

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	22/03/2021 15:37 (SGT)
Date of Accident	21/03/2021 08:44 (SGT)
Exact Location of Accident	King's Rd, Singapore
Additional Location Information	JUNCTION OF LUTHERAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX69X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA SERH MEI SHARON MRS TANG SERH MEI SHARON
NRIC No	SXXXX410I
Email Address	solnren@yahoo.com
Mobile Phone No	(Phone) +65-96888863
Alternative Phone No	+65-96888863

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114940863-01
Cover Note Number	-

DRIVER

Name of Driver	CHIA SERH MEI SHARON MRS TANG SERH MEI SHARON
NRIC No	SXXXX410I

Date Of Birth	06/08/1975
Occupation	Indoor
Date Of Driving Pass	16/08/1993
Driving experience	27 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96888863
Alt. Phone Number	+65-96888863
Email Address	solnren@yahoo.com
Address	48 EWE BOON ROAD #14-01
Address complement	-
Postcode	259342
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	Collision - Cross Junction
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TANG CHI YUNG SOLOMON
Gender	Male

PASSENGER 2

Name	YEOH KIM WHEE
Gender	Female

PASSENGER 3

Name	TANG WEI LIN JESSICA
Gender	Female

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 AND ATTACHMENT

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	SLP6672U
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIANG YI
NRIC No	SXXXX952Z
Contact Number	(Phone) +65-90680839
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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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

Sketch Plan

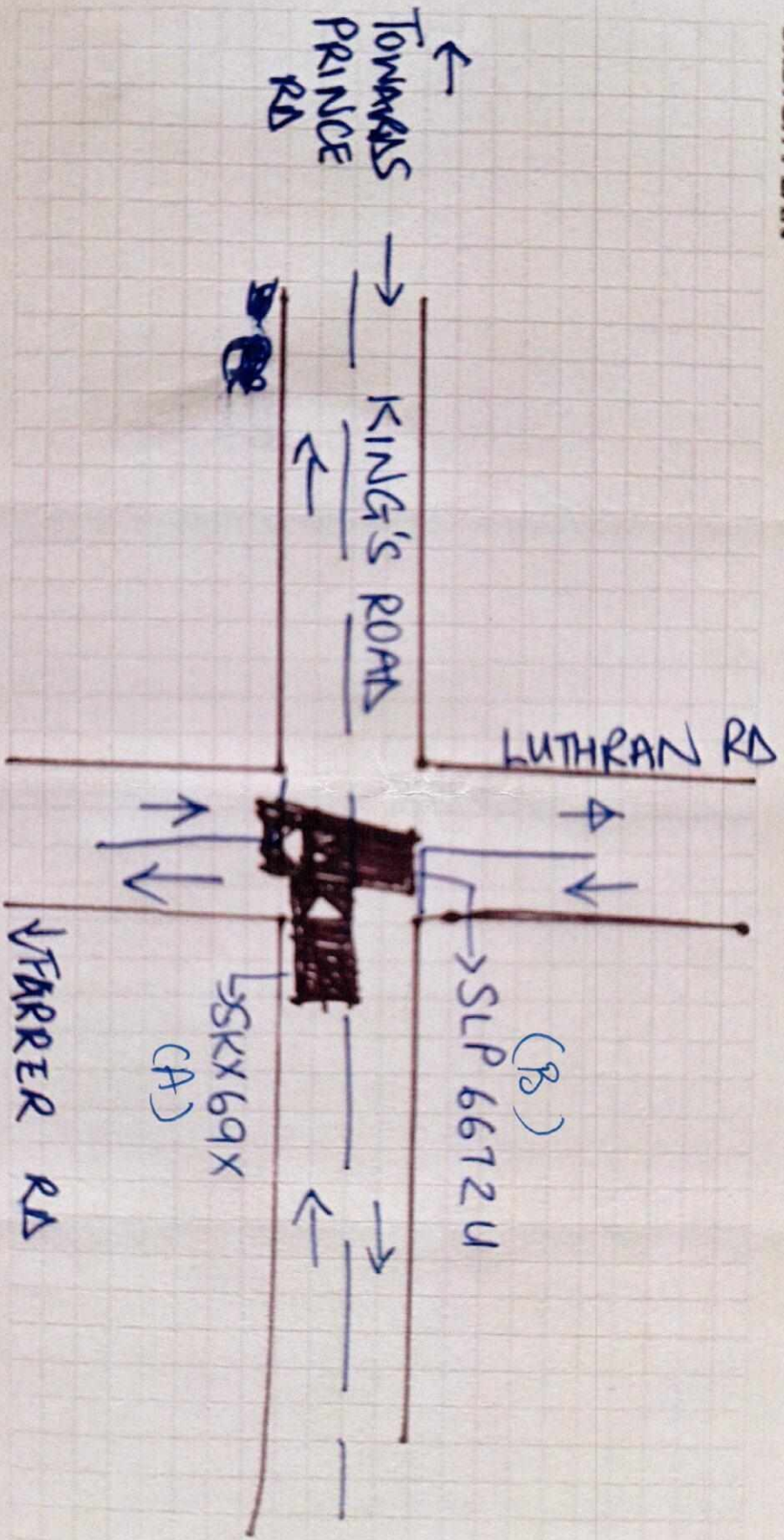
22/03/2021
2:30pm

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

Witnessed by Reporting Centre
Personnel

AS PER ATTACHMENT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

22/03/2021

22/03/2021

Describe Circumstances of the Accident

On 21/03/2021 at 8.44am, while driving along King's Road (towards Prince Road) at the junction of Lutheran Road, the vehicle I was driving SKX 69X collided with vehicle SLP 6672 U (driving towards Farrar Road).

Traffic was clear.

Declaration

We declare the foregoing particulars are true in every respect.

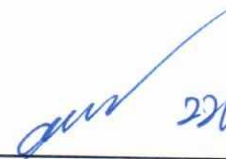


Policyholder's Signature / Date & Time

22/03/2021
2:30pm

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

Witnessed by Reporting Centre Personnel

 22/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: 21/03/2021 (DD/MM/YYYY), TIME: 08:44 (HH:MM)

LOCATION: JUNCTION OF KING'S RD & LUTHERAN RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX69X
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5114940863
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE

1. TANG CHI YUNG (M)
SOLOMON

2. YEOH KIM WHEE (W)

3. TANG WEI LIN (W)
JESSICA

2. INSURED / POLICY HOLDER

- a) NAME: CHIA SERH MEI SHARON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ST5224101 CONTACT: 9688 8863
 c) ADDRESS: 48 ENE BOON RD #14-01
SINGAPORE 259342

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(4)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 06/08/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/08/1993

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) CLEAR

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

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SLP 66724 MODEL: VOLKSWAGEN
 b) DRIVER'S NAME: LIANG YI
 c) NRIC/FIN/PASSPORT: 383 729522 CONTACT: 90680839

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

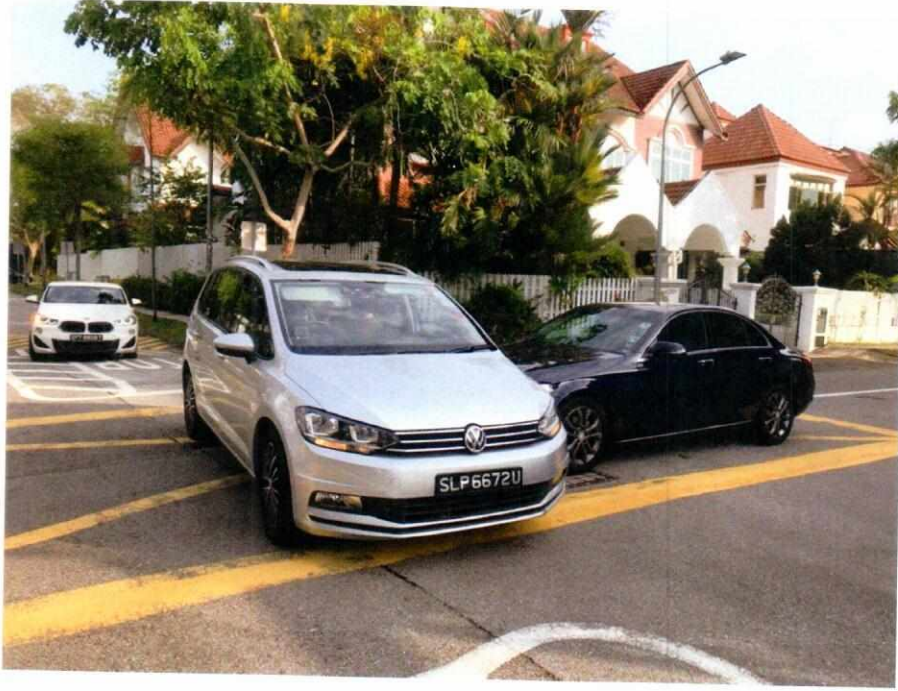
- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: SOLNREN @ YAHOO.COM

VIDEO



am 22/08/2021



22/03/2021



Claim Handling

Accident MT/1125132

Policy No.	5114940863-01	Vehicle No.	SKX69X	GST Registration No.
Certificate No.				
Policyholder Name	TANG SERH MEI SHARON			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96888863	Contact No.(Office)		Contact No.(Home)
Email Address	solnren@yahoo.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	22/03/2021 10:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/03/2021	Time of Accident hh:mm	08:44	Country of Accident
Reporting Centre	Jamaliah Bte Hashim	Orange Force	No	ICM No.
Accident Location	Cross Road Junction of Kings Road and Lutheran 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	0			
Total OD Excess Applicable	600.00	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	48 EWE BOON ROAD	Address 2	#14-01 CLIFTEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-01	Related Policy Number	5114940863-01	

▼ OI Driver Info

Driver Name	CHIA SERH MEI SHARON MRS TANG SERH MEI SHARON	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S75224101	Driver DOB
Register Date of Driver License	16/08/1993	Driver Age	45	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	48 EWE BOON ROAD	Address 2	#14-01 CLIFTEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-01			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		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 002

New

Claim Type *	OD-MX	Insured Name	TANG SERH MEI SHARON	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SKX69X	TP Vehicle Number
Claim Description				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
Date Registered		Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

☒ Print AK letter

Save Submit

Attachment

3/22/2021

Claim Handling(Claim Task)

Accident No. MT/1125132
Last Doc. Received ☒ Yes ☐ No

Claim No.
Upload Date

Path *

Choose File

IMG_20210322_143351.jpg

Choose File

IMG_20210322_143356.jpg

Choose File

IMG_20210322_143401.jpg

Choose File

IMG_20210322_143403.jpg

Choose File

IMG_20210322_143406.jpg

Choose File

IMG_20210322_143408.jpg

Message Read

Category *		Confidential	Urgen
Clear	Photos	NO	Normal
Clear	Photos	NO	Normal
Clear	Photos	NO	Normal
Clear	Photos	NO	Normal
Clear	Photos	NO	Normal
Clear	Photos	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
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Video List

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

Rosli

From: ODsupport <ODsupport@income.com.sg>
Sent: Monday, 22 March, 2021 4:41 PM
To: Rosli
Cc: ODsupport
Subject: RE: MT/1125132 SKX69X

Dear Rosli,

Thank you for your email.

Please quote the claim no MT/1125132-001 when billing.

Warmest Regards

Hazalya Bte Ibrahim

Admin Assistant

Operations, Motor & Personal Lines



From: Rosli [<mailto:rosli@lkkauto.com>]
Sent: Monday, 22 March 2021 4:18 PM
To: ODsupport <ODsupport@income.com.sg>
Subject: RE: MT/1125132 SKX69X

HI HERE ARE THE SAS AND PHOTOS THANKS.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah

Tel: 6898 0055

Fax: 6271 8802

Email: rosli@lkkauto.com

From: ODsupport [<mailto:ODsupport@income.com.sg>]
Sent: Monday, 22 March, 2021 4:03 PM
To: Rosli
Cc: ODsupport
Subject: RE: MT/1125132 SKX69X

Dear Rosli,

Please forward us the SAS report and photos.

Thank you.

Warmest Regards

Hazalya Bte Ibrahim

Admin Assistant

Operations, Motor & Personal Lines



From: Rosli [<mailto:rosli@lkkauto.com>]
Sent: Monday, 22 March 2021 3:47 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Subject: FW: MT/1125132 SKX69X

Hi here are the id for above mention claim thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah

Tel: 6898 0055

Fax: 6271 8802

Email: rosli@lkkauto.com

From: Rosli
Sent: Monday, 22 March, 2021 3:43 PM
To: ODsupport@income.com.sg
Cc: Theresa Vimala
Subject: MT/1125132 SKX69X

Hi the above claim ebao cannot be created thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah

Tel: 6898 0055

Fax: 6271 8802

Email: rosli@lkkauto.com

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Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

21/03/2021 15:49

Vehicle No.(For Motor)

SKX69X

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5114940863-01		TANG SERH MEI SHARON	S75224101	GPC	drivo CLASSIC	SKX69X	SKX69X	29/01/2021	28/01/2022