





## 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	23/06/2020 14:16
Date Of Accident	23/06/2020 11:45
Exact Location Of Accident	SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6041E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU PHENG HWEE, JENSEN
NRIC No	SXXXX817J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97676454
Alternative Phone No	OFFICE-97676454

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108485217
Cover Note Number	

### Driver

Name of Driver	LAU PHENG HWEE, JENSEN
NRIC No	SXXXX817J
Date Of Birth	09/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2001
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97676454
Fax Number	
Contact Number	OFFICE-97676454
EMail Address	NOEMAIL

Address	BLK 306A PUNGGOL PLACE #06-39
Postcode	821306
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	CHAIN COLLISION
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	3
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	SLC7451C
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ8784B
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


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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 = SJM 6041E  
B = SLG 7451C  
C = SKZ 8784B




Serangoon Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Serangoon Rd. suddenly Veh B Jammed brake, I manage to brake but cannot stop in time due to raining day and road surface were wet, As the result, my veh hit onto Veh B rear portion. ~~At~~ I Alighted from my veh and realized total three veh involved in the accident.

## 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.:
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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="23/06/2020 13:16"/>
Vehicle No.(For Motor)	<input type="text" value="SJM6041E"/>	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"/>	5108485217		LAU PHENG HWEE, JENSEN	S78298173	GPC	drivo CLASSIC	SJM6041E	SJM6041E	04/04/2019	11/07/2020



## ACCIDENT STATEMENT

ACCIDENT DATE: (23/6/20) (DD/MM/YYYY), TIME: (11:45) (HH:MM)

LOCATION: Serangoon Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 6091 E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA Vios  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) Grab.  
h) PURPOSE OF USING AT ACCIDENT TIME: HICOM 1145pin  
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: LAU PHENG HUIE Jensen (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S78298173 CONTACT: 97676454  
c) ADDRESS: 41K 306A PUNGGOL PL #06-39 SPORE 821306

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\*d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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: SLK 7451C MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SK2 8784 B MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = jensenlau78@gmail.com

fax =

video = Yes.

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )



## Claim Handling

Accident MT/1095079

Policy No.	5108485217	Vehicle No.	SJM6041E	GST Registrati
Certificate No.				
Policyholder Name	LAU PHENG HWEE, JENSEN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97676454	Contact No.(Office)		Contact No.(H
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	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	23/06/2020 15:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/06/2020	Time of Accident hh:mm	11:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SERANGOON RD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 306A #06-39	Address 2	PUNGGOL PLACE	Address 3
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code
Unit No.	06-39	Related Policy Number	5108485217	

## ▼ OI Driver Info

Driver Name	LAU PHENG HWEE JENSEN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7829817J	Driver DOB
Register Date of Driver License	09/07/2001	Driver Age	41	Driving Experi
Contact No.(Mobile)	97676454	Contact No.(Office)		Contact No.(H
Address 1	BLK 306A #06-39	Address 2	PUNGGOL PLACE	Address 3
Address 4	SINGAPORE 821306	Address Type	Singapore address	Post Code
Unit No.	06-39			
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
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## Modification History

Claim 001 **New**

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Fully at Fault	GIA report	Received	23/06/2020 15:24	Claim Close Date	<input type="checkbox"/>
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown					
Date Registered								
Report Taken By								

☒ Print AK letter

## Attachment

Accident No. MT/1095079 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/06/2020 15:25

Path \*

No file chosen  
 No file chosen  
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 No file chosen  
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 No file chosen

Category *	Confider
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jun 2020 15:25	SAS		Normal	S
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jun 2020 15:25	NRIC/ Driving License	Y	Normal	NRIC/ Driv
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jun 2020 15:25	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jun 2020 15:25	Photos		Normal	Ph
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jun 2020 15:24	Photos		Normal	Ph
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jun 2020 15:24	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jun 2020 15:24	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"/>	