

SN 082125000

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN CAR	INC () / Non-INC ()	
Owner / Driver: (		Tel:	
Policy No: (	)	Period: (	) Cover Type: (
Confirmed by: (		Date:	Time:
Insured/Driver Liability: (	%)	[Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	)	Warranty: YES (	) / NO (
Excess: (\$	)	Loading: \$1,000 (	) / \$2,000 (

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case : to e-mail Insurer **URGENTLY**.

Drive-In () / Towed-In () ; Invoice: YRS () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$5000] ()

Injury :

4/7/2019

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Architects' Comments

2111:

INVOICE		DATE	AMOUNT
1) All Accident Reporting (\$30)			
2) DA Damage Assessment (\$100)	ING (\$10)		
3) TP Allowance		\$40/345	
4) FT Follow Through Survey		\$120	
5) FT Follow Through Survey (Resurvey)		\$30	
Variable Insurance (ING Only) (var 10 Jan 200)			\$75
6) TR Re-inspection		\$160	
7) NI Idea DA + EMRT Survey			
8) NFUC Additional Services			
ON		\$3	
* NS: Courtesy Car / TP Allowance		\$10	
* NS: Repair Coordination		\$25	
* NS: Post Repair Inspection		\$3	
* ND: DV / Collision Wreck Coordination		\$30	
TP (NI) / TP (NG) / TP (ING) / TP (ING)		\$0	
9) NI: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

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	19/02/2021 10:58 (SGT)
Date of Accident	18/02/2021 07:48 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3905M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YONG WAI, DUANE (CHEN YONGWEI, DUANE)
NRIC No	SXXXX455I
Email Address	duanetanyw@yahoo.com.sg
Mobile Phone No	(Phone) +65-97452680
Alternative Phone No	+65-97452680

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Crossland
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	5115993671
Cover Note Number	-

DRIVER

Name of Driver	TAN YONG WAI, DUANE (CHEN YONGWEI, DUANE)
NRIC No	SXXXX455I

Date Of Driving Pass	06/04/1999
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97452680
Alt. Phone Number	+65-97452680
Email Address	duanetanyw@yahoo.com.sg
Address	102 PUNGGOL WALK #16-07
Address complement	-
Postcode	828791
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	No 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	3
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
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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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.

Dina Tan 18-2-2021
11:50am

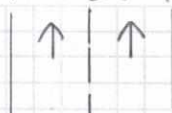
Policyholder's Signature / Date & Time

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

[Signature] 19/02/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

TOWARDS TPE



Punggol Road

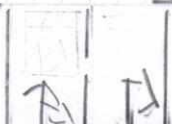
A) SMJ 3905M

B) UNKNOWN CAR

C) UNKNOWN SBS BUS (850)



NO IMPACT



Punggol Road Flyover

Describe Circumstances of the Accident

On 18-02-2021 Thursday 07:48am met a near miss car accident at Punggol Road heading toward TPE expressway at a cross-junction traffic. Flyover

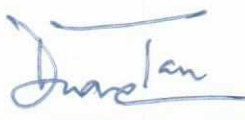
My car didn't hit the grey colour Subaru SUV vehicle but the SBS bus hit the rear end of the Subaru SUV.

I'm reporting this incident to IDAC Bukit Merah and to assess, verify and to take photos of the car condition and to NTUC Income Insurance company.

Video as attached to IDAC.

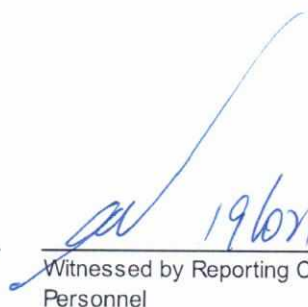
Declaration

We declare the foregoing particulars are true in every respect.

 18-2-2021
11:50am

Policyholder's Signature / Date &
Time

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

 19/02/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 02 / 2021 (DD/MM/YYYY), TIME: 07 : 48 (HH:MM)

LOCATION: Punggol Road towards TPE Expressway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ 3905M
b) INSURANCE COMPANY: NTUC Income Insurance
c) POLICY NUMBER: 5115993671
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Opel Crossland X
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: TAN YONG WAI, DUANE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S72134551 CONTACT: 97452680
c) ADDRESS: Block 102 PUNGGOL WALK #16-07 S(828791)

* 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: 17 / 04 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 6 April 1999

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: Unknown Car MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: Unknown SBS Bus 858 MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = duanetanyw@yahoo.com.sg

VIDEO

Claim Handling

Accident MT/1121600

Policy No.	5115993671	Vehicle No.	SMJ3905M	GST Registration No.
Certificate No.				
Policyholder Name	TAN YONG WAI, DUANE (CHEN YONGWEI, DUANE)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	97452680	Contact No.(Office)		Contact No.(Home)
Email Address		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	19/02/2021 11:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/02/2021	Time of Accident hh:mm	07:48	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PUNGGOL ROAD TOWARDS TPE			

▼ 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
Transport Allowance	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	102 PUNGGOL WALK	Address 2	#16-07 TWIN WATERFALLS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115993671-01	

▼ OI Driver Info

Driver Name	TAN YONG WAI DUANE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7213455I	Driver DOB
Register Date of Driver License	01/01/1998	Driver Age	48	Driving Experience
Contact No.(Mobile)	97452680	Contact No.(Office)		Contact No.(Home)
Address 1	102 PUNGGOL WALK	Address 2	#16-07 TWIN WATERFALLS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMJ3905M	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 YON
Contact No.(Mobile)	97452680	Contact No. (Home)	
Email Address	duanetanyw@yahoo.com.sg	OI Vehicle Number	SMJ3905
Claim Description	SMJ3905M / UNKNOWN CAR ON 18 Feb 2021		
Preferred	<input type="text"/>	Insured Liability	Not at Fault

Workshop Finalized No. ☐ Yes ☒ Preferred Repair Option Preferred Workshop, Name unknown ☐ GIA report Received ☐ 19/02/2021 11:56 Claim Close Date

Date Registered Report Taken By ROSLI WAHAB

☐ Print AK letter

Save Submit

Attachment

Accident No. MT/1121600 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 19/02/2021 11:57

Path *

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

Category * Confidential

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO













Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:56	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:56	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:56	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2021 11:56	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name
		Display in New Window Scan and uploading

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="18/02/2021 10:52"/>							
Vehicle No.(For Motor)	<input type="text" value="SMJ3905M"/>	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"/>	5115993671		TAN YONG WAI, DUANE (CHEN YONGWEI, DUANE)	S7213455I	GPC	drivo PREMIUM	SMJ3905M	SMJ3905M	01/03/2020	28/02/2021
<input type="button" value="Continue"/>										