



## 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	04/12/2017 09:35
Date Of Accident	02/12/2017 21:20
Exact Location Of Accident	IKEA TAMPINES CARPARK LEVEL 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK3028Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG TURK SERN (ZHUANG DESHENG)
NRIC No	S7511289J
Email Address	DESHENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98281545
Alternative Phone No	OTHERS-98281545

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED(SHOPPING)
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	5090243230
Cover Note Number	

### Driver

Name of Driver	CHNG TURK SERN (ZHUANG DESHENG)
NRIC No	S7511289J
Date Of Birth	15/04/1975
Occupation	INDOOR
Date Of Driving Pass	28/10/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98281545
Fax Number	
Contact Number	OTHERS-98281545
Email Address	DESHENG@HOTMAIL.COM

Address	BLK 127C KIM TIAN ROAD #32-545
Postcode	163127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### 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 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

## SKETCH PLAN

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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: 4 Dec 17  
0920 am

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 4 Dec 17  
0920 am

Reporting Centre Personnel's Signature

Name: Keshi Watanabe  
NRIC/FIN No.:

# SKETCH PLAN



IKEA Tampines Carpark Level 1, I Section Between Row 7 and 8

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 Dec 2017 Saturday at 9.20pm at IKEA Tampines, I went to my car which was parked at Level 1, Section I between Row 7 and 8 as attached photo, after shopping with family.

2 note pads were found pasted on my driver's side window as attached.

As it was a wrong accusation to me, I did not call that phone number as it may be a cheating case. Nevertheless, I am reporting to IDAC here for record purpose and ~~report~~ purpose.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 4 Dec 17, 0920am

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4 Dec 17  
0920am

Reporting Centre Personnel's Signature


Name:

NRIC/FIN No.:

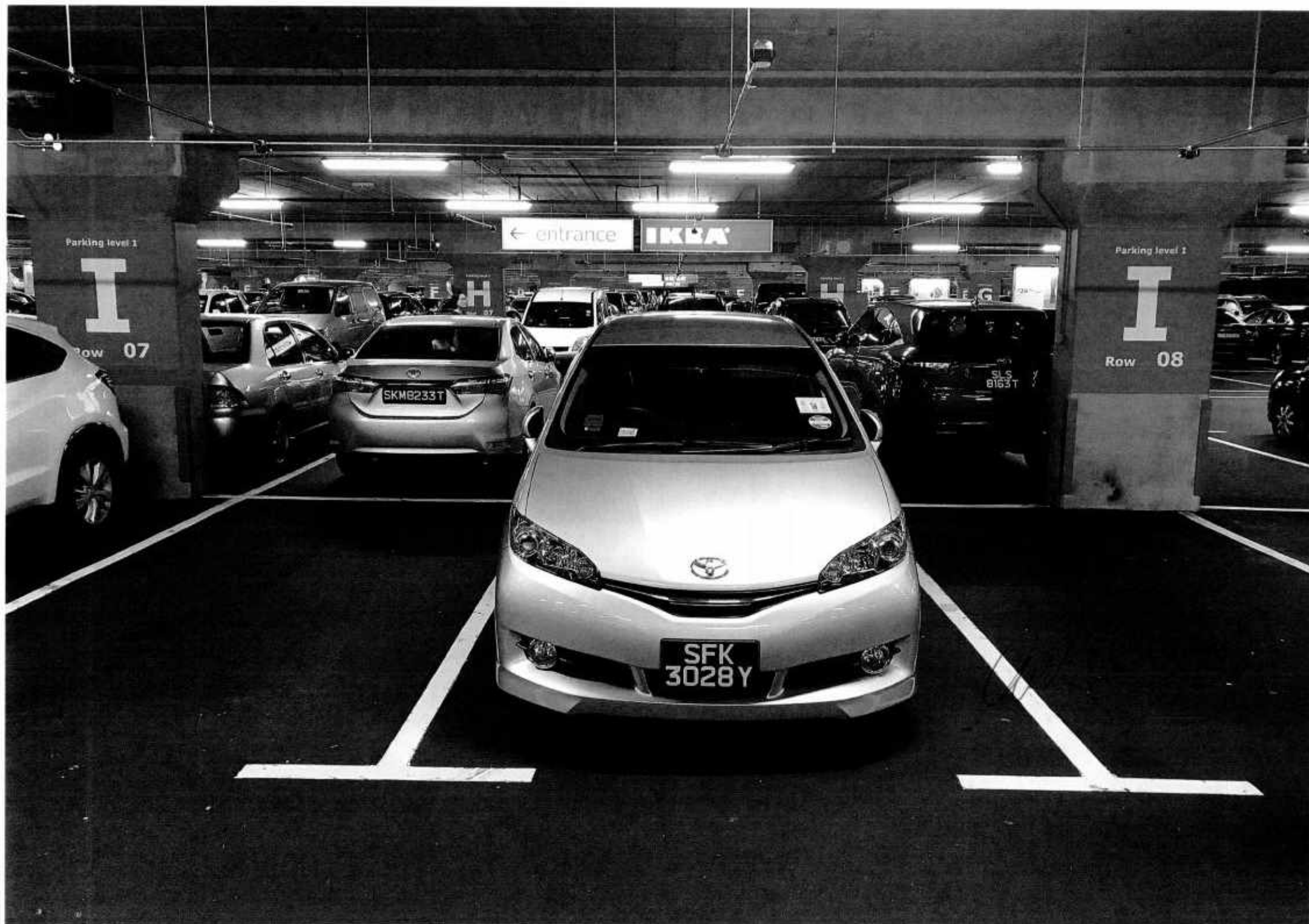
*[Signature]* 04/12/2017  
Reshi W...  
NRIC/FIN No.:

Dear Car owner of  
SFK 3028Y, my  
passenger's car handle  
has been damaged by  
your car door. The colour  
and position of damages  
matches your door. My  
car is a black BMW.

You can contact  
me at 91195815  
for pictures taken.

 04/18/2017





## Claim Handling

Accident MT/0972122

Policy No.	5090243230	Vehicle No.	SPK3028Y	GST Registration No.	
Policyholder Name	CHNG TURK SERN (ZHUANG DESHENG)			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	98281545	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		

**Accident Details**

Report Date	04/12/2017 10:46	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	02/12/2017	Time of Accident hh:mm	20:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	IKEA TAMPINES CARPARK LEVEL 1				

**Benefits**

**Excess**

Own damage Excess	600.00	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	BLK 127C #32-545	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5090243230		

**OI Driver Info**

Driver Name	CHNG TURK SERN (ZHUANG DESHENG)	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	575112893	Driving Experience	
Register Date of Driver License	28/10/1993	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	98281545	Contact No.(Office)		Address 3	
Address 1	BLK 127C #32-545	Address 2	KIM TIAN ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SPK3028Y	Driver Insurer Company	

**Declaration**

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHNG TURK SERN (ZHUANG DE	Insured NRIC	
Contact No.(Mobile)	98281545	Contact No.(Home)	66941180	Contact No.(Office)	
Email Address	DESHENG@HOTMAIL.COM	OI Vehicle Number	SPK3028Y	TP Vehicle Number	
Claim Description	SPK3028Y / - ON 2 Dec 2017				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	04/12/2017 10:50	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

☐ Print AK letter

**Save Submit**

## Attachment

Accident No.	MT/0972122	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2017 10:52
Path *		Category *	Confidential Urgency
		<b>Browse... Clear</b> Please Select	Normal



<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

## Attachments

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:52	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Dec 2017 10:48	Photos	Normal	Photo

## Video List

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

ACCIDENT DATE: 02/12/2017 (DD/MM/YYYY), TIME: 21:20 (HH:MM)

LOCATION: IKEA Tampines Carpark Level 1 - I Section

Between Row 7 and 8

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFK 3028Y  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5090243230  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA WISH  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: LEFT SHOPPING  
 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: CHNG TURK SERN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7511289J CONTACT: 98281545  
 c) ADDRESS: BLK 127C KIM TIAN ROAD  
#32-545 S163127

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

## DRIVER

- a) NAME: CHNG TURK SERN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7511289J CONTACT: 98281545  
 c) ADDRESS: BLK 127C KIM TIAN ROAD #32-545  
S163127

\* d) DATE OF BIRTH: 15/04/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 28 Oct 1993

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91195815

## 9. THIRD PARTY VEHICLE

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

No. of passengers  
 (including driver)  
(0)

No. of passengers  
 (including driver)  
( )

No. of passengers  
 (including driver)  
( )

email =

fax =

✓ 1000

PUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7511289J



Name  
CHNG TURK SERN  
(ZHUANG DESHENG)  
庄得胜

Race  
CHINESE

Date of birth  
15-04-1975

Sex  
M

Country of birth  
SINGAPORE

PUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7511289J

Name  
CHNG TURK SERN  
(ZHUANG DESHENG)

Birth Date: 15 Apr 1975  
Issue Date: 25 Aug 2003




NRIC No. S7511289J



Date of issue  
19-04-2005

Address  
APT BLK 127C KIM TIAN ROAD #32-545  
SINGAPORE 163127  
NRIC No: S7511289J


Date: 09/05/2012 (R)

CLASSES

Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg	28 Oct 1993
Class 4	Heavy motor cars and motor tractors > 2500 kg	08 Sep 2007

S / No: 9000076346

NR 428A



eBaoTech

GeneralClaim

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="02/12/2017 09:33"/>						
Vehicle No. (For Motor)	<input type="text" value="SFK3028Y"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	5095243230	CHNG TURK SERN (ZHUANG DESHENG)	S7511289J	GPC	drive PREMIUM	SFK3028Y	SFK3028Y	02/05/2017	01/05/2018
<input type="button" value="Continue"/>									

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : NMA417159224 Vehicle Registration No : SFK 3028 Y  
Name (as shown in NRIC) : CHNG TUCK SARU NRIC/FIN/Passport No : 87511209 J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98281545  
Email Address : \_\_\_\_\_  
Date of Accident : 02/12/2017 Time of Accident : 21:20  
Place of Accident : JICA Tampines AT PARK UWOHL 1  
Insurance Company : NMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Time of Accident 21:20
- ② Postal Code 163127

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Padi Wahan  
NRIC/FIN No.:  
Date: 08/12/2017