

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	10/09/2020 15:40
Date Of Accident	09/09/2020 18:00
Exact Location Of Accident	ALONG SOMERSET ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2138R
Insured/Policyholder	
Name Of Registered Owner	LEW FAN SHYONG (LIU HUANXIONG)
NRIC No	SXXXX656A
Email Address	LEWFS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97424891
Alternative Phone No	OTHERS-97424891

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
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	5117480060
Cover Note Number	

Driver

Name of Driver	LEW FAN SHYONG (LIU HUANXIONG)
NRIC No	SXXXX656A
Date Of Birth	08/01/1972
Occupation	INDOOR
Date Of Driving Pass	22/01/1996
Driving Experience	24 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	+65-97424891
Fax Number	
Contact Number	OTHERS-97424891
Email Address	LEWFS@YAHOO.COM

Address	BLK 353 BUKIT BATOK STREET 34 #03-152
Postcode	650353
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

PLEASE REFER TO SKETCH PLAN

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	FBC8373G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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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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:

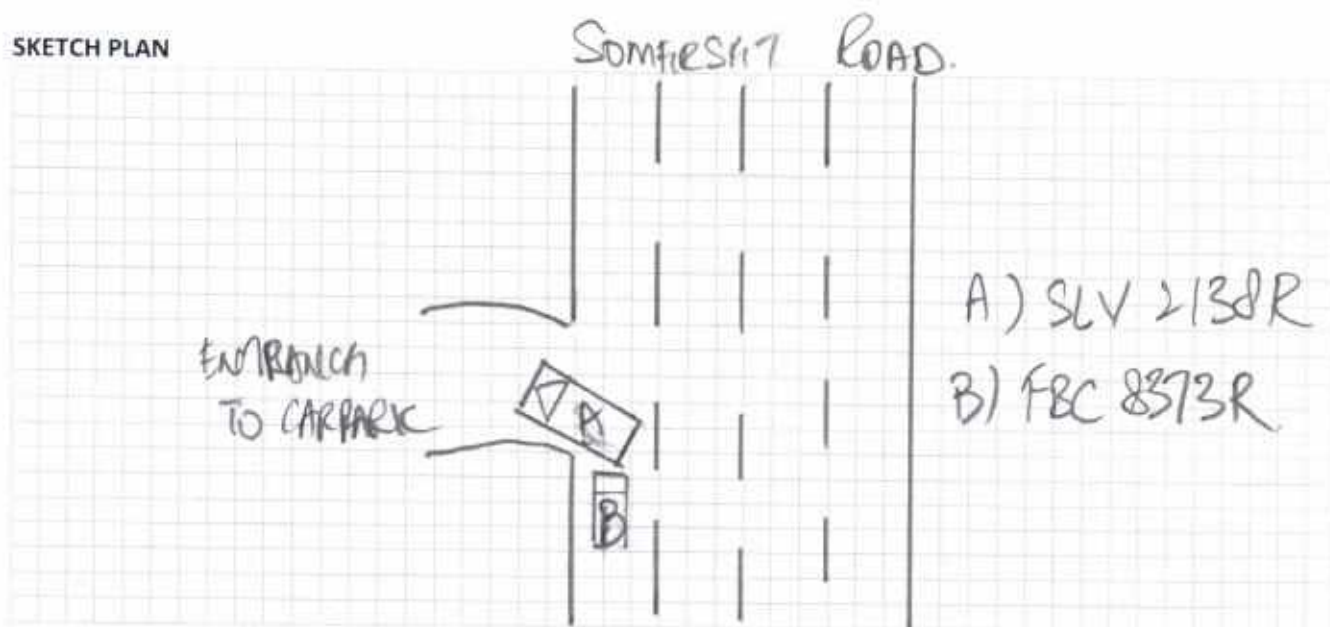
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 10/11/2020
Policyholder's Signature
Date & Time: 15:25

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

 10/11/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am turning into Triple One carpark from, and the motor bike came and ~~knock~~^{hit} at my left back of the car.

DECLARATION

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

 10/4/2020
Policyholder's Signature 15125
Date & Time:

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

 10/09/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 09/09/2020 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: Somerset Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 2138 R
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA HARRIER
- 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: Lew Fan Shyong (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7250656A CONTACT: 97424891
- c) ADDRESS: BK 353 Bt Batuk St 34
#03-152 5650353

* 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: 08/01/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22/1/1996

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) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

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: FBC 8373 G 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)
(1)

No of passenger
(including driver)
()

email = lewfs@yahoo.com

VID20

Claim Handling

Accident MT/1102956

Policy No.	3117480060	Vehicle No.	SLV2138R	GST Registration No.	
Certificate No.					
Policyholder Name	LEW FAN SHYONG			Policyholder NRIC	S7250656A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97424891	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KPI	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	10/09/2020 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Ride Swipe
Date of Accident	09/09/2020	Time of Accident (hh:mm)	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SOMERSET ROAD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	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	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	BLK 353 #03-152	Address 2	BUKIT BATOK STREET 34	Address 3	SINGAPORE 650353
Address 4		Address Type	Singapore address	Post Code	650353
Unit No.	03-152	Related Policy Number	3117480060		

▼ OI Driver Info

Driver Name	Lew Fan Shyong (Liu Huanxiong)	Driver Type	Main Driver	Driver DOR	08/01/1972
Unnamed driver Name		Driver NRIC	S7250656A	Driving Experience	22
Register Date of Driver License	01/01/1998	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	97424891	Contact No.(Office)		Address 3	SINGAPORE 650353
Address 1	BLK 353 #03-152	Address 2	BUKIT BATOK STREET 34	Post Code	650353
Address 4		Address Type	Singapore address		
Unit No.	03-152				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SLV2138R	Driver Insurer Company	NTUC

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LEW FAN SHYONG	Insured NRIC	S7250656A
Contact No.(Mobile)	97424891	Contact No.(Home)	62192621	Contact No.(Office)	
Email Address		OT Vehicle Number	SLV2138R	TP Vehicle Number	PBC8373G
Claim Description	SLV2138R / PBC8373G ON 9 Sept 2020				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Workshop, Name unknown	
Report No. Finalisation	Yes <input type="radio"/> No <input type="radio"/>	Preferred Repair Option		GIA report	Received <input type="radio"/>
Date Registered		Claim Close Date	10/09/2020 16:45	Date Received	10/09/2020 0
Report Taken By		Workshop Repairer	BOSLI WAHAB	Total Loss Ind Required	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1102956	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/09/2020 16:51
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE)		Photos	Normal	Photos 2020-9-10	

S (BUKIT MERAH)) on 10 Sep 2020 16:51

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:51

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:51

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:51

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:51

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:51

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:51

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:50

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:50

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:50

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:50

Photos

Normal

Photos 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:50

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-9-10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 10 Sep 2020 16:50

SAS

Normal

SAS 2020-9-10

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[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="09/09/2020 15:27"/>
Vehicle No.(For Motor)	<input type="text" value="SLV2138R"/>	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"/>	5117480060		LEW FAN SHYONG	S7250656A	GPC	drive CLASSIC	SLV2138R	SLV2138R	21/05/2020	20/05/2021

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA420078404 Vehicle Registration No : SLV 2138R
Name (as shown in NRIC) : Lim Fong Shyan NRIC/FIN/Passport No : SXXXX656A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 09/09/2020 Time of Accident : 1800
Place of Accident : Around Somerset Road
Insurance Company : MZUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information make the following amendments:

Third Party Vehicle Number 70 FBC 83734

Policyholder / Driver's Signature
Date:

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

4/09/2020
Fong Shyan