

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 17:45 (SGT)
Date of Accident	19/12/2020 08:35 (SGT)
Exact Location of Accident	Duchess Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7651G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN RUIEN
NRIC No	SXXXX479C
Email Address	tanruien95@gmail.com
Mobile Phone No	(Phone) +65-93283938
Alternative Phone No	+65-93283938

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF190TR
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119427507
Cover Note Number	-

DRIVER

Name of Driver	TAN RUIEN
NRIC No	SXXXX479C

Date Of Driving Pass	05/10/2020
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93283938
Alt. Phone Number	+65-93283938
Email Address	tanruen95@gmail.com
Address	26 BUKIT BATOK STREET 52
Address complement	#15-05
Postcode	659247
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7706B
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NOOR MOHAMMED BIN SHABBUR AHMED
NRIC No	SXXXX138J
Contact Number	(Phone) +65-94574187
Address	-
Address complement	-

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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

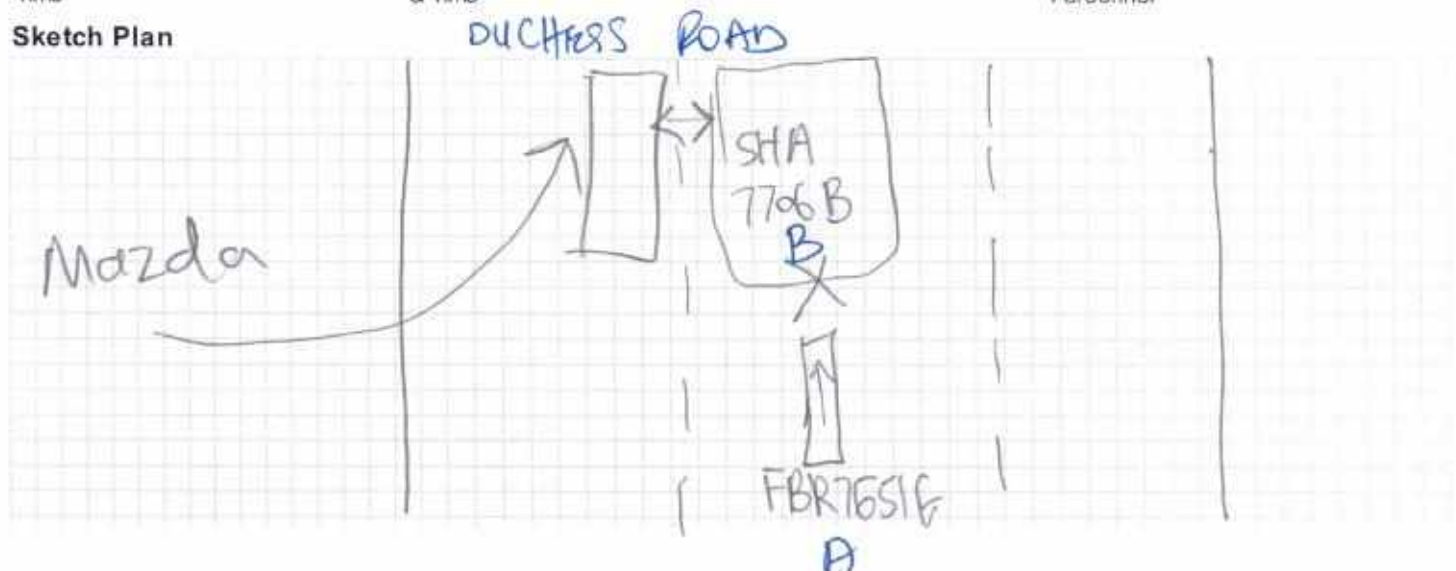
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 21/12/20 1515
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





Describe Circumstances of the Accident

Travelling on Duddess Rd at 60-70 kph, I was behind taxi SHA7706B. Mazda turning out from side road into middle lane. SHA7706B takes evasive action and e-brake. - I cannot e-brake in time safely, hit SHA 7706B from behind. Damage number plate & bumper, no damage to my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

 21/12/20,
1515

 21/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2020 (DD/MM/YYYY), TIME: 08:35 (HH:MM)

LOCATION: Duchess Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 7651G
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5119427507
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CBF 190TR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commute
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: TAN RUEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9570479C CONTACT: 93283938
c) ADDRESS: 26 Bt Batok St S2, #15-05, S659247

* 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: 08/08/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/10/2020

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)

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: SHA 7706B MODEL: Hyundai Elantra
b) DRIVER'S NAME: Noor Mohammad bin Shabbir Ahmed
c) NRIC/FIN/PASSPORT: S74101385 CONTACT: 9457 4187

9. THIRD PARTY VEHICLE

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

Email: tanruen95@gmail.com

VIDEO

Claim Handling

Accident MT/1114502

Policy No.	5119427507	Vehicle No.	FBR7651G	GST Registration No.
Certificate No.				
Policyholder Name	TAN RUIEN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93283938	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	21/12/2020 17:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/12/2020	Time of Accident hh:mm	08:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG DUCHESS ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
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				
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	26 BUKIT BATOK STREET 52	Address 2	#15-05 GUILIN VIEW	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-05	Related Policy Number	5119427507	

▼ OI Driver Info

Driver Name	Tan Ruien	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9590479C	Driver DOB
Register Date of Driver License	01/01/2020	Driver Age	25	Driving Experience
Contact No.(Mobile)	93283938	Contact No.(Office)		Contact No.(Home)
Address 1	26 BUKIT BATOK STREET 52	Address 2	#15-05 GUILIN VIEW	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-05			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBR7651G	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	TAN RUIEN
Contact No.(Mobile)	93283938	Contact No.(Home)	
Email Address	TANRUIEN95@GMAIL.COM	Vehicle Number	FBR7651
Claim Description	FBR7651G / SHA7706B ON 19 Dec 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		21/12/2020 17:51	Claim Close Date

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Attachment

Accident No. MT/1114502 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 21/12/2020 17:52

Path *

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

Category * Confidential

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:52	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:52	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:52	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:52	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:52	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:51	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:51	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 17:51	SAS		Normal	SAS 200

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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="19/12/2020 16:13"/>
Vehicle No.(For Motor)	<input type="text" value="FBR7651G"/>	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"/>	5119427507		TAN RUIEN	S9590479C	GMC	Third Party	FBR7651G	FBR7651G	17/10/2020	16/10/2021
<input type="button" value="Continue"/>										