

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	19/12/2017 16:33
Date Of Accident	18/12/2017 15:00
Exact Location Of Accident	BLOCK 106A DEPOT ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR8071S
Insured/Policyholder	
Name Of Registered Owner	SIAH SING KONG
NRIC No	S1164892D
Email Address	SIAHSINGKONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96665360
Alternative Phone No	OTHERS-96665360
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WAS PARKING CAR INTO PARKING LOT
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	5088307372
Cover Note Number	
Driver	
Name of Driver	SIAH SING KONG
NRIC No	S1164892D
Date Of Birth	01/04/1956
Occupation	INDOOR
Date Of Driving Pass	10/04/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96665360
Fax Number	
Contact Number	OTHERS-96665360
EMail Address	SIAHSINGKONG@GMAIL.COM

Address	BLK 117 BUKIT MERAH CENTRAL #07-3755
Postcode	150117
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	COLLISION - OPENING DOOR OF VEHICLE
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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	SJC1251B
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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

Policyholder's Signature

Date & Time:

19/12/2017
10.40am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/12/2017

2081 WATTHAS

SKETCH PLAN

BIX 106 DEPOT ROAD OPEN CARPARK

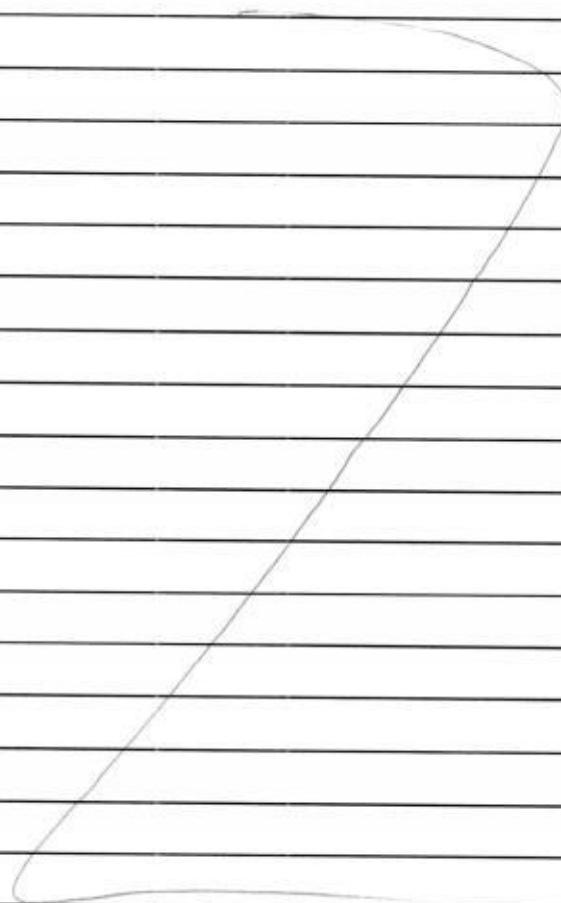
OPEN DOOR
BUT NOT
SURE
OF IT



A) SKR 8071S
B) SJC1251B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER ATTACH-



DECLARATION

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

Policyholder's Signature

Date & Time:

19/12/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

At around 3pm on the 18th of December 2017, I parked my vehicle (SKR 8071 S) at the parking lots under Blk 106A Depot Road at around 3pm next to a white Honda Stream SJC 1251 B.

As I opened my car door and turned to retrieve my mobile phone, a man claiming to be the driver of the parked car SJC 1251 B, which was parked beside mine, told me that I impacted the passenger side of his vehicle with my open door.

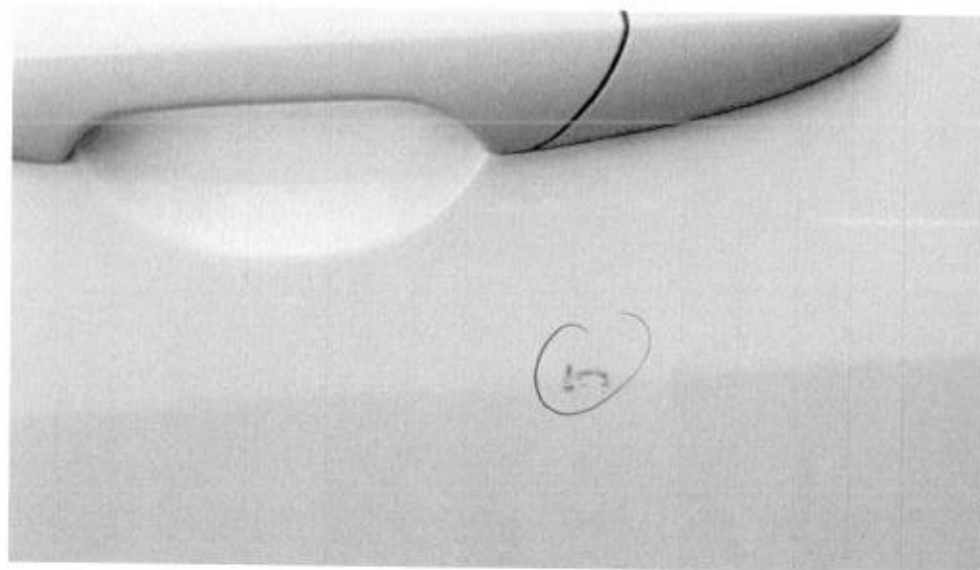
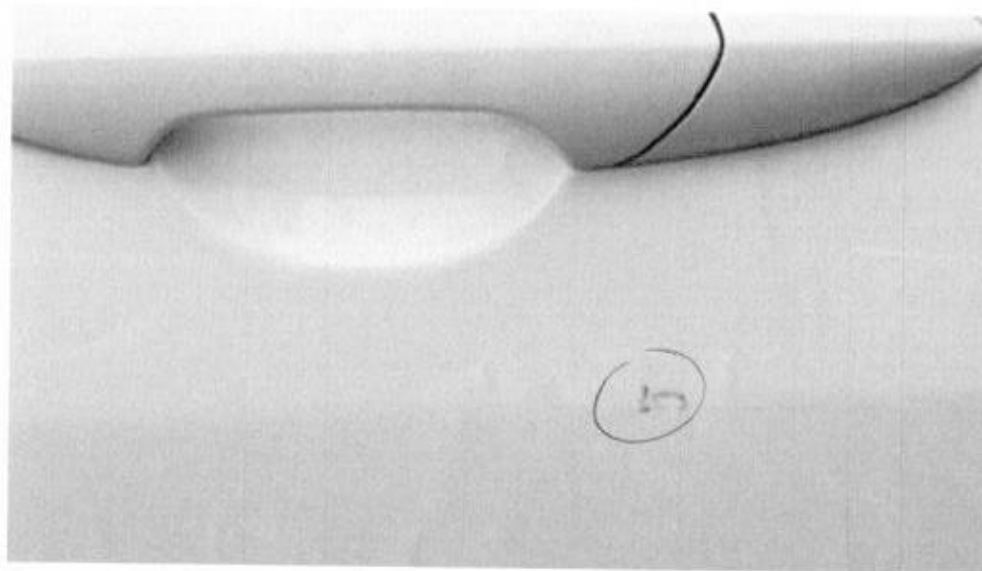
As I did not feel any impact at all, we proceeded to inspect his vehicle. Upon scrutiny, there was a small mark observed on the paint surface of the car door. There were however no observed indents on the door.

The driver informed me that the car was rented and that he will inform the rental company. After pictures were taken, we parted ways and left the area.

Gat 19/12/2017

gar 19/12/2017
Redi WATTS

T/P CAR DAMAGE

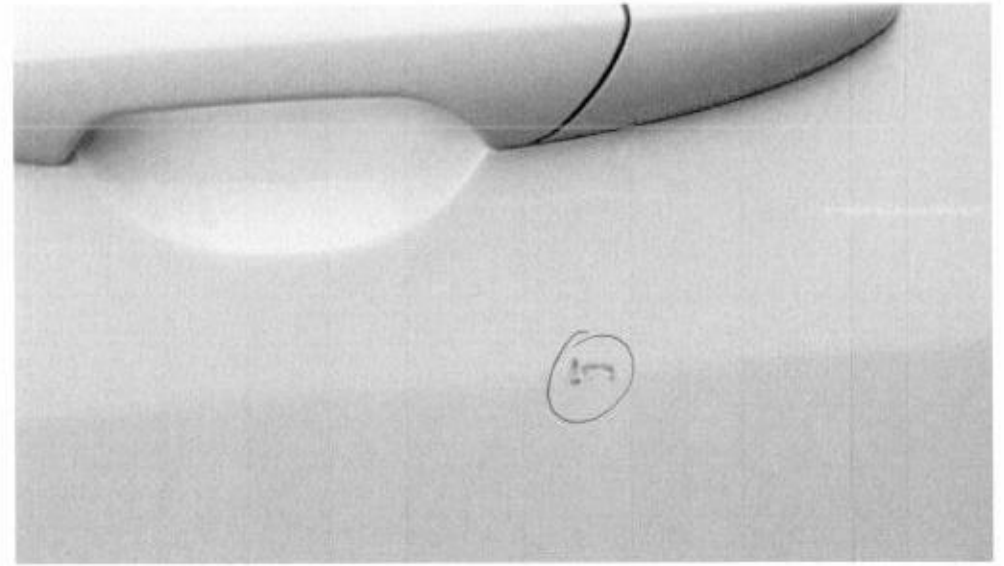
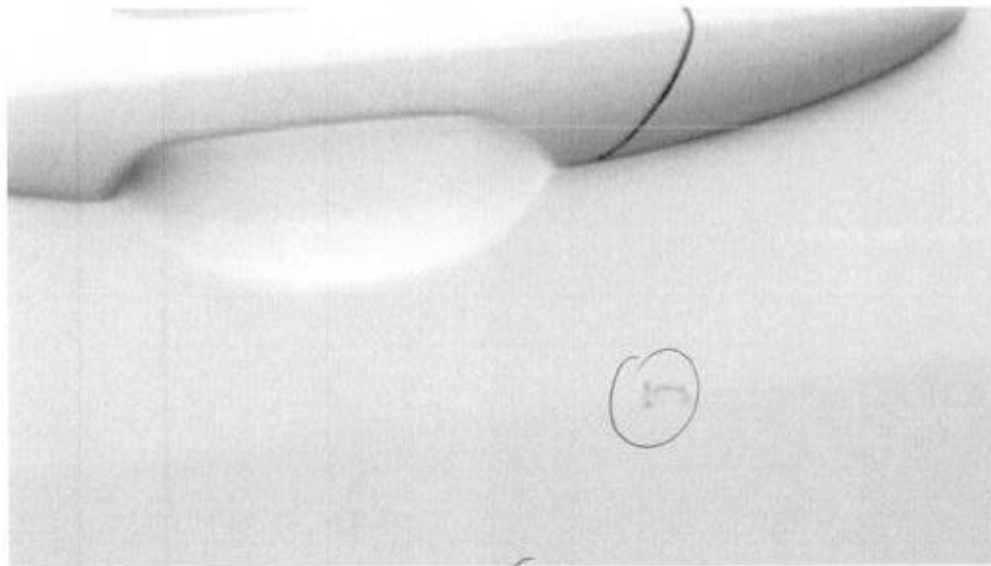
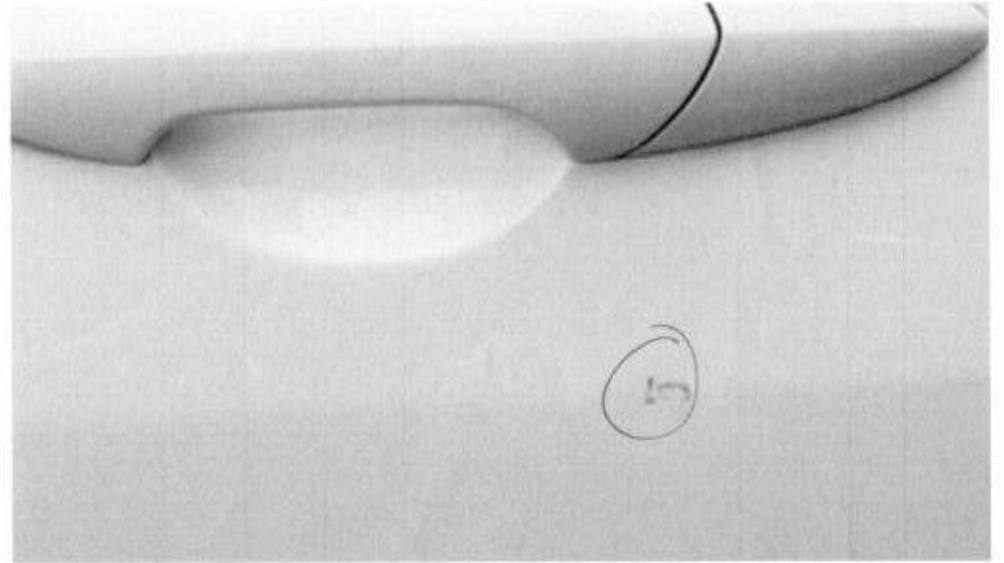
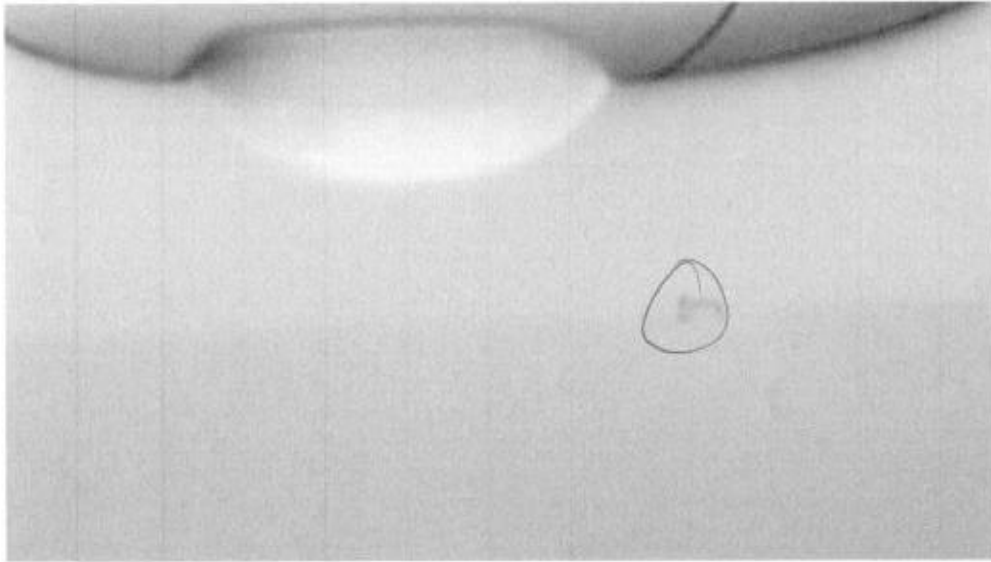


an 19/12/2017
Rosli WAHAB

Sat

19/12/2017

7/10 CAR DAMAGE



19/12/2017
Resdi waters

19/12/2017

Claim Handling

Accident MT/0974461

Policy No.	5088307372	Vehicle No.	SKR80715	GST Registration No.	
Policyholder Name	SIAH SING KONG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96665360	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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/12/2017 11:04	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	18/12/2017	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLOCK 106A DEPOT ROAD OPEN SPACE CARPARK				

Benefits

Coverage	Sum Insured
Transport Allowance	999999999.99

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 117 #07-3755	Address 2	BUKIT MERAH CENTRAL	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088307372		

OI Driver Info

Driver Name	Siah Sing Kong	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1164892D	Driving Experience	
Register Date of Driver License	10/04/1978	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	96665360	Contact No.(Office)		Address 3	
Address 1	BLK 117 #07-3755	Address 2	BUKIT MERAH CENTRAL	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKR80715	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	SIAH SING KONG	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	62752028	Contact No.(Office)	
Email Address		OI Vehicle Number	SKR80715	TP Vehicle Number	
Claim Description	SKR80715 / SJC1251B ON 18 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	20/12/2017 11:16	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/0974461	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2017 11:16

Path *	Category *	Confidential	Urgency
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:16	SAS	Normal	SAS :
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:16	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Dec 2017 11:15	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 12 / 2017 (DD/MM/YYYY), TIME: 15 : 40 (HH:MM)

LOCATION: B1C 106 A Depot Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8KR 807H S
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5088397372
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving
 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: SIAM SING KONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96665360
 c) ADDRESS: 117 Bukit Merah Central #07-8755 S/PRE 150117

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. ABRAHAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 01 / 08 / 1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10 Apr 1978

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 Clear)

b) ROAD SURFACE: (DRY / WET / OTHERS Dry)

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: SJC 1251 B MODEL: HONDA STREAM

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = SiamSingKong@gmail.com

Fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1164892D



Name: SIAH SING KONG
謝盛根
Race: CHINESE
Date of Birth: 01-04-1956 M
Country of Birth: SINGAPORE




1146239



NPC No: S1164892D



Shed Code: D+ Date of issue: 28-07-1993

Address:
APT. BLK 117 BUKIT MERAH CENTRAL
#07-3755
SINGAPORE 0315

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1164892D
Name: SIAH SING KONG
Date of Birth: 01 Apr 1956
Issue Date: 21 Mar 2003




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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Apr 1978

NP 428A

Licence No: S1164892D



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: 5088307372

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKR8071S**
Chassis Number : **MR053REH104520492**
2. Name of Policyholder : **SIAH SING KONG**
3. Effective Date of Insurance : **11 Mar 2017**
4. Expiry Date of Insurance : **10 Mar 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	: NO
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIAH SING KONG
NAMED DRIVER (1)	: LEE LAY ENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : PHILIP Y K SOH (00000518356)
Date of Issue : 04 Mar 2017 12:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive