

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 Submission	21/12/2020 17:22 (SGT)
Date of Accident	19/12/2020 09:45 (SGT)
Exact Location of Accident	Commonwealth Dr, Singapore
Additional Location Information	JUNCTION OF COMMONWEALTH AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6050K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THAM YUKE WAN
NRIC No	SXXXX381D
Email Address	jennygatham@yahoo.com.sg
Mobile Phone No	(Phone) +65-97998383
Alternative Phone No	+65-90396726

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5088236289-03
Cover Note Number	-

DRIVER

Name of Driver	THAM HIN WAH
NRIC No	SXXXX791F

Date Of Driving Pass	12/03/1968
Driving experience	52 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90396726
Alt. Phone Number	-
Email Address	iennygatham@yahoo.com.sg
Address	BLK 8 HOLLAND AVENUE
Address complement	#11-20
Postcode	271008
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE NOTICE OF REPORTING

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	GBF1721R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	

Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
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.

AW Chan

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

21/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan

COMMONWEALTH AVENUE



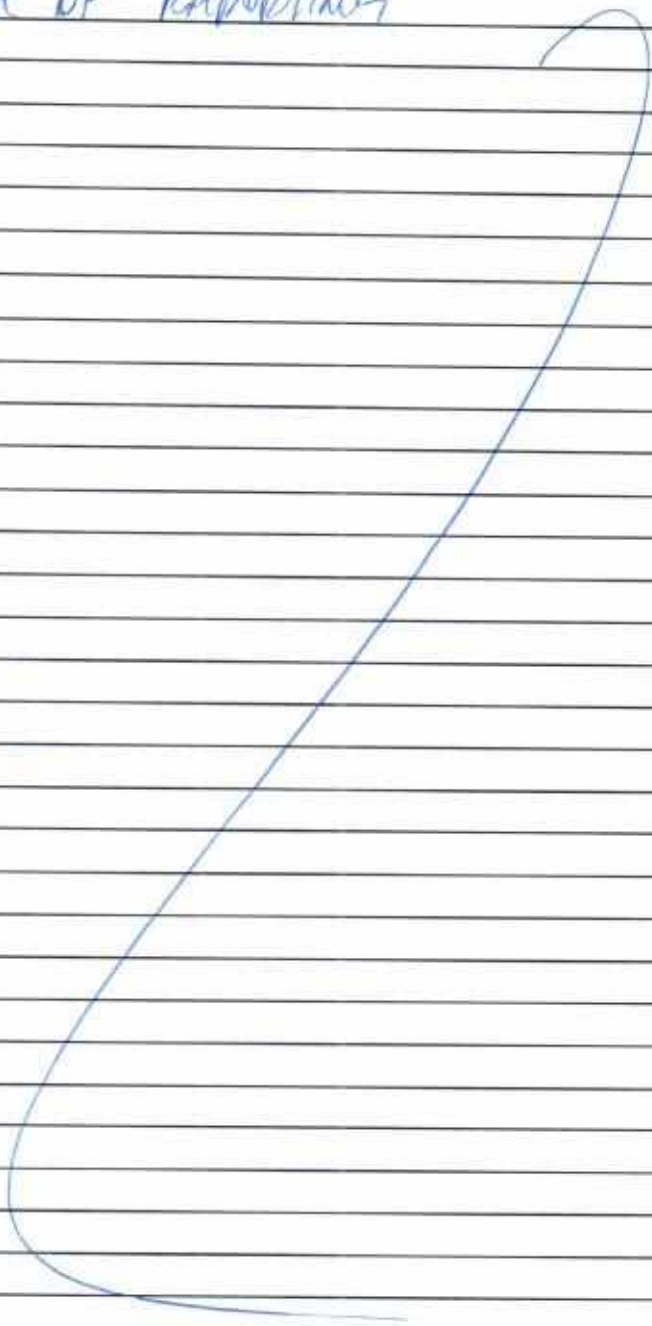
A) SLL 6050K

B) GBF 1721 R

COMMONWEALTH DRIVE

Describe Circumstances of the Accident

NOTICE OF REPORTING



Declaration

We declare the foregoing particulars are true in every respect.

How Thiam

21/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/2020) (DD/MM/YYYY), TIME: (9:45am) (HH:MM)

LOCATION: Commonwealth Commonwealth Dr And Commonwealth Ave Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 6050K
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Sienna
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Marketing
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: Tham Yuke Wah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0110381D CONTACT: 97998383
c) ADDRESS: 27 Oxley Garden

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tham Hin Wah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0317911F CONTACT: 90396726
c) ADDRESS: Blk 8, 11-20 Holland Ave

*d) DATE OF BIRTH: (25/09/1946) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: G8F 1721 R 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: _____

email = jenny gatham@yahoo.com.sg

VIDEO

CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Tham Hin Wah, NRIC/FIN S0531791F, has reported to the Police a non-injury traffic accident which occurred at Junction Commonwealth Drive & Commonwealth Avenue on 19/12/2020 at 0945hrs involving the following vehicles:

V1) SLL6050K (Informant)
V2) GBF1721R

Facts:

On 19/12/2020 at about 0945hrs, I was driving my sister's car (SLL6050K) along Commonwealth Drive. When I saw that it was safe to make a turn to Commonwealth Avenue, I turned. However, there was a van (GBF1721R) stopped in front which I didn't realize. Thus, my vehicle collided slightly onto the said van.

The van sustained minor dent at the rear door which the driver claimed that the damage causes the door unable to be opened. My vehicle sustained no damage.

I would like to add that there is no government property & foreign vehicle involve and no one was injured. No police attended to us during that instance.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (3) T140065 Hengky

Date: 20/12/2020 Time: 1722 hrs

S/D Ref: 42

Police Post/Unit: Orchard NPC / Tanglin Police Division

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

RECEIVED BY: [Signature]

DATE: 20/12/2020
TIME: 1722
BY: [Signature]

Claim Handling

Accident MT/1114490

Policy No.	5088236289-03	Vehicle No.	SLL6050K	GST Registration No.
Certificate No.				
Policyholder Name	THAM YUKE WAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97998383	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TC-A	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	21/12/2020 17:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/12/2020	Time of Accident hh:mm	09:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	COMMONWEALTH DR AND COMMONWEALTH AVENUE JUNCTION			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	1,100.00	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	27 OXLEY GARDEN	Address 2	SINGAPORE 238758	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5088236289-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	THAM HIN WAN	Driver NRIC	S0531791F	Driving Experience
Register Date of Driver License	12/03/1968	Driver Age	74	Contact No.(Home)
Contact No.(Mobile)	90396726	Contact No.(Office)		Address 3
Address 1	BLK 8 #11-20	Address 2	HOLLAND AVENUE	Post Code
Address 4		Address Type	Foreign address	
Unit No.	11-20			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLL6050K	Driver Insurer Com.

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	THAM YUKE WAN
Contact No.(Mobile)	97998383	Contact No.(Home)	683405
Email Address		OI Vehicle Number	SLL6050K
Claim Description	SLL6050K / GBF1721R ON 19 Dec 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Pending	
Date Registered	21/12/2020 17:35	Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer☐ Print AK letter

Save

Submit

Attachment



Accident No.	MT/1114490	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/12/2020 17:37
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:37	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:37	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:37	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	Photos	Normal	Photos :
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	NRIC/ Driving License	Y	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Dec 2020 17:35	SAS	Normal	SAS 2(

Video List

Uploaded By/Date

Folder Data

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

19/12/2020 15:56

Vehicle No.(For Motor)

SLL6050K

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088236289-03		THAM YUKE WAN	S0110381D	GPC	drive CLASSIC	SLL6050K	SLL6050K	02/03/2020	01/03/2021