L

Policy Coverage: Drivo Classic

Total OD Excess Payable (Including GST): \$2140

Total TP Excess Payable (Including GST): \$1500

Excess (Subject to Prevailing GST)

Standard Excess: 2000

Additional Excess: -

Unnamed Driver Excess: -

Third Party Excess: 1500

No Claims Discount (NCD): 10%

NCD Protector * ☐ Yes ☒ No

OD Excess Payment @ MSC via Cash / NETS / Cheque only

Own Damage (OD)

- ☐ Premium may be affected upon renewal
- ☐ NCD affected upon renewal (30% affected)
- ☐ Standard Excess Waiver
- ☐ Transport Allowance - SGD\$50 per day (Up to max 7 days after repair commence at the workshop)
- ☐ Tendering Process (Income to allocate workshop / About 2 working days)
- ☐ For recovery of uninsured losses (UIL), PH must sign the UIL form at MSC / QW before Income proceed with the recovery. (Outcome will not be guaranteed)
- ☐ Damage to third party property
- ☐ Medical expenses (Up to \$1000)
- ☐ Personal Accident benefits (Refer to policy details)

Third Party (TP)

- ☒ If TP claim should fail & TP claim submitted at Income Quality Workshop, able to change to OD claim (within a year)
- ☒ Your chosen workshop will follow up with all claim matters and advices

Self-Repair (SR) / Reporting Only (RO)

- ☒ 1- Premium & NCD not affected if there is **NO** claim against your policy ¹
- ☒ 2- Premium may be affected upon renewal ²
- ☒ 2- Third Party Excess ²
- ☒ 2- NCD affected upon renewal (30% affected) ²

Private Settlement (PS)

- ☐ Premium & NCD not be affected - Refer to Income Private Settlement Form
- ☐ Official Income Private Settlement Form **must** be used and returned to MSC after completing it
- ☐ Company Stamp must be endorsed to the Private Settlement Form for company registered vehicle

Remarks

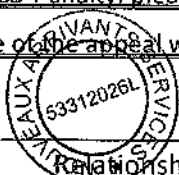
- ☐ NCD protector* will be used for this accident / NCD will not be affected by this accident.
- ☐ NCD protector* can be used once per policy year. (NCD will be affected if change of insurance company)
- ☐ Refurbished / New parts or Repairing is subjected to surveyor approval. (1 year warranty for OD claim)
- ☐ Parts availability / Supplementary of damage items, repair duration will be extended. (Accessories not covered)
- ☐ Income will not be liable for any transport expenses or losses due to the extension of the repair duration.

☒ ^Further damage to the accident vehicle will not be covered under this claim. Eg: Overheating^

For the appeal to waive off Late Reporting NCD Penalty, please email to motor@income.com.sg

Late Reporting Penalty: -10% NCD / Outcome of the appeal will not be guaranteed

Signature of Authorised Person/Driver



15/1/2020 17:31

Date / Time

Contact

For Official Use

Guidance Note taken by:

Alan Tang (S098825)

Date / Time:

15/1/2020 17:31

Income Quality Workshop Link

✓
Car

<https://www.income.com.sg/claims/motor-insurance/approved-workshops-all-repairs>



Motorcycle

<https://www.income.com.sg/claims/motor-insurance/approved-workshops-motorcycle>

