

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	30/09/2020 10:56
Date Of Accident	29/09/2020 20:15
Exact Location Of Accident	SHEARES AVE JUNCTION TURN LEFT TOWARDS MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4320K
Insured/Policyholder	
Name Of Registered Owner	YEO ZHI BIN, AARON
NRIC No	SXXXX474H
Email Address	YEOAARON94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81683294
Alternative Phone No	OTHERS-81683294

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116785717
Cover Note Number	

Driver

Name of Driver	YEO ZHI BIN, AARON
NRIC No	SXXXX474H
Date Of Birth	02/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2013
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-81683294
Fax Number	
Contact Number	OTHERS-81683294
EMail Address	YEOAARON94@GMAIL.COM

Address	BLK 44 BENDEMEER ROAD #03-1476
Postcode	330044
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)	2
Passenger 1	NAME: : GIRLFRIEND GENDER: : FEMALE

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	SMN6012Z
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHIEW HOE
NRIC/Passport Number	SXXXX786A
Contact Number	98189760
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.



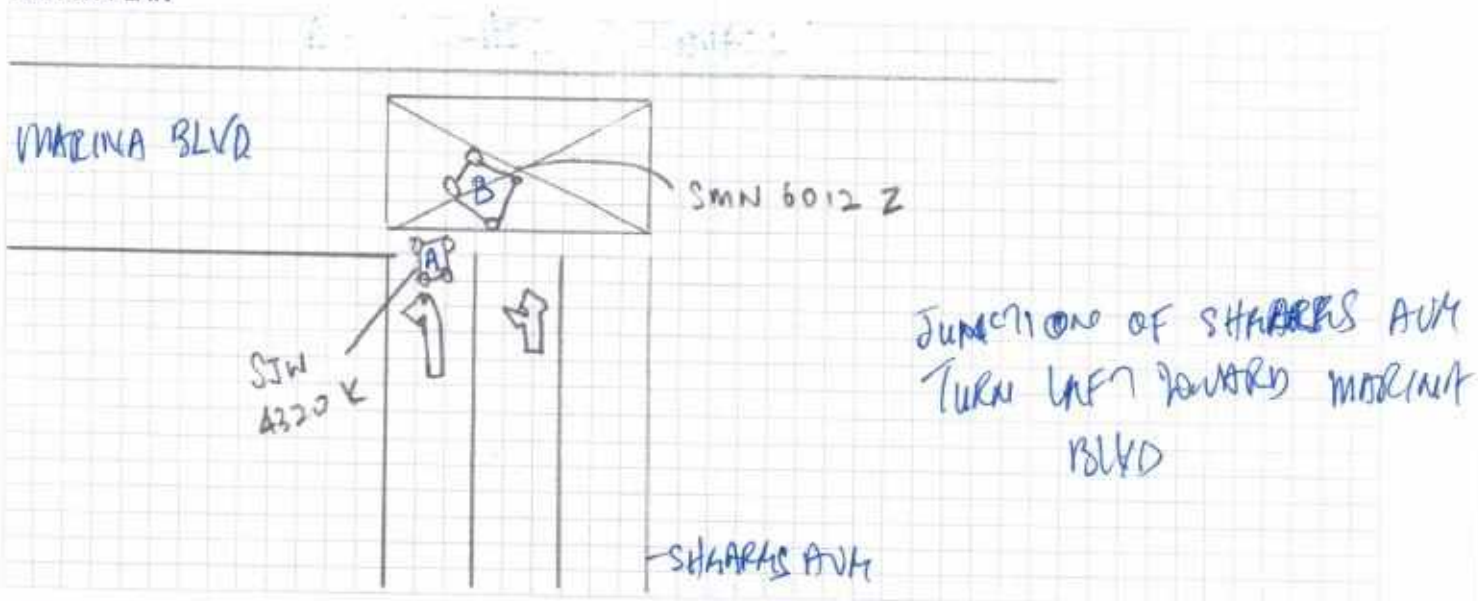
30/09/20 09:15 HRS

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ROUGHLY 20:15 HRS ON 29 SEP 2020, ALONG SHEARES AVENUE JUNCTION TURNING LEFT TO MARINA BLVD, I (SIW4320 K) WAS DRIVING ON THE LEFT MOST LANE. IT WAS MOVING OFF SPEED AS THE TRAFFIC LIGHTS JUST TURNED GREEN NOT LONG BEFORE. AS I WAS MOVING OFF TO THE JUNCTION, I HIT INTO SMN 6012 Z SHORTLY AFTER CROSSING THE STOP LINE.

DECLARATION

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

Amey
30/09/20 09:19 HRS

Policyholder's Signature
Date & Time:

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

Amey 30/09/2020
Reporting Centre Personnel's Signature
Name: *Amey*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 09 / 2020) (DD/MM/YYYY), TIME: (20 : 15) (HH:MM)

LOCATION: SHEARES AVENUE JUNCTION TURNING LEFT TO MARINA BLVD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 4320 K
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5116785717
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KIA CERATO FORTE
 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: YEO ZHI BIN ARON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9444474H CONTACT: 8168 3294
 c) ADDRESS: 44 BENDMEER ROAD #03-1476 (S) 330044

* 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: (02 / 12 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / (OUTDOOR))

f) DATE OF DRIVING PASS 28/01/2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SMN 6012 Z MODEL: HYUNDAI AVANTE
 b) DRIVER'S NAME: NG CHIEW HOE
 c) NRIC/FIN/PASSPORT: S1241786A CONTACT: 9818 9760

9. THIRD PARTY VEHICLE

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

GIRLFRIEND

No of passenger
 (including driver)
 (2)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

Email = yesaaron94@gmail.com

VIDEO

Claim Handling

Accident MT/1105044

Policy No.	5116785717	Vehicle No.	SJW4320K	GST Registrat
Certificate No.				
Policyholder Name	YEO ZHI BIN, AARON			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81683294	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	30/09/2020 11:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/09/2020	Time of Accident hh:mm	20:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SHEARES AVE JUNCTION TURN LEFT TOWARDS MARINA BLVD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,900.00	
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 44 #03-1476	Address 2	BENDEMEER ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116785717	

▼ OI Driver Info

Driver Name	YEO ZHI BIN AARON	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9444474H	Driver DOB
Register Date of Driver License	28/01/2013	Driver Age	25	Driving Experi
Contact No.(Mobile)	81683294	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 44 #03-1476	Address 2	BENDEMEER ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJW4320K	Driver Insurer

Declaration

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

Claim 001

New

Claim Type *	DD-MX	Insured Name	YEO
Contact No.(Mobile)	81683294	Contact No. (Home)	63
Email Address	YEOAARON94@GMAIL.COM	OI Vehicle Number	SJW4320K
Claim Description	SJW4320K / 5MN5012Z ON 29 Sept 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/09/2020 11:15
			ROSLI WAHAB

☐ Print AK letter

Save Submit

Attachment

Accident No. MT/1105044 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 30/09/2020 11:16

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
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 Message Box

Category * Confider

Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:15	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:15	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:15	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5116785717		YEO ZHI BIN, AARON	S9444474H	GPC	drive CLASSIC	SJW4320K	SJW4320K	17/03/2020	24/03/2021

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 : MNAK20085708 Vehicle Registration No: SJW 4320K
Name (as shown in NRIC) : YAO ZHI BIN, 40A00 NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 81683294
Email Address : _____
Date of Accident : 29/09/2020 Time of Accident : 10:15
Place of Accident : SHARLES AVENUE JUNCTION TURN LEFT TOWARDS MARINA BLVD
Insurance Company : MTC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

THIRD PARTY VEHICLE NUMBER TO SMM 60122

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Peggy Watson
NRIC/FIN No.: _____
Date: 05/10/2020