

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	24/04/2020 11:33
Date Of Accident	24/04/2020 09:00
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5991L
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Insured/Policyholder

Name Of Registered Owner	NG KOK KENG
NRIC No	SXXXX680G
Email Address	YINGTINGNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90098181
Alternative Phone No	OTHERS-92298338

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA-2.5 CVT ABS D/AB HID 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	BUYING FOOD
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	5101777918-01
Cover Note Number	

Driver

Name of Driver	NG YING TING
NRIC No	TXXXX204E
Date Of Birth	02/05/2000
Occupation	INDOOR
Date Of Driving Pass	10/07/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90098181
Fax Number	
Contact Number	OTHERS-92298338
Email Address	YINGTINGNG@GMAIL.COM

Address	62 FARRER ROAD #05-06
Postcode	268847
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SMP333B
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHIRLEY TIAN XI
NRIC/Passport Number	SXXXX242J
Contact Number	92323201
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

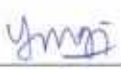
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

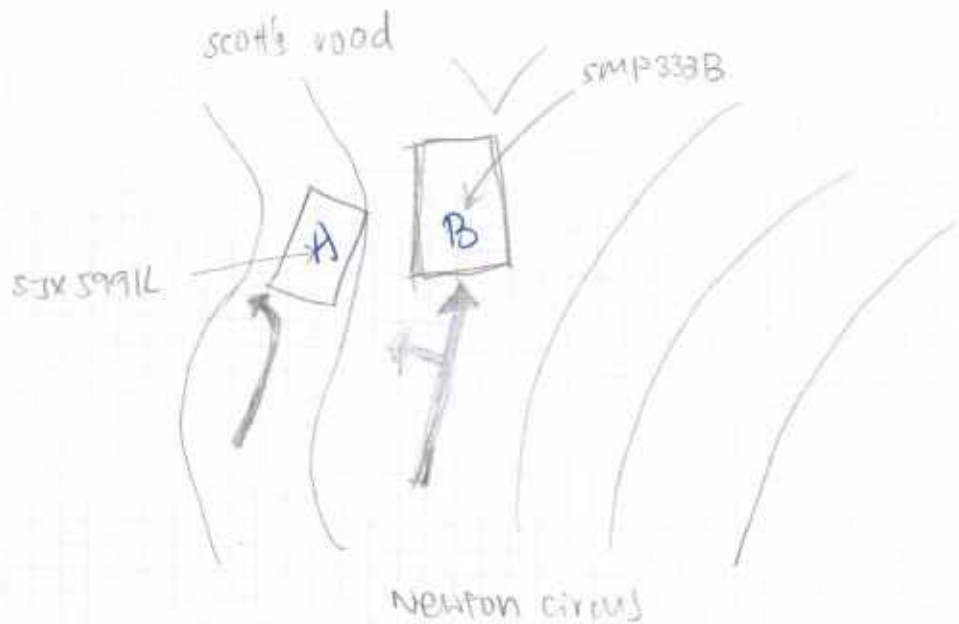
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 24/04/2020
11:30


Reporting Centre Personnel's Signature
Name: Rosalyn Wong
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the left most lane on the roundabout at Newton Circus. I discovered I was on the wrong lane, as I wanted to exit the next exit (Bukit Timah Road) instead of Scott's Road ~~the other driver who~~. Hence I slowed down to prepare to filter to the right lane. However, another driver on the lane next to mine (either going straight or exiting the roundabout) ~~came in~~ turned left to exit, hence I was not able to react in time and collided with her. My car's front right corner hit her car's back left door.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/04/2020
11:37

[Signature] 24/04/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 04 / 2020 (DD/MM/YYYY), TIME: 09 : 00 (HH:MM)

LOCATION: Newton Circus

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STX 5991L
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 510177918-01
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: NISSAN TEANA
f) TYPE: SALOON COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: BUY FOOD
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ng Kok Keng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S16556806 CONTACT: 90098781
c) ADDRESS: 62 Farver Road, #05-06 Spanish Village (S268847)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Ying Ting (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0017204E CONTACT: 92298338
c) ADDRESS: 62 Farver Road, #05-06 Spanish Village (S268847)

* d) DATE OF BIRTH: 02 / 05 / 2000 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 10/11/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: daughter

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 333 B MODEL: TOYOTA CAMRY
b) DRIVER'S NAME: Shirley Tan Xi
c) NRIC/FIN/PASSPORT: S6874242J CONTACT: 92323201

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(*)

email = yingtingng@gmail.com

VIDEO

Claim Handling

Accident MT/1091829

Policy No.	SD1777918-01	Vehicle No.	SDX1991L	GST Registration No.	
Certificate No.					
Policyholder Name	NG KOW KENG			Policyholder NRIC	S1615660G
Product Code	PRIVATE CAR INSURANCE	Cover Type	BINA CLASSIC	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	See
RFK	☐ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason	
WCD Protection	No	WCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	24/04/2020 15:13	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	24/04/2020	Time of Accident (hh:mm)	09:19	Country of Accident	Singapore
Reporting Centre		Orange Force		SCR No.	
Accident Location	NEWTON CIRCUS ROUNDABOUT TURNING INTO SCOTTS ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	000.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	000.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	627 BRIDGE ROAD	Address 2	#05-05 SPANISH VILLAGE	Address 3	SINGAPORE 268647
Address 4		Address Type	Singapore address	Post Code	268647
Unit No.		Related Policy Number	SD1777918-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes ☐ No ☐	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	NG KOW KENG	Insured NRIC	S1615660G
Contact No.(Mobile)	8008181	Contact No.(Home)	811	Contact No.(Office)	
Email Address		OT Vehicle Number	SDX1991L	TP Vehicle Number	SMP113B
Claim Description	SDX1991L / SMP113B ON 24 Apr 2020				
Preferred Workshop	☐ Insured Liability	Preferred Workshop, Name unknown		Name of Preferred Workshop	
Settlement no. Provision	Yes ☐ No ☐	Preferred Workshop, Name unknown			
Claim Registered		GIA report	Received		
Report Taken By		Claim Close Date	27/04/2020 11:53	Date Received	27/04/2020 00:01
			ROSLE WANAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1091829	Claim No.	002
Last Doc. Received	☒ Yes ☐ No	Upload Date	27/04/2020 11:55
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_810676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Apr 2020 11:55	Photos	Normal	Photos 2020-4-27	
	NAC_BUKIT_MERAH_810676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Apr 2020 11:53	Photos	Normal	Photos 2020-4-27	

[illegible]

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Updated By/Date	Folder Date	File Name	Source
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Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	S101777918-01		NG KOK KENG	S1635680G	GPC	drive CLASSIC	SJX5991L	SJX5991L	28/06/2019	27/06/2020