

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	23/12/2020 16:13 (SGT)
Date of Accident	23/12/2020 08:30 (SGT)
Exact Location of Accident	Alexandra View, Singapore
Additional Location Information	B2 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3956D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ROYAL SERVICES
Company Reg No	5XXXX477L
Email Address	craig84sg@yahoo.com.sg
Mobile Phone No	(Phone) +65-96628483
Alternative Phone No	+65-96628483

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108111589-01
Cover Note Number	-

DRIVER

Name of Driver	CRAIG NG BING YUAN
NRIC No	SXXXX119Z

Date Of Driving Pass	22/03/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96628483
Alt. Phone Number	-
Email Address	craig84sg@yahoo.com.sg
Address	25 FERVALE CLOSE
Address complement	#20-11
Postcode	797462
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Chain Collision
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	GBK850G
Vehicle Manufacturer	Ford
Vehicle Model	Ranger
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ANG YENG JOO
Contact Number	(Phone) +65-97711820
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ931X
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAMESH
Contact Number	(Phone) +65-93864324
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

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.



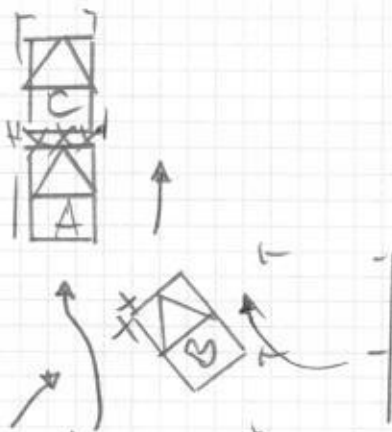
Policyholder's Signature / Date & Time



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

23/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLX 3956 D
B: GRK 850 G
C: SKZ 931 X

B2 Carpark of
8 Alexandra View

Describe Circumstances of the Accident

On the stated date & time, I was travelling inside B2 carpark of 8 Alexandra View. Suddenly a vehicle B came out from parking lot hit onto my right portion causing me to hit the vehicle C that park at parking lot on my left. It was a 3 cars chain collision.

Declaration

We declare the foregoing particulars are true in every respect.



23/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (23/12/20) (DD/MM/YYYY), TIME: (08:30) (HH:MM)

LOCATION: B2 Carpark of 8 Alexandra View

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 3956D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5108111589-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KIA CERATO K3
 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: ROYAL SERVICES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53334477L CONTACT: 96628483
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CRAIG NG BING YUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58415119Z CONTACT: 96628483
 c) ADDRESS:

* d) DATE OF BIRTH: (24/05/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/3/2003

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: GBE 850G MODEL: FORD RANGER
 b) DRIVER'S NAME: ANG YONG JOO ANG YONG JOO
 c) NRIC/FIN/PASSPORT: CONTACT: 97211820

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKZ 931X MODEL: Honda
 e) DRIVER'S NAME: RAMESH
 f) NRIC/FIN/PASSPORT: CONTACT: 93864324

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (2)

* No of passenger
 (including driver)
 (0)

Email = craig84sg@yahoo.com.sg
 VIDEO

Claim Handling

Accident MT/1114774

Policy No.	5108111589-01	Vehicle No.	SLX3956D	GST Registration No.
Certificate No.				
Policyholder Name	ROYAL SERVICES			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading
Contact No.(Mobile)	96628483	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	23/12/2020 16:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/12/2020	Time of Accident hh:mm	08:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALEXANDRA VIEW B2 CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
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	23/12/2020 16:10:38 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	25 FERNVALE CLOSE	Address 2	#20-11 RIVERTREES RESIDENC	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	20-11	Related Policy Number	5108111589-01	

▼ OI Driver Info

Driver Name	NG BING YUAN CRAIG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8415119Z	Driver DOB
Register Date of Driver License	01/01/2008	Driver Age	36	Driving Experience
Contact No.(Mobile)	96628483	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLX3956D	Driver Insurer Comp.

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ROYAL SI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLX3956
Claim Description	SLX3956D / GBK850G ON 23 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	23/12/2020 16:18

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save

Submit

Attachment

Accident No. MT/1114774 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/12/2020 16:21

Path *

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Confidential

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NO

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:21	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:21	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:21	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:20	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:20	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:18	Photos	Normal	Photos 20

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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:18	Photos	Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:18	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 16:18	SAS	Normal	SAS 202

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

23/12/2020 12:14

Vehicle No.(For Motor)

SLX3956D

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108111589-01		ROYAL SERVICES	53334477L	GPC	drive CLASSIC	SLX3956D	SLX3956D	27/03/2020	26/03/2021

Continue

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5108111589-01
The Policyholder	: ROYAL SERVICES 25 FERVALE CLOSE #20-11 RIVERTREES RESIDENCES SINGAPORE 797462

Period of Insurance	: 27 Mar 2020 To 26 Mar 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,957.95

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 1600cc
Primary Driver	: NG BING YUAN CRAIG	Registration Year	: 2018
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: KIA/FORTE K3	NCD Entitlement	: 20%
Registration Number	: SLX3956D	NCD Protection	: No
Chassis Number	: KNAFZ411MJ5761849	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$2,000		
Excess (Section 2)	: S\$1,500		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: GOLDBELL FINANCIAL SERVICES PTE LTD		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency	: BELL AUTO PTE. LTD. (00000615426)
Date of Issue	: 28 Feb 2020 13:12 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive