

2108213F0003

TP Insurer:

Confirmed by : (

Confirmed by: _____ Date: _____
Insured/Driver Liability: (_____ %) [Note- Est Status (WO); N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

130ccys: (\$) Loading: \$1,000 () / \$2,000 ()

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

() Total Loss Case : to central Insurer URGENTLY.

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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > S\$3000] ()

инjury :

NA2101937

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge): _____

INVOICE	
1) All Accident Surveys (300)	INVOICE
2) DA Survey Assessment (\$100)	\$100.00
3) TPI Towing Fee	\$150
4) TPI Follow-Through Survey	\$30
5) TPI Follow-Through Survey (Re-survey)	
6) Correlation with NC Only (over 10 in 10)	\$75
7) TPI Re-inspection	\$160
8) NC Idea DA + SMRT Survey	
9) NTUC Additional Services	
ON	\$3
• NS: Courtesy Car / TPI Allowance	\$10
• NS: Repairs Coordination	\$25
• NS: Post Repair Inspection	\$3
• NS: Repairs Coordination	\$20
• TP (NLI) / TP (NLI) / TP (NLI)	\$0
• NS: Mobile	
Invoice dated	For Charged
Invoice dated	For 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	15/03/2021 12:06 (SGT)
Date of Accident	12/03/2021 17:55 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	TOWARDS NANYANG CRESCENT BEFORE INT'L RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK3004T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KAI WEN CALVIN
NRIC No	SXXXX682I
Email Address	cloudvanvitaliano@hotmail.com
Mobile Phone No	(Phone) +65-92245335
Alternative Phone No	+65-92245335

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	5105324226-02
Cover Note Number	-

DRIVER

Name of Driver	TAN KAI WEN CALVIN
NRIC No	SXXXX682I
Date Of Birth	12/11/1995
Occupation	Outdoor

Date Of Driving Pass	01/11/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92245335
Alt. Phone Number	+65-92245335
Email Address	cloudvanvitaliano@hotmail.com
Address	BLK 162 JALAN TECK WHYE #02-212
Address complement	-
Postcode	680162
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF4362S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJM6950G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KAI WEN CALVIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK, WRIST AND HEADACHE
Injured person in which vehicle?	SJK3004T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

15/03/2021

Sketch Plan

POLYMER ROAD NORTH (TOWARDS NANYANG CENS) B/F INT'L ROAD

A - SJK3004T

B - SKF4302S

C - SJM6950G

←

←

←

HJH<HSD

BUS STOP

Describe Circumstances of the Accident

On the stated time and date, I was driving my vehicle SJK3004T on Pioneer Road North toward Nanyang Crescent before International Road on lane 2 of 3 lanes. Suddenly I felt an impact ~~my~~ from my rear so huge that my vehicle surge forward, and hit onto the vehicle in front of me. I alighted the vehicle, and realised I'm involved in a 3 car chain collision. I'm the second car from the front. First car bear the vehicle number of SJM6950G. The vehicle that caused the accident bearing plate number SKF4362S.

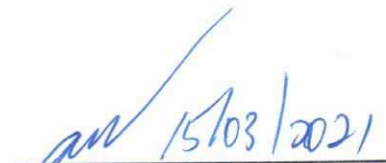
Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



15/03/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 12/3/21 Accident Time: 1755 (24-HR-Format)
Accident Place : PIONEER ROAD NORTH (towards Nanyang Crescent) before international Rd
Vehicle No. (Car Plate No.) : SK3004T Make/Model: MITSUBISHI LANCER EX 1.5A
Insurance Company : NTUC Policy No: 5105324226-02
Owner or Company Name /IC No. : TAN KAI WEN CALVIN S95416821
Owner or Company Contact No. : 9224 5335 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 12/11/1995 DRIVER'S License Pass Date 1 NOV 2018
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
DRIVER'S Address : BLK 162 JALAN TECK WHYE #02-212
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office) daryicheah96@
Email Address : cloudvanvitaliano@hotmail.com cloudvanvitaliano@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): Neck, back, wrist, headache

Other Party Driver's Particular (if any)

SJM6950G

Vehicle. No: B SKF4362S

Vehicle. No: SK300

Vehicle Make \Model: _____

Vehicle Make \Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

Claim Handling

Accident MT/1124325

Policy No.	5105324226-02	Vehicle No.	SJK3004T	GST Registration No.
Certificate No.				
Policyholder Name	TAN KAI WEN CALVIN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92245335	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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	15/03/2021 11:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/03/2021	Time of Accident hh:mm	17:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIONEER ROAD NORTH TOWARDS NANYANG CRESCENT BEFORE INTERNATIONAL ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	1,500.00			
Total OD Excess Applicable	2,100.00	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	BLK 162 #02-212	Address 2	JALAN TECK WHYE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-212	Related Policy Number	5105324226-02	

▼ OI Driver Info

Driver Name	TAN KAI WEN CALVIN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9541682I	Driving Experience
Register Date of Driver License	01/11/2018	Driver Age	25	Contact No.(Home)
Contact No.(Mobile)	92245335	Contact No.(Office)		Address 3
Address 1	BLK 162 #02-212	Address 2	JALAN TECK WHYE	Post Code
Address 4		Address Type	Singapore address	
Unit No.	02-212			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJK3004T	Driver Insurer Company

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAN KAI WEN CALVIN	Insured NRIC
Contact No.(Mobile)	92245335	Contact No.(Home)	68926879	Contact No.(Office)
Email Address		OI Vehicle Number	SJK3004T	TP Vehicle Number
Claim Description	SJK3004T / SKF4362S ON 12 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received
Date Registered	15/03/2021 12:02	Claim Close Date		Total Loss but Repaired
Report Taken By	ROSLI WAHAB	Workshop Repairer		

☒ Print AK letter

Save Submit

Attachment

3/15/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/1124325

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/03/2021 12:18

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	Urgen
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:18	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:18	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:18	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:18	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:17	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:17	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:17	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:17	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:17	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:17	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:16	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:16	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:16	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:16	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:16	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:16	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:12	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:12	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:12	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 12:12	SAS		Normal	SAS 2021-3-15

Video List

Uploaded By/Date

Folder Date

File Name



Sou

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="12/03/2021 12:21"/>							
Vehicle No.(For Motor)	<input type="text" value="SJK3004T"/>	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 checked="" type="radio"/>	5105324226-02		TAN KAI WEN CALVIN	S9541682I	GPC	drivo CLASSIC	SJK3004T	SJK3004T	15/10/2020	14/10/2021
<input type="button" value="Continue"/>										