





## 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	09/11/2020 16:25
Date Of Accident	09/11/2020 10:15
Exact Location Of Accident	SLIP ROAD FROM KG BAHRU RD TOWARDS JLN BT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF6762E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA SIANG TIANG
NRIC No	SXXXX875I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90618554
Alternative Phone No	OTHERS-90618554

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5079578658-04
Cover Note Number	

### Driver

Name of Driver	TAN KOK HUANG
NRIC No	SXXXX901J
Date Of Birth	01/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1984
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90618554
Fax Number	
Contact Number	OTHERS-90618554

Address	BLK 57 TEBAN GARDENS ROAD #17-469
Postcode	600057
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	GY3937M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW SEI TILI
NRIC/Passport Number	
Contact Number	90406738
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

9/11/2020

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/11/2020 AT ABOUT 10:15HRS I WAS AT THE SLIP ROAD OF KG BAHARU ROAD & WANTED TO TURN LEFT TOWARDS JALAN BUKIT MARAH. SLOW MOVING AT THE SLIP SUDDENLY VEH B STOP AFTER THE GIVEWAY LINE & I COULD NOT SEE ON TIME & BUMP INTO VEHICLE B REAR PORTION.

## DECLARATION

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

*[Signature]*

9/11/2020

*[Signature]* 09/11/20

*[Signature]* 09/11/2020  
KEL. LINTAS



## ACCIDENT STATEMENT

ACCIDENT DATE: 09/11/20 (DD/MM/YYYY), TIME: 10:15 (HH:MM)

LOCATION: Kg. Bahru Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF 6762 E  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:   
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:   
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: CHIA SIANG TIANG (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: 369748751 CONTACT: 90618554  
 C) ADDRESS: APT BIK 57 Teban Gardens RD.  
417-469 (600057)

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

#### DRIVER

- a) NAME: TAN KOIK HUANG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 317359017 CONTACT: 90618554  
 c) ADDRESS: APT BIK 57 Teban Gardens RD  
417-469 (600057)

\* d) DATE OF BIRTH: 01/06/66 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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:

G4 3937 M

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G4 3937 M MODEL: TOYOTA  
 b) DRIVER'S NAME: Low Sei Ti  
 c) NRIC/FIN/PASSPORT:  CONTACT: 90406738

### 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 =

VIDEO

## Claim Handling

Accident MT/1109517

Policy No.	5079578658-04	Vehicle No.	SGF6762E	GST Registration No.
Certificate No.				
Policyholder Name	CHIA SIANG TIANG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90618554	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<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	09/11/2020 16:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/11/2020	Time of Accident hh:mm	10:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP ROAD FROM KG BAHRU RD TOWARDS JLN BT MERAH			

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	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 28 #20-266	Address 2	GHIM MOH LINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5079578658-04	

## OI Driver Info

Driver Name	TAN KOK HUANG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S17359011	Driving Experience
Register Date of Driver License	30/03/1984	Driver Age	54	Contact No.(Home)
Contact No.(Mobile)	90618554	Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGF6762E	Driver Insurer Comp

## 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 *	OD-MX	Insured Name	CHIA SIA
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SGF6762
Claim Description	SGF6762E / GY3937M ON 9 Nov 2020		
Preferred Workshop	Insured Liability	Fully at Fault	GIA report
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		Received	09/11/2020 16:42
		Claim Close Date	

Report Taken By

ROSLI WAHAB

☐ Print AK letter 

## Attachment

Accident No. MT/1109517 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/11/2020 16:43

Path \*

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

Category \*

Confidential

NO   
 NO   
 NO   
 NO   
 NO   
 NO   
 NO

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:43	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:43	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:43	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 16:42	SAS		Normal	SAS 20

## Video List

Uploaded By/Date Folder Date File Name



Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/11/2020 15:57"/>
Vehicle No.(For Motor)	<input type="text" value="SGF6762E"/>	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"/>	5079578658-04		CHIA SIANG TIANG	S69748751	GPC	Third Party	SGF6762E	SGF6762E	19/04/2020	18/04/2021