





## 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	12/06/2020 17:39
Date Of Accident	12/06/2020 08:40
Exact Location Of Accident	TPE JUNC TWDS UPP CHANGI RD E
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3999K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW LENG CHYE @LOW KANG CAI
NRIC No	SXXXX092A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97829782
Alternative Phone No	OFFICE-97829782

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115427645
Cover Note Number	

### Driver

Name of Driver	LOW LENG CHYE @LOW KANG CAI
NRIC No	SXXXX092A
Date Of Birth	23/04/1969
Occupation	INDOOR
Date Of Driving Pass	31/10/1994
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97829782
Fax Number	
Contact Number	OFFICE-97829782
Email Address	NOEMAIL

Address	37 SIMEI RISE #08-16
Postcode	528782
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 - CHANGE/CROSS LANE
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC9174S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	SXXXX044H
Contact Number	96571652
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**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: 12/06/2020  
1649

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN

Upper Changi  
Road East.

TPE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving home after sending my kid to school. I reached the TPE - Junction towards Upper Changi Road East. When I reached the junction there was quite a bit of cars. After the traffic light turned green, when I started moving my vehicle, a bus (PC 91745) come from behind (rightside) and 'eat' into my lane and hit my side mirror (right side).

I immediately horn him because he doesn't seem like stopping. After a long horn, I managed to get his attention and ask him to stop at road side.

vehicles

He said since both have camera, then we just report - We exchanged particulars and H/P no and we drove off.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

12/06/2020

Driver's Signature

(If driver is not the policyholder)

Date &amp; 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.	<input type="text"/>	Date of Accident	<input type="text" value="12/06/2020 16:49"/>
Vehicle No.(For Motor)	<input type="text" value="SGT3999K"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115427645		LOW LENG CHYE @LOW KANG CAI	S6916092A	GPC	drivo CLASSIC	SGT3999K	SGT3999K	10/02/2020	24/01/2021



# ACCIDENT STATEMENT

\*Mandatory Fields

## MOTOR ACCIDENT REPORT

\*Date of Accident: (DD-MM-YYYY)

12-06-2020

\*Time of Accident: (24hr Format, HH:MM)

08:40

\*Accident Location:

TPE Junction toward Upper Changi Road East.

\*Country/State of Loss:

## OWN VEHICLE DETAILS

\*Vehicle Registration Number:

S6T3999K

## INSURED/POLICYHOLDER (OWN VEHICLE)

\*Name of Registered Owner:

Low Leng Chye

\*Please ✓ the related box

☒ Individual  
☐ Company

\*ID of Registered Owner:

S6916092A

\*Please ✓ the related box

☐ Co Reg. No.  
☐ NRIC No.

☐ Passport No./FIN  
☐ Work Permit No.

\*Email Address:

xavier.low@gmail.com

\*Mobile Phone No.:

9782 9782

Please ✓ the related box

☐ Local  
☐ Foreign

Alternative Phone No.:

Please ✓ the related box

☐ Office  
☐ Home ☐ Others: \_\_\_\_\_

## VEHICLE PARTICULARS (OWN VEHICLE)

Manufacturer:

HONDA

\*Model:

Odyssey

\*Exact purpose for which vehicle was being used at time of accident:

Personal use

\*Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes  
☒ No ☐ Third Party ☐ Reporting Purpose Only

\*Vehicle Category:

☒ Private Car  
☐ Commercial Car  
☐ Others: \_\_\_\_\_

## INSURANCE COMPANY (OWN VEHICLE)

\*Handling Insurer:

Income

\*Vehicle Category:

☐ Comprehensive  
☐ Third Party  
☐ Third Party Fire & Theft

\*Fleet Policy:

☐ Yes  
☐ No

Policy Number:

5115427645

Cover Note Number:

## DRIVER ☐ SAME AS INSURED ABOVE

\*Name of Driver:

Low Leng Chye

\*ID of Driver:

S6916092A

\*Please ✓ the related box

☐ Co Reg. No.  
☒ NRIC No.

☐ Passport No./FIN  
☐ Work Permit No.

No Injury

(1)

Video: Yes

# ACCIDENT STATEMENT

\*Mandatory Fields

## DETAILS OF INJURED PERSON 1

Name:	Address:	Postal Code:	Age:
Injuries Sustained:	Injured Person in Which Vehicle:	Seat Belts Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured Conveyed to Hospital by Ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No

## DETAILS OF OTHER VEHICLE/PROPERTY 1 (THIRD PARTY)

Vehicle Registration Number:

P	C	9	1	7	4	S						
---	---	---	---	---	---	---	--	--	--	--	--	--

Vehicle Make: Bus	Vehicle Model:	Vehicle Colour:
Details of Property Damaged in Accident:	Vehicle Category:	Name of Driver:

ID of Driver:

S	1	4	8	3	0	4	4	H				
---	---	---	---	---	---	---	---	---	--	--	--	--

Please ✓ the related box

☐ Co Reg. No.

☒ NRIC No.

☐ Passport No./FIN

☐ Work Permit No.

Contact Number:

96571652 (Driver)

98383481 (Ken - claim dept)

Address:

Postal Code:

Name of Insurance Company:

Nature of Damage:

No. of Passengers  
(Including Driver):

## DETAILS OF OTHER VEHICLE/PROPERTY 2 (THIRD PARTY)

Vehicle Registration Number:

--	--	--	--	--	--	--	--	--	--	--	--	--

Vehicle Make:	Vehicle Model:	Vehicle Colour:
Details of Property Damaged in Accident:	Vehicle Category:	Name of Driver:

ID of Driver:

--	--	--	--	--	--	--	--	--	--	--	--	--

Please ✓ the related box

☐ Co Reg. No.

☐ NRIC No.

☐ Passport No./FIN

☐ Work Permit No.

Contact Number:

Address:

Postal Code:

Name of Insurance Company:

Nature of Damage:

No. of Passengers  
(Including Driver):



## Claim Handling

Accident MT/1094292

Policy No.	5115427645	Vehicle No.	SGT3999K	GST Registrati
Certificate No.				
Policyholder Name	LOW LENG CHYE @LOW KANG CAI			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97829782	Contact No.(Office)		Contact No.(Hr
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	12/06/2020 17:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/06/2020	Time of Accident hh:mm	08:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE JUNC TWDS UPP CHANGI RD E			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

Coverage	Sum Insured
Accessory	2000

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	37 SIMEI RISE	Address 2	#08-16 SAVANNAH CONDOPAR	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115427645	

## ▼ OI Driver Info

Driver Name	Low Leng Chye@Low Kang Cai	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6916092A	Driver DOB
Register Date of Driver License	31/10/1994	Driver Age	51	Driving Experis
Contact No.(Mobile)	97829782	Contact No.(Office)		Contact No.(Hi
Address 1	37 SIMEI RISE	Address 2	#08-16 SAVANNAH CONDOPAR	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

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

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LO
Contact No.(Mobile)	97829782	Contact No. (Home)	63
Email Address	xavier.low@gmail.com	OI Vehicle Number	SG
Claim Description	SGT3999K / PC9174S ON 12 Jun 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	
Finalisation	Yes	GIA report	Received
Date Registered	12/06/2020 17:53	Claim Close Date	
Report Taken By	SHAN HUI		

☒ Print AK letter.

Save Submit

## Attachment

Accident No.	MT/1094292	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/06/2020 17:54
Path *		Category *	Confider
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:54	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:54	SAS		Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:54	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:54	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:54	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:54	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:53	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:53	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:53	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:53	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:53	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jun 2020 17:53	Photos		Normal	Ph

## Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>