





# 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	01/02/2021 17:28 (SGT)
Date of Accident	30/01/2021 15:00 (SGT)
Exact Location of Accident	930 Yishun Ave 2, Singapore 769098
Additional Location Information	BASEMENT 3 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1119P
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SOO MEE JANET
NRIC No	SXXXX972D
Email Address	lim.janet@gmail.com
Mobile Phone No	(Phone) +65-91008219
Alternative Phone No	+65-91008219

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	Private car

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5102700573-02
Cover Note Number	-

### DRIVER

Name of Driver	LIM SOO MEE JANET
NRIC No	SXXXX972D

Date Of Driving Pass .....	06/09/1975
Driving experience .....	45 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91008219
Alt. Phone Number .....	+65-91008219
Email Address .....	lim.janet@gmail.com
Address .....	13 FARRER PARK ROAD #19-29
Address complement .....	-
Postcode .....	210013
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMR5280B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	RACHEL LIN
NRIC No .....	SXXXX918A
Contact Number .....	(Phone) +65-82686841
Address .....	-
Address complement .....	-

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



## SKETCH PLAN

### 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. The 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.
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.

Policyholder's Signature / Date &  
Time 10.35 am

Sketch Plan 1/2/21

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

aw 01/02/2021  
Witnessed by Reporting Centre  
Personnel

UNKNOWN CAR WAS PARKED

Describe Circumstances of the Accident

On 30/1/21 I parked my car at North Point Basement 3 Carpark. When I left the car at 1 pm, it was not damaged. When I came back at 3 pm, I noticed a note on my windscreen that the front right was hit by the person whose car hit the front.

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date &

Time 10.35 am  
1/2/21

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

*[Signature]* 1/2/2021  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 1 / 2021) (DD/MM/YYYY), TIME: (3 pm) (HH:MM)

LOCATION: North Point Basement carpark - B3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 1119P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5102  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Audi A3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: shopping  
 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: LIM SUEE JANET (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0123972P CONTACT: 91008219  
 c) ADDRESS: 13 Farrer Park Road #19-29  
 S 210013

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

### DRIVER

- a) NAME: AS' ABOMU (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (23 / 08 / 1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Retired

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: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Parked

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: SMR 5280B MODEL:  
 b) DRIVER'S NAME: Rachel Lin  
 c) NRIC/FIN/PASSPORT: S9347918A CONTACT: 8268 6841

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (0)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = lim.janet@gmail.com

VIDEO

## Claim Handling

## Accident MT/1119541

Policy No.	5102700573-02	Vehicle No.	SKV1119P	GST Registration No.
Certificate No.				
Policyholder Name	LIM SOO MEE JANET			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91008219	Contact No.(Office)		Contact No.(Home)
Email Address	LIM.JANET@GMAIL.COM	Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	01/02/2021 17:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/01/2021	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NORTH POINT BASEMENT 3 CARPARK			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
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

Coverage		Sum Insured	
Excess Waiver		99999999.99	

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 13 #19-29	Address 2	FARRER PARK ROAD	Address 3
Address 4	SINGAPORE 210013	Address Type	Singapore address	Post Code
Unit No.	19-29	Related Policy Number	5102700573-02	

## ▼ OI Driver Info

Driver Name	LIM SOO MEE JANET	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S0123972D	Driving Experience
Register Date of Driver License	01/01/2016	Driver Age	68	Contact No.(Home)
Contact No.(Mobile)	91008219	Contact No.(Office)		Address 3
Address 1	BLK 13 #19-29	Address 2	FARRER PARK ROAD	Post Code
Address 4	SINGAPORE 210013	Address Type	Singapore address	
Unit No.	19-29			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKV1119P	Driver Insurer Comp.

## Declaration

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

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM SOO
Contact No.(Mobile)	91008219	Contact No. (Home)	
Email Address	lim.janet@gmail.com	OI Vehicle Number	SKV1119
Claim Description	SKV1119P / SMR5280B ON 30 Jan 2021		
Preferred Workshop	Yes	Insured Liability	Preferred Workshop, Name unknown
Preferred Repair	Preferred Repair	GIA report	Received



2/1/2021

## Claim Handling(accident reporting Claim Task )

Date Registered

Option

01/02/2021 17:33

Claim  
Close  
Date

Report Taken By

ROSLI WAHAB

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1119541	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2021 17:37

  

Choose File	No file chosen	Clear	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:37	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:37	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:37	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:37	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:37	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:37	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:34	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:34	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:34	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 17:34	SAS		Normal	SAS 20

## Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window Scan and uploading



Dear owner,

I am very sorry,  
I damaged your bumper  
accidentally.

Please contact me at

82686841,

I would be keen to repay  
for damages. I am very  
sorry...

Sincerely,

Rachel Lin

S9347918A

am 01/07/2021



Hello, NAC\_BUKIT\_MERAH\_800676

[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="30/01/2021 11:31"/>							
Vehicle No.(For Motor)	<input type="text" value="SKV1119P"/>	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"/>	5102700573-02		LIM SOO MEE JANET	S0123972D	GPC	drivo CLASSIC	SKV1119P	SKV1119P	28/08/2020	27/08/2021
<input type="button" value="Continue"/>										