

150ver 1 Jan 09]

Old - IP - Report, Only

Insured/Driver Liability: (                      %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repolar.

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

*Injury :*

## Directing Assigns

IMA 200 3696

river/Owner:Contact No:

### Artiaged Portion:

C. Checked by (Bugr-In-Charge):

### auditors' Complaints

19:223



## 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	15/07/2020 13:46
Date Of Accident	14/07/2020 14:40
Exact Location Of Accident	GOLDEN MILE COMPLEX CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5078A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEOSONIC INTERNATIONAL PTE LTD
Co Reg No	1XXXXX425W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63390356

### Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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	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	5068287468-05
Cover Note Number	

### Driver

Name of Driver	LEE CHEE KIONG
NRIC No	SXXXX969I
Date Of Birth	10/10/1957
Occupation	INDOOR
Date Of Driving Pass	21/12/1976
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91281010
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	37 AMBER GARDENS #02-16
Postcode	439969
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	COLLIDED INTO PARKED VEHICLE
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:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW5173M
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

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 15/7/20  
13.30

Driver's Signature

(If driver is not the policyholder)

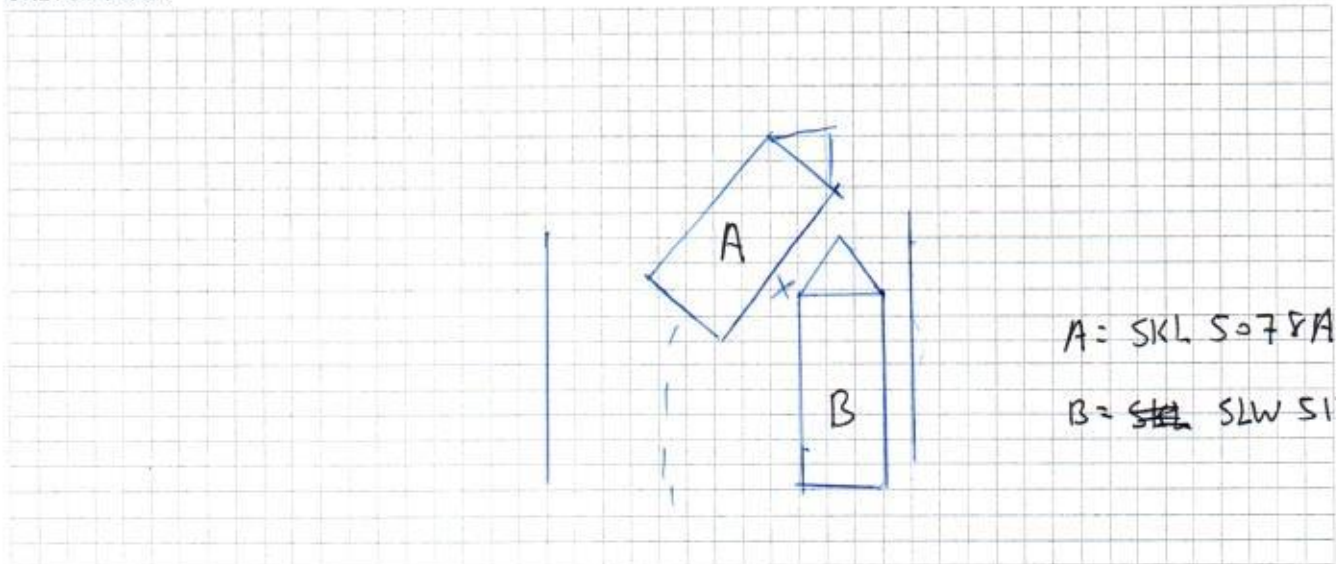
Date & Time: 15/7/20  
13.30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 14 July 2020, AT ABOUT 1140HRS, WHILE I WAS TURNING OUT FROM THE PARKING LOT AT GOLDEN MILE COMPLEX, MY VEHICLE (II) GLIDE PASS THE STATIONARY RIGHT VEHICLE. I NOTICE THE FRONT LEFT BUMPER AND FENDER A SLIDE PAINT DAMAGE OF VEH: ~~SKL 5078A~~ SLW 5173M

## 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.:

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="15/07/2020 13:20"/>
Vehicle No. (For Motor)	<input type="text" value="SKL5078A"/>	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"/>	5068287468-05		NEOSONIC INTERNATIONAL PTE LTD	199054425W	GPC	drivo PREMIUM	SKL5078A	SKL5078A	21/11/2019	20/11/2020



# ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 7 / 20) (DD/MM/YYYY), TIME: (14 : 40) (HH:MM)

LOCATION: Golden mile complex carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 5078A  
 b) INSURANCE COMPANY: NRMC  
 c) POLICY NUMBER: 3068287468-05  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN TENA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 1440 HRS  
 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: Lee Chee Kiong neoSource (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S12519691E CONTACT: \_\_\_\_\_  
 c) ADDRESS: Blk 37, #02-16 Amber Garden The Estate  
S'pore 439969

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

## DRIVER

- a) NAME: LEE CHEE KIONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S12519691E CONTACT: \_\_\_\_\_  
 c) ADDRESS: Blk 37, #02-16, AMBER GARDEN, THE ESTATE

\*d) DATE OF BIRTH: (10 / 10 / 1954) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 40 YEAR

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 CARPARK)  
 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: SLW 5173M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 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)  
 ( )

\* chop

Email = HANZHONG@NEOSOURCE.COM.SG

fax =

VIDEO = Yes. Haven't Retrieved.

## Claim Handling

## Accident MT/1096914

Policy No.	5068287468-05	Vehicle No.	SKL5078A	GST Registrati
Certificate No.				
Policyholder Name	NEOSONIC International Pte Ltd			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	63390356	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	15/07/2020 14:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/07/2020	Time of Accident hh:mm	14:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	GOLDEN MILE COMPLEX CARPARK			

## ▼ 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

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	15/07/2020 14:56:55 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	175 BENCOOLEN STREET	Address 2	#01-13 BURLINGTON SQUARE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-13	Related Policy Number	5068287468-05	

## ▼ OI Driver Info

Driver Name	LEE CHEE KIONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1251969I	Driver DOB
Register Date of Driver License	01/01/1990	Driver Age	62	Driving Experi
Contact No.(Mobile)	91281010	Contact No.(Office)		Contact No.(H
Address 1	37 AMBER GARDENS	Address 2	#02-16 THE ESTA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-16			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	NE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SK
Claim Description	SKL5078A / SLW5173M ON 14 Jul 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	15/07/2020 14:58
			LIEW SHAN HUI

☐ Print AK letter



Save Submit

## Attachment

Accident No.	MT/1096914	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2020 14:59

Path *	Category *	Confider
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:59	SAS	Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:59	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:59	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:59	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:58	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:58	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:58	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:58	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2020 14:58	Photos	Normal	Ph

## Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading