

NATIONAL Assessment Centre Services. [url: 1 Jan 03]

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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 GlA 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	27/06/2020 11:21
Date Of Accident	26/06/2020 15:30
Exact Location Of Accident	CHIN SWEE RD AT MANHATTAN HOUSE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB6974Y
Insured/Policyholder	
Name Of Registered Owner	ONG THIN KWAN
NRIC No	SXXXX937F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94559922
Alternative Phone No	OTHERS-94559922
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079461809-04
Cover Note Number	
Driver	
Name of Driver	ONG THIN KWAN
NRIC No	SXXXX937F
Date Of Birth	23/03/1944
Occupation	INDOOR
Date Of Driving Pass	27/05/1963
Driving Experience	57 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94559922
Fax Number	
Contact Number	OTHERS-94559922
EEmail Address	NOEMAIL

Address	BLK 130A LORONG 1 TOA PAYOH #31-502
Postcode	311130
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	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

MY VEH WAS STATIONARY OUTSIDE THE PARKING LOT AT CHIN SWEE RD AT MANHATTAN HOUSE CARPARK. SUDDENLY VEH B CAME OUT FROM THE PARKING LOT AND HIT ONTO MY RAER LEFT SIDE PORTION OF MY VEH.

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	SLN7026P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG JUNJIE
NRIC/Passport Number	
Contact Number	93220326
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:

 27/06/20

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

SKETCH PLAN

A-SLB6974Y

B-SLN7026P

CHIN SWEE RD

MANHATTAN HOUSE

CAR PARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

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:

27/06/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 26/06/20 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: CHIN SWEE RD MANHATTAN HOUSE CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB6974Y
b) INSURANCE COMPANY: NTL
c) POLICY NUMBER: 5079461809-24
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: ONG THIN KWAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2039937F CONTACT: 94559922
c) ADDRESS: BLK 130A LOR 1 TON PAYOH
#31-502 31130

* 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: 23/03/1944 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 27/05/1962

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: SLN7026P MODEL: _____
b) DRIVER'S NAME: ANG JUNE LIE
c) NRIC/FIN/PASSPORT: S8802857J CONTACT: 92200226

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

fax =

video =

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Policy Query

Policy No.

Date of Accident

27/06/2020 11:01

Vehicle No.(For Motor)

SLB6974Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079461809-04		ONG THIN KWAN	S2039937F	GPC	drive CLASSIC	SLB6974Y	SLB6974Y	19/04/2020	18/04/2021

Continue

Claim Handling

Accident MT/1095458

Policy No.	5079461809-04	Vehicle No.	SLB6974Y	GST Registration No.	
Certificate No.					
Policyholder Name	ONG THIN KWAN			Policyholder NRIC	S2039937F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94559922	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
xFlk	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	27/06/2020 11:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/06/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHIN SWEE RD AT MANHATTAN HOUSE CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 130A #31-502	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH
Address 4	SINGAPORE 311130	Address Type	Singapore address	Post Code	311130
Unit No.		Related Policy Number	5079461809-04		
OI Driver Info					
Driver Name	ONG THIN KWAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2039937F	Driver DOB	23/09/194
Register Date of Driver License	02/05/1990	Driver Age	75	Driving Experience	30
Contact No.(Mobile)	94559922	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 130A	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH
Address 4	SINGAPORE 311130	Address Type	Singapore address	Post Code	311130
Unit No.	#31-502				
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		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ONG THIN KWAN	In: NF
Contact No.(Mobile)	94559922	Contact No. (Home)	62533161	Co: No (O)
Email Address		Vehicle Number	SLB6974Y	TP: No
Claim Description	SLB6974Y / SLN7026P ON 26 Jun 2020			
Preferred Workshop	Insured Liability	Not at Fault		
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	27/06/2020 12:02	Claim Close Date		Di: Re
Report Taken By	ROSLINDA	Workshop Repairer		To: Bu Re
Print AK letter				
Save Submit				
Attachment				
Accident No.	MT/1095458	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	27/06/2020 00:00	
Choose File	No file chosen	Category *	Please Select	Confidential Urgency *
				NO Normal

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

ClearPlease SelectNONormal

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	SAS		Normal	SAS 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27

Video List

Uploaded By/Date	Folder Date	File Name		Source
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