

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	11/08/2021 14:02 (SGT)
Date of Accident	10/08/2021 13:30 (SGT)
Exact Location of Accident	Serangoon, Singapore
Additional Location Information	SERANGOON AVE 3 / SERANGOON CENTRAL DRIVE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL7899S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG HWEE CHENG
NRIC No	S1378030G
Email Address	NGTRDING@GMAIL.COM
Mobile Phone No	(Phone) +65-96332182
Alternative Phone No	+65-96332182

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5076630535-05
Cover Note Number	23/12/2020 - 22/12/2021

DRIVER

Name of Driver	NG HWEE CHENG
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NRIC No	S1378030G
Date Of Birth	28/03/1959
Occupation	Indoor
Date Of Driving Pass	14/11/1980
Driving experience	40 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96332182
Alt. Phone Number	+65-96332182
Email Address	NGTRDING@GMAIL.COM
Address	78 PAYA LEBAR CRESCENT
Address complement	-
Postcode	534379
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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

MY VEHICLE WAS STOPPED STATIONARY BEHIND MOTORBIKE B. I WAS STOPPED A DISTANCE FROM MOTORBIKE B. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B HAD HIT ONTO MY VEHICLE. DUE TO THE GREAT IMPACT, MY VEHICLE WAS PUSHED FORWARD AND SLIGHTLY HIT ONTO MOTORBIKE B REAR PORTION. MOTORBIKE B DID NOT FELL AND MAINTAIN HIS BALANCE. ALL DRIVERS ALIGHTED TO TAKE PHOTOS AND EXCHANGE PARTICULARS. WE LEFT AFTERWHICH. VEHICLE B DRIVER CONTACTED MOTORBIKE C VIA WHATSAPP AFTER THE ACCIDENT AND MOTORBIKE C RIDER INFORMED THAT HIS MOTORBIKE WILL NOT BE CLAIMING AS THERE IS NO DAMAGE AFTER HE CHECK WITH HIS MECHANIC. NO ONE WAS INJURED

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	SMM6406B
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	YEO HAN TING
Contact Number	(Phone) +65-90221332
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBG3945T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-90676056
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

NTUC Income Motor Service Centre

Vehicle No.

SOL 789195

Report Date: 11/8/2021 Start Time: 1:41 PM

Report No: MJ

D.O.A.

10 8 21

Make Model

9/Carry

Reporting Type

TP

End Time:

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' 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

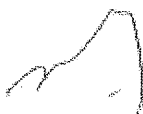
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims

(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated; or

(ii) for complying with requirements under any regulations, law or court orders.



11/8/2021 13:41

Policyholder's Signature
Date & Time:

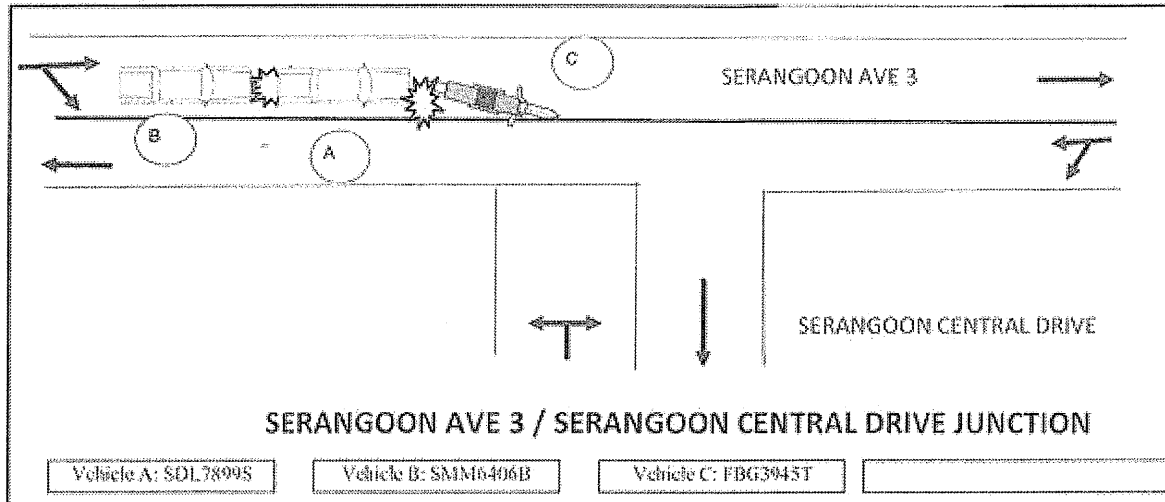
11/8/2021 13:41

Driver's Signature (if driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Chen Jun, Iona
NRIC/ Fin No: S990765

SKETCH PLAN



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DECLARATION

(We declare the foregoing particulars are true in every respect.

11/8/2021 13:41

Policyholder's Signature
Date & Time:

11/8/2021 13:41

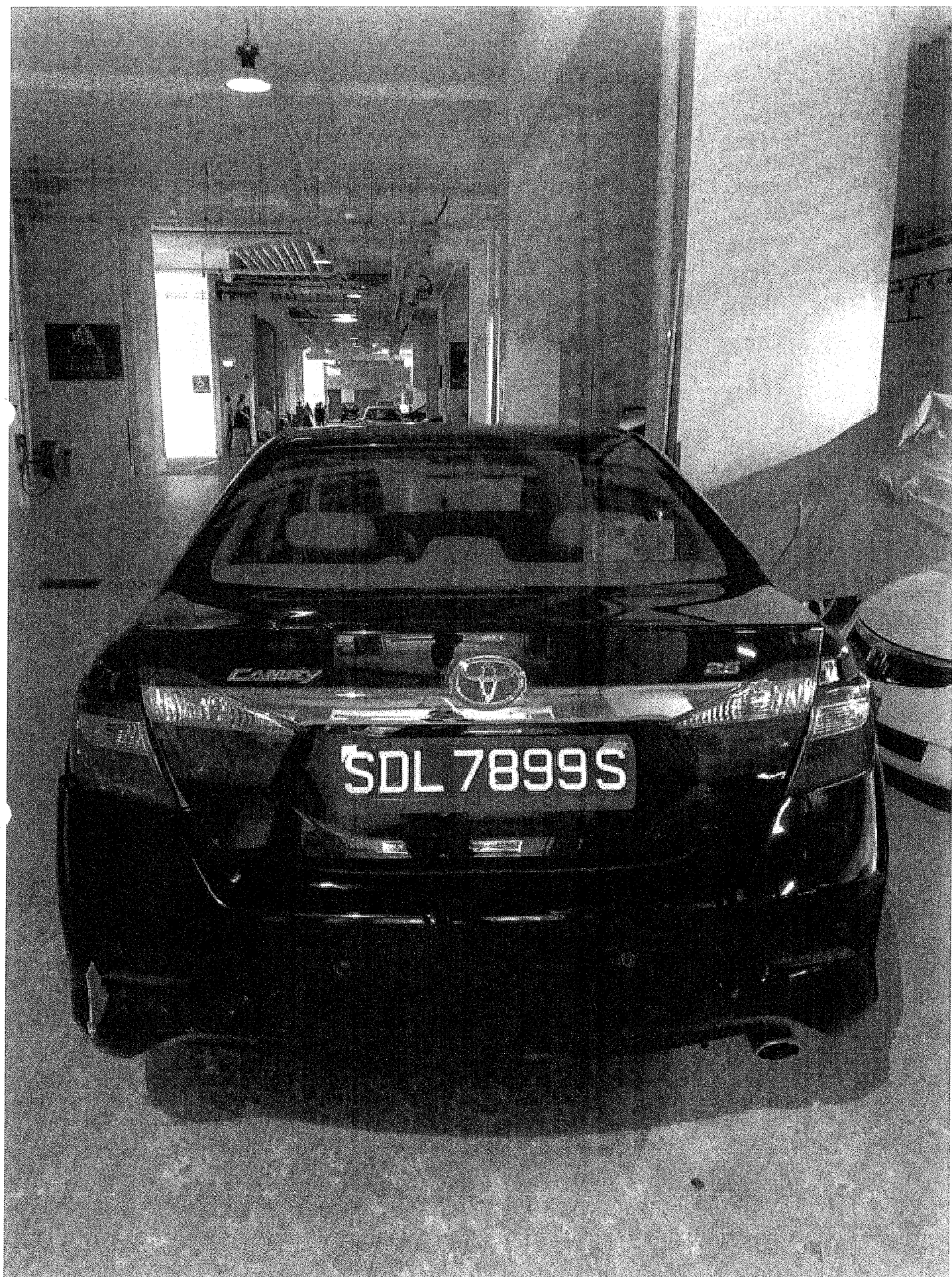
Driver's Signature (if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Chen Junliang
NRIC/ Fin No: S990765







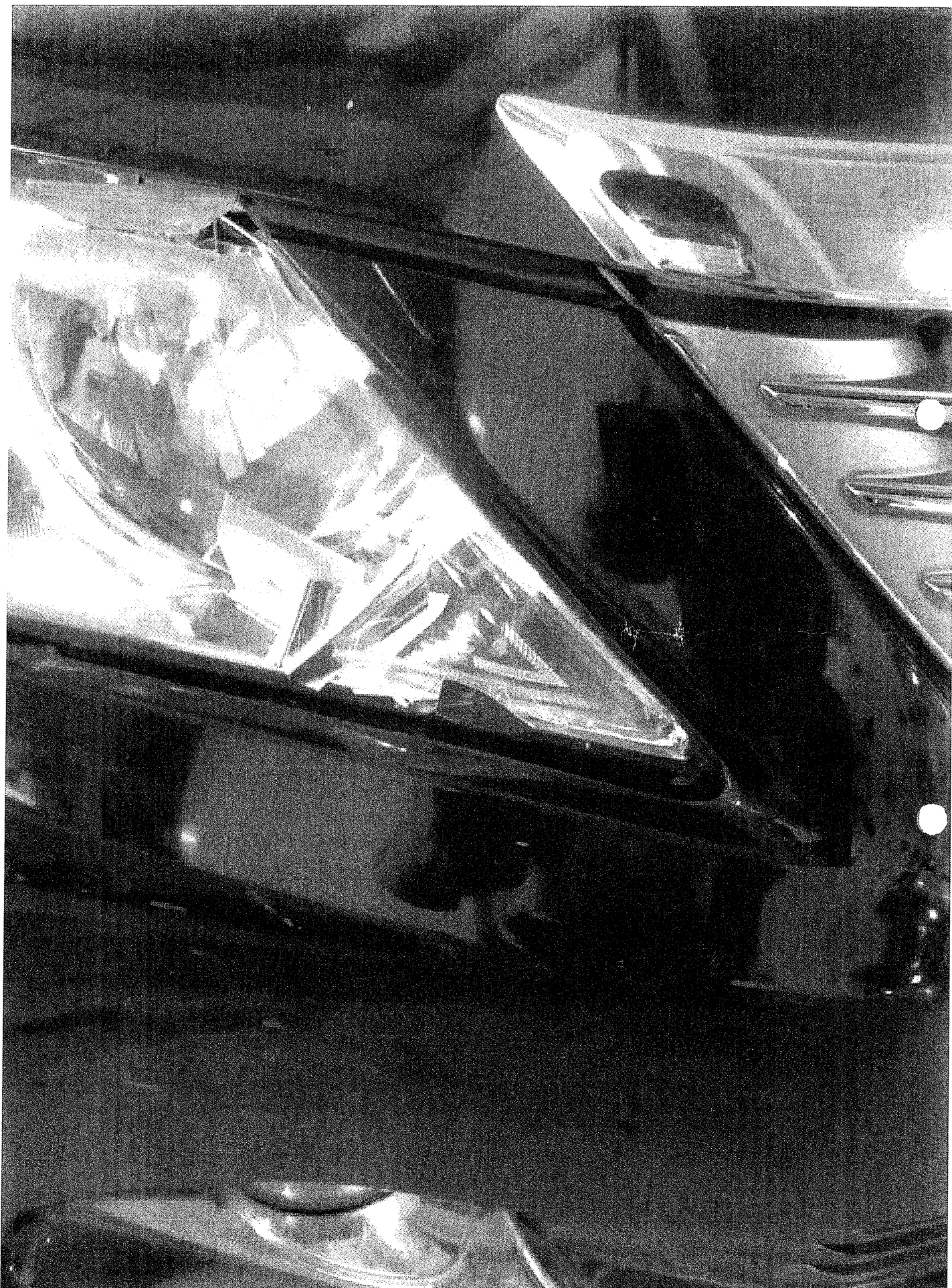












Income Co-operative Limited
Service Centre

Income Co-operative Limited

81 Ubi Avenue 4 #01 - 18/19 UB One, Singapore 408830

Tel: 6841 9000

Website: www.income.com.sg

Email: msc@income.com.sg

Guidance Note

This Guidance Note is intended to assist you with your policy details and accident reporting procedures.
If you require further assistance, please call our Customer Care Executive at 6841 9000.

Vehicle Number: SDL7899S

Policy Details: Classic

Policy Number: 5076630535-05

Policy Period: 23/12/2020 - 22/12/2021

Type of Claim: TP

Total Excess Payable (Including GST): \$ 1,177.00

~~(Payment in MSC via Cash, NETS or Cheque only)~~

Excess (Subject to Prevailing GST)

Standard Excess: 600.00

Additional Excess: 500.00

Unnamed Driver Excess: N.A.

Third Party Excess: N.A.

No Claims Discount (NCD): 50%

NCD Protector ☒ Yes ☐ No

Own Damage (OD)

☐ Premium may be affected upon renewal

☐ NCD affected upon renewal

☐ Standard Excess Waiver

☐ Rendering Process (Income to allocate workshop / About 2 working days)

☐ Transport Allowance - SGD\$50 per day (Up to max 7 days after repair commence at the workshop)

☐ For recovery of uninsured losses (UIL), PH must sign the UIL form with the workshop

The workshop will submit and assist for the UIL recovery (Outcome will not be guaranteed)

☐ Damage to third party property

☐ Medical expenses (Refer to policy details)

☐ Personal Accident benefits (Refer to policy details)

Third Party (TP)

☐ Able to revert to OD claim if repair is done at Income Quality Workshops (within a year)

☐ The chosen workshop will follow up with all claim matters and advice ☒

Self-Repair (SR) / Reporting Only (RO)

☐ Policy NCD not affected if there is no claim against your policy

☐ Premium may be affected upon renewal

☐ Third Party Excess

☐ NCD affected upon renewal

Private Settlement (PS)

☐ Policy NCD not affected - Refer to Income Private Settlement Form

Remarks

☐ NCD protector utilised for first claim during policy period. NCD (30%) affected for change of insurance company

Authorised Person / Driver's Name / NRIC: NG HWEE CHENG

Signature of Authorised Person/Driver

Owner
Relationship

11/08/2021 13:44
Date / Time

9633 2182
Contact

Guidance Note taken by:

Chen JunLiang (S990765)

For Official Use

Date / Time:

11/08/2021 13:44

Chava Shurt / Robbin
Cover

To Rob Sebastian