

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	21/11/2020 12:04
Date Of Accident	20/11/2020 14:30
Exact Location Of Accident	ALONG KALLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8734L
Insured/Policyholder	
Name Of Registered Owner	CHIEW SIEW LING
NRIC No	SXXXX181D
Email Address	PRINTNSIGNS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91839263
Alternative Phone No	OTHERS-91839263

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5075500421-05
Cover Note Number	

Driver

Name of Driver	CHIEW SIEW LING
NRIC No	SXXXX181D
Date Of Birth	15/12/1978
Occupation	INDOOR
Date Of Driving Pass	16/01/2009
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91839263
Fax Number	
Contact Number	OTHERS-91839263
Email Address	PRINTNSIGNS@GMAIL.COM

Address	23 LORONG 24 GEYLANG #05-01
Postcode	398628
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	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	SKR9433A
Vehicle Make/Model/Colour	BMW X3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PENG HAN
NRIC/Passport Number	SXXXX576F
Contact Number	83896656
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:

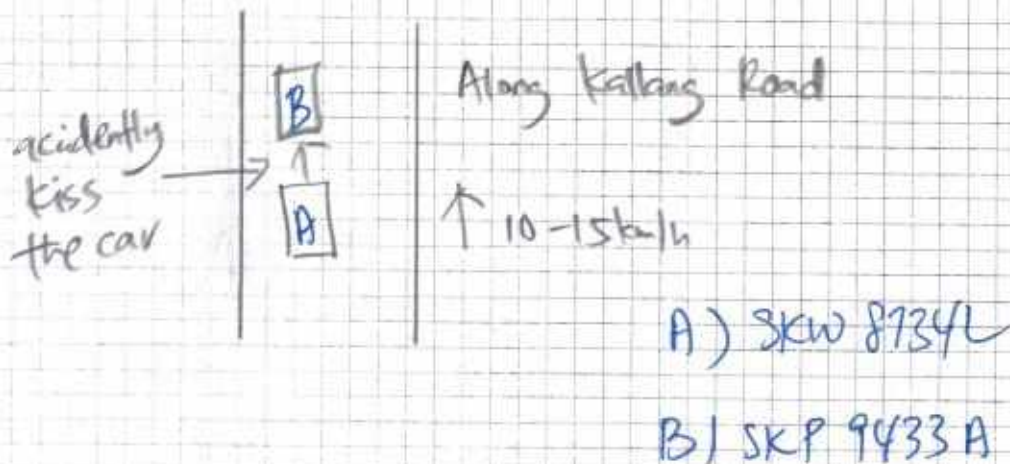
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 21/11/2020 at 2.30pm
 I was travelling along Kallang Road at 10-15km/h.
 Accidentally kiss the back side of vehicle B.

DECLARATION

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

Policyholder's Signature  11.40am
 Date & Time: 21/11/20

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 20/11/2011 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Kallang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 8734 L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5075500421-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE
 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: DELIVERY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chow Siew Ling (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S7876181D CONTACT:
 C) ADDRESS: 23, Lorong 24 Geylang #05-01
Singapore 438628

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chow Siew Ling (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7876181D CONTACT: 91839263
 c) ADDRESS: 23, Lorong 24 Geylang #05-01 (S) 398628

- * d) DATE OF BIRTH: (15/12/1978) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 18+

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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: SKW 8734 L MODEL: T
 b) DRIVER'S NAME: Chow Siew Ling
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 8KR 9433 A MODEL: BMW X3
 e) DRIVER'S NAME: Lee Peng Han
 f) NRIC/FIN/PASSPORT: S1457576P CONTACT: 83896656

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = printnsigns@gmail.com

fax =

video =

Claim Handling

Accident MT/1110928

Policy No.	5075500421-05	Vehicle No.	SKW8734L	GST Registration No.	
Certificate No.					
Policyholder Name	CHOW SIEW LING			Policyholder NRIC	57875181D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91839263	Contact No.(Office)		Contact No.(Home)	
Email Address	printhings@gmail.com	Special Remark		eCode	No
KFC	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	21/11/2020 12:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	20/11/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KALLANG 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				
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	23 LORONG 24 GEYLANG	Address 2	#05-01 THE OCTET	Address 3	SINGAPORE 398621
Address 4		Address Type	Singapore address	Post Code	398628
Unit No.	15-76	Related Policy Number	5075500421-05		

▼ OI Driver Info

Driver Name	CHOW SIEW LING	Driver Type	Main Driver	Driver DOB	15/12/1978
Unnamed driver Name		Driver NRIC	57875181D	Driving Experience	11
Register Date of Driver License	16/01/2009	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	91839263	Contact No.(Office)		Address 3	SINGAPORE 398621
Address 1	23 LORONG 24 GEYLANG	Address 2	#05-01 THE OCTET	Post Code	398628
Address 4		Address Type	Singapore address		
Unit No.	15-76				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKW8734L	Driver Insurer Company	NTUC

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	CHOW SIEW LING	Insured NRIC	
Contact No.(Mobile)	91839263	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKW8734L	TP Vehicle Number	
Claim Description	SKW8734L / SKR9433A ON 20 Nov 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Document No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	21/11/2020 12:23
Date Registered				Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1110928	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/11/2020 12:24

Path *

Category *

Confidential

Urgency *

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

Choose File No file chosen

Message Read

Clear

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NO

NO

NO

NO

NO

NO

NO

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:24	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:24	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:24	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:24	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:24	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:24	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:24	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:23	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:23	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:23	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:23	Photos		Normal	Photos 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:23	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Nov 2020 12:23	SAS		Normal	SAS 2020-11-21

Video List

Uploaded By/Date	Folder Date	File Name		Source
		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.	<input type="text"/>	Date of Accident	<input type="text" value="20/11/2020 11:39"/>
Vehicle No.(For Motor)	<input type="text" value="SKW8734L"/>	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"/>	5075500421-05		CHIOH SIEW LING	S7876181D	GPC	drive CLASSIC	SKW8734L	SKW8734L	19/11/2020	18/11/2021