



## 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 ability.
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 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 Report	27/11/2017 16:20
Date Of Accident	25/11/2017 20:45
Exact Location Of Accident	ALONG BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2351G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAVID JONES
NRIC No	S2732646C
Email Address	MISAEJONES25@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97303778
Alternative Phone No	OTHERS-97303778

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-2.0 CVT ABS D/AIRBAG 2WD 5DR S/R (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO HOTEL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077723262-01
Cover Note Number	

### Driver

Name of Driver	JONES MISAE
NRIC No	S2732647A
Date Of Birth	11/06/1966
Occupation	INDOOR
Date Of Driving Pass	28/08/2006
Driving Experience	11 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97303778
Fax Number	
Contact Number	OTHERS-97303778
Email Address	MISAEJONES25@GMAIL.COM

Address	25 HOLLAND GREEN
Postcode	276148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SHC5705G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHAMAD FADLI BIN SANI
NRIC/Passport Number	S8227180E
Contact Number	91385716
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## SKETCH PLAN

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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 lodgment 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.
- (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 reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ALONG BAYFRONT AVENUE

After turned on Bayfront, changing to the left lane the accident was happened.

Before changing the lane I have checked left there was no car. and turned my steering to right I hit the Taxi. I damaged left front side. It was near the left side Light.

I/We declare the foregoing particulars are true in every respect.

陈以美书

per 27/01/2019  
Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]

## Claim Handling

Accident MT/0971317

Policy No.	5077723262-01	Vehicle No.	SIN2351G	GST Registration No.	
Policyholder Name	DAVID JONES			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97303778	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(%)	50		

## Accident Details

Report Date	27/11/2017 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Sa
Date of Accident	25/11/2017	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BAYFRONT AVENUE				

## Benefits

## Excess

Own damage Excess	650.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	25 HOLLAND GREEN	Address 2	HOLLAND GREEN	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5077723262-01		

## OI Driver Info

Driver Name	MISAE JONES	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	52732647A	Driving Experience	
Register Date of Driver License	01/01/2000	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	97303778	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SIN2351G	Driver Insurer Company	

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	DAVID JONES	Insured NRIC	
Contact No.(Mobile)	97304308	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SIN2351G	TP Vehicle Number	
Claim Description	SIN2351G / SHC3705G ON 25 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/11/2017 16:36	Claim Close Date		Total Loss But Repaired	
Report Taken By	ROSLEI WAHAB	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0971317	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2017 16:37
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select



<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NCT"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NCT"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NCT"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NCT"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NCT"/>	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Nov 2017 16:37	SAS	Normal	SAS :
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Nov 2017 16:36	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Nov 2017 16:33	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Nov 2017 16:33	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Nov 2017 16:33	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Nov 2017 16:33	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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# ACCIDENT STATEMENT

ACCIDENT DATE: 25 Nov 2017 (DD/MM/YYYY), TIME: 20:48 (HH:MM)

LOCATION: Bayfront Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 2351 G  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5077723262-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: NISSAN / QASHQAI  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to hotel  
 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: DAVID JONE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2732646C CONTACT: \_\_\_\_\_  
 c) ADDRESS: 25 Holland Green

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MISAE JONES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2732647A CONTACT: 9730-3778  
 c) ADDRESS: 25 Holland Green

\* d) DATE OF BIRTH: 11/06/1966 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING LICENCE: 28 Aug 2006

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 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: I called them what should I do

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 5705 G MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Mohamad Fadli Bin Sanj  
 c) NRIC/FIN/PASSPORT: S8227180E CONTACT: 9138-5716

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = misaejones25@gmail.com

fax = \_\_\_\_\_

VIDEO



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S2732647A**  
 Name **JONES MISAE**  
 Birth Date: **11 Jun 1966**  
 Issue Date: **28 Aug 2006**

001441473H



**REPUBLIC OF SINGAPORE**


 Name **JONES MISAE**  
 Race **JAPANESE**  
 Date of birth **11-06-1966**  
 Country/Place of birth **JAPAN**  
 Sex **F**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg  
 PASS DATE **28 Aug 2006**


 Licence No: **S2732647A**

9338088


 NRIC No: **S2732647A**  

 Nationality **JAPANESE**  
 Date of issue **01-07-2014**  
 Address **25 HOLLAND GREEN SINGAPORE 276148**

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5077723262-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN2351G**  
Chassis Number : KJ10203820
2. Name of Policyholder : DAVID JONES
3. Effective Date of Insurance : 15 Feb 2017
4. Expiry Date of Insurance : 14 Feb 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DAVID JONES
NAMED DRIVER (1)	: MISAE JONES
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESALES-DIRECT MARKETING (00000601661)

Date of Issue : 11 Jan 2017 21:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive