

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	09/03/2021 10:47 (SGT)
Date of Accident	09/03/2021 08:00 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG6811D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG KIAN CHONG
NRIC No	SXXXX925Z
Email Address	kcng2638@yahoo.com
Mobile Phone No	(Phone) +65-96655588
Alternative Phone No	+65-96655588

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112597579-01
Cover Note Number	-

DRIVER

Name of Driver	NG KIAN CHONG
NRIC No	SXXXX925Z

Date Of Driving Pass	18/04/1977
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96655588
Alt. Phone Number	+65-96655588
Email Address	kcng2638@yahoo.com
Address	BLK 61C STRATHMORE AVENUE #26-38
Address complement	-
Postcode	144601
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	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	8
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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

ON THE 09/03/2021 AT ABOUT 08:00HRS I WAS AT ECP TOWARDS CITY TRAFFIC WAS HEAVY THE CAR INFRONT OF ME STOP I FOLLOW TO STOP SUDDENLY I FELT A BANG FROM THE REAR AND SAW A CAR TOTAL OF 8 OR 9 CAR CHAIN COLLISION BUT I DID NOT TAKE THE REST OF THE CAR NUMBER ONLY THE CAR THAT BANG ONTO ME SMH7586J THAT ALL.

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	SMH7586J
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-

Vehicle Category	Private car
Name of Driver	CHERYL
Contact Number	(Phone) +65-96576587
Address	-
Address complement	-
Postcode	-
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.

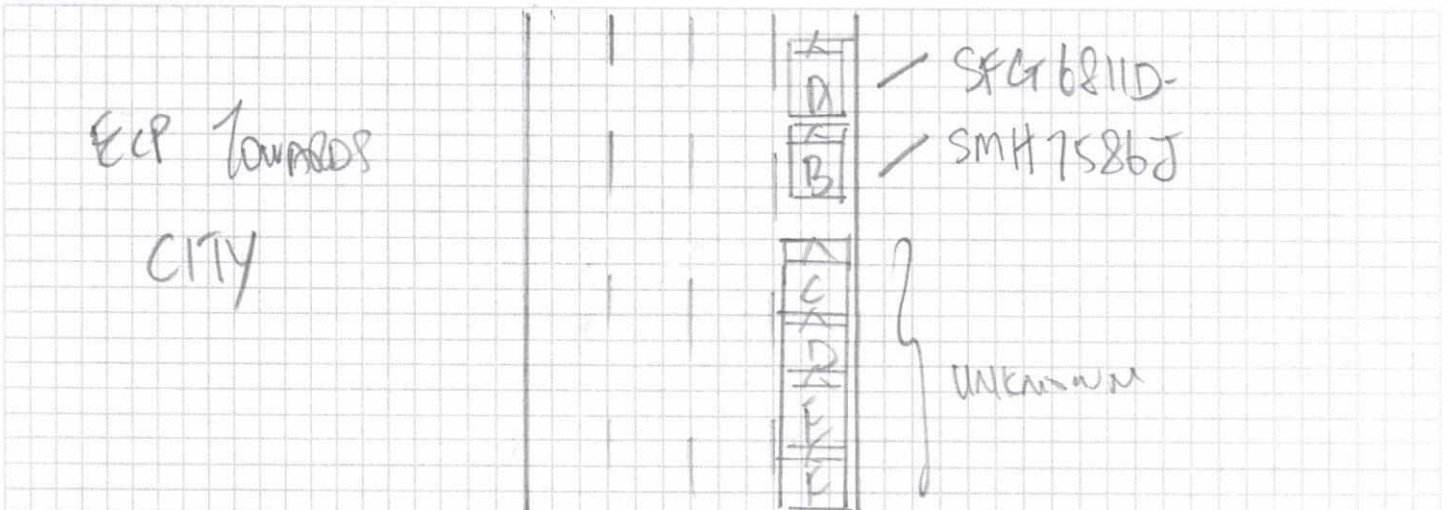
Sign 9/3/2021 1010 hrs

Policyholder's Signature / Date & Time

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

Sign 09/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO STATEMENT

Declaration

We declare the foregoing particulars are true in every respect.

9/3/2021 1010hrs

Policyholder's Signature / Date &
Time

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

9/3/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 3 / 2021) (DD/MM/YYYY), TIME: (0800) (HHMM)

LOCATION: ELP TOWARDS TOWN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFR 6811D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5115289579-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA FREED
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: NG KIAN CHONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S11659252 CONTACT: 96655588
 c) ADDRESS: 61C STRATHMORE AVE #26-38
 S144061

* 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: (07 / 07 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/4/1977

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: SMH7586J MODEL: HONDA FIT
 b) DRIVER'S NAME: CHERYL
 c) NRIC/FIN/PASSPORT: CONTACT: 96576587

9. THIRD PARTY VEHICLE

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

Email: keng2638@yahoo.com

VIDEO

Claim Handling

Accident MT/1123655

Policy No.	5112597579-01	Vehicle No.	SFG6811D	GST Registration No.	
Certificate No.					
Policyholder Name	NG KIAN CHONG			Policyholder NRIC	S11
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96655588	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

▼ Accident Details

Report Date	09/03/2021 10:50	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	09/03/2021	Time of Accident hh:mm	08:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP TOWARDS CITY				

▼ 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?	Cove
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			

▼ Policyholder Mailing Address

Address 1	BLK 61C #26-38	Address 2	STRATHMORE AVENUE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	144
Unit No.		Related Policy Number	5112597579-01		

▼ OI Driver Info

Driver Name	NG KIAN CHONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1165925Z	Driver DOB	07/1
Register Date of Driver License	01/01/2008	Driver Age	64	Driving Experience	13
Contact No.(Mobile)	96655588	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 61C #26-38	Address 2	STRATHMORE AVENUE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	144
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SFG6811D	Driver Insurer Company	NTL

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG KIAN CHONG	Insured NRIC	S11
Contact No.(Mobile)	96655588	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	CASEY.NGKC@GMAIL.COM	OI Vehicle Number	SFG6811D	TP Vehicle Number	SM
Claim Description	SFG6811D / SMH7586J ON 9 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	09/03/2021 10:52	Claim Close Date		Date Received	09/0
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Attachment



Accident No.	MT/1123655	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/03/2021 10:53

Path *

[illegible]

Message Read

Category *

Confidential

Urgency *

[illegible]

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:53	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:52	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:52	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:52	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:52	Photos	Normal	Photos 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:52	NRIC/ Driving License	Y	NRIC/ Driving License 2021-3-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2021 10:52	SAS	Normal	SAS 2021-3-9

▼ Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	---	--------

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.

Date of Accident

09/03/2021 10:04

Vehicle No.(For Motor)

SFG6811D

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"/>	5112597579-01		NG KIAN CHONG	S1165925Z	GPC	drivo CLASSIC	SFG6811D	SFG6811D	21/04/2020	20/04/2021