

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	05/06/2020 10:28
Date Of Accident	04/06/2020 14:20
Exact Location Of Accident	WOODLANDS AVE 10 SLIP RD TWDS GAMBAS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDQ2871C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG LING TONG @WONG SOH SOON
NRIC No	SXXXX565A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98353550
Alternative Phone No	OTHERS-98353550
<b>Vehicle Particulars</b>	
Manufacturer	VOLVO
Model	S60
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090593137-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	WONG LING TONG @WONG SOH SOON
NRIC No	SXXXX565A
Date Of Birth	17/12/1938
Occupation	INDOOR
Date Of Driving Pass	18/06/1966
Driving Experience	53 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98353550
Fax Number	
Contact Number	OTHERS-98353550
EMail Address	NOEMAIL

Address	BLK 27 TAI KENG PLACE
Postcode	534340
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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7044M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

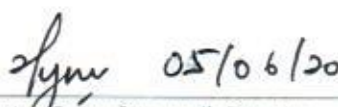
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 05/06/20

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

SKETCH PLAN:

WOODLAND AVE 10 SLIP ROAD TWDS GAMBAS AVE

A-SDQ2871C  
B-GBC7044M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## DECLARATION

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

per h. l.

Policyholder's Signature  
Date & Time:

*[Signature]*

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

sgw 05/06/20

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




KAKAK

## Accident Reporting Draft

VEHICLE NO: SDQ2871C

MODEL: VOLVO S60

DATE OF ACCIDENT	4/6/2020		
TIME OF ACCIDENT	1420	HRS	AM/PM
LOCATION OF ACCIDENT	WOODLANDS AVE 10 SLIP ROAD TOWARDS GAMBAS AVE		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	WONG LING TONG @WONG SOH SOON		
CONTACT NO.	98353550		
NRIC	S0282565A		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE		
NRIC	ANY PASSENGER: 0		
DATE OF BIRTH			
OCCUPATION	OUTDOOR / <u>INDOOR</u>		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	98353550	OFFICE:	HOME:
ADDRESS	BLK 27 TAI KENG PLACE S(534340)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	<u>NO</u> / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / <u>YES</u>		
VEHICLE B NO.	GBC7044M	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	 <b>Ryder</b> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277		
MOBILE NO.			
CONTACT PERSON			
FAX 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="04/06/2020 15:48"/>
Vehicle No.(For Motor)	<input type="text" value="SDQ2871C"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090593137-03		WONG LING TONG @WONG SOH SOON	S0282565A	GPC	drive PREMIUM	SDQ2871C	SDQ2871C	30/05/2020	29/05/2021

Continue

Claim Handling

Task Transfer

Exit

Accident MT/1093773

LDS

SAL

SUB

Policy No.	5090593137-03	Vehicle No.	SDQ2871C	GST Registration No.	
Certificate No.					
Policyholder Name	WONG LING TONG @WONG SOH SOON			Policyholder NRIC	S0282565A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	98353550	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	05/06/2020 11:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/06/2020	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	WOODLANDS AVE 10 SLIP RD TWDS GAMBAS AVE				

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 Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	27 TAI KENG PLACE	Address 2	SINGAPORE 534340	Address 3	
Address 4		Address Type	Singapore address	Post Code	534340
Unit No.		Related Policy Number	5090593137-03		

01 Driver Info

Driver Name	WONG LING TONG @WONG SOH SOON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0282565A	Driver DOB	17/12/1938
Register Date of Driver License	18/06/1965	Driver Age	81	Driving Experience	54
Contact No.(Mobile)	96353550	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	27 TAI KENG PLACE	Address 2	SINGAPORE 534340	Address 3	
Address 4		Address Type	Singapore address	Post Code	534340
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Investigation

Claim 001 OD-MX

New

Claim Case Officer

LDS

SAL

LOG

Claim Type	OD-MX	Insured Name	WONG LING TONG @WONG SO	Insured NRIC	S0282565A
Contact No.(Mobile)	98353550	Contact No.(Home)	62880884	Contact No.(Office)	
Email Address		Ol Vehicle Number	SDQ2871C	TP Vehicle Number	GBC7044M
Claim Description	SDQ2871C / GBC7044M ON 4 Jun 2020			Name of Preferred Workshop	RYDER
Preferred Workshop					
Preferred Repair Option					
Preferred Workshop (refer below)					
Insured ability report					
Not at received					
Date Registered	05/06/2020 11:14	Claim Close Date		Date Received	05/06/2020 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1093773	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/06/2020 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

Category \*

Clear Please Select

Confidential

Urgency \*

Clear Please Select

Clear

Description \*



Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	SAS		Normal	SAS 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 05 Jun 2020 11:11	Photos		Normal	Photos 2020-6-5		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		



NATIONAL Assessment Centre Services			
Date In: 05/06/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20006462/13	SAS e-filing		
Veh No: SDQ2871C	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 04/06/20 1420	i-Motor Claim Form	MT/1093773-001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		
Preferred Wksp / INC Assign Wksp / QW: ( RYDER		Tel:	Fax:
TP Particulars:	Veh No: GBC7044M	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )	
Confirmed by: (		Date:	Time:
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]			
Year of Registration: ( ) Warranty: YES ( ) / NO ( )			
Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )			
General Remarks:			
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.			
( ) Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )			
Remarks: (INC Hotline: 67886616)		Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			
Injury: _____			
Date/Time	Actions		

NA2003/07		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Inc Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		on:			
		*N5: Courtesy Car / Tp Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idao Mobile \$0			
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		