

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	20/12/2017 09:13
Date Of Accident	19/12/2017 13:00
Exact Location Of Accident	CLEMENTI AVENUE 2 TOWARDS CLEMENTI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK7568G
Insured/Policyholder	
Name Of Registered Owner	KOH LENG LENG
NRIC No	S7207663Z
Email Address	KOHLLENGLENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96853269
Alternative Phone No	OTHERS-96853269
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
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
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	5051952754-06
Cover Note Number	
Driver	
Name of Driver	KOH LENG LENG
NRIC No	S7207663Z
Date Of Birth	02/03/1972
Occupation	INDOOR
Date Of Driving Pass	14/01/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96853269
Fax Number	
Contact Number	OTHERS-96853269
Email Address	KOHLLENGLENG@GMAIL.COM

Address	BLK 461 CLEMENTI AVENUE 3 #19-818
Postcode	120461
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : LEE HUA SUN GENDER: : FEMALE

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	SJF2537E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEE KIAT
NRIC/Passport Number	S9212321I
Contact Number	96859756
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 Dec 2017
5.04

Driver's Signature

(If driver is not the policyholder)
Date & Time:

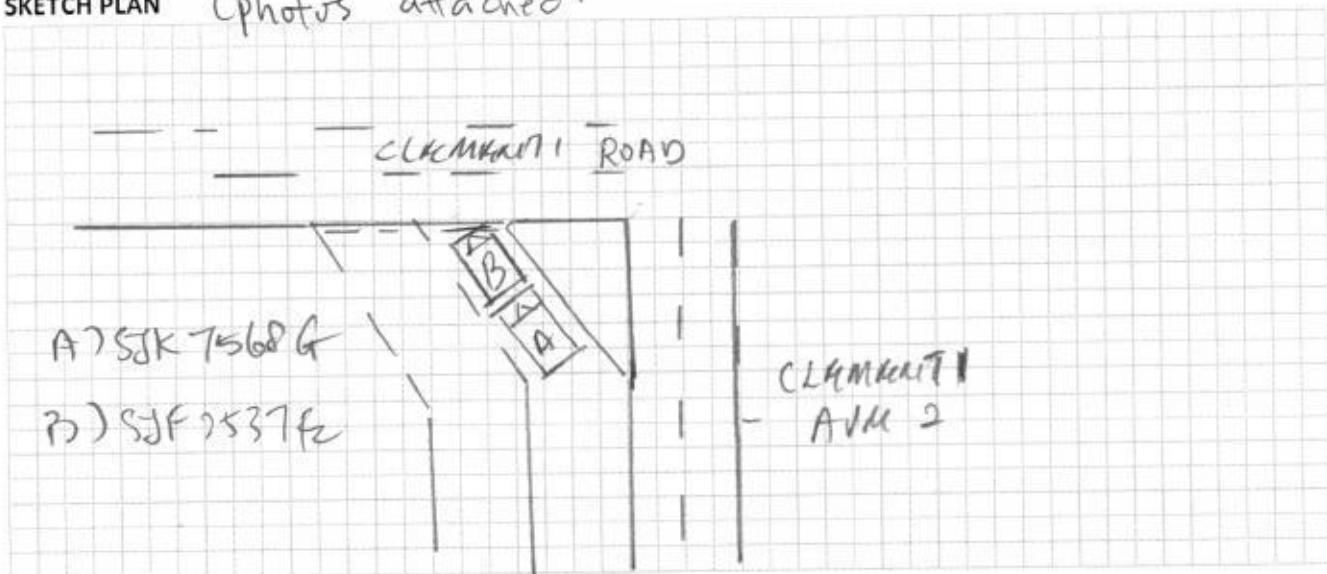
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

(photos attached)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19th Dec 2017, about 12.50pm, I am driving from my home at Clementi Ave 3 to the school where I worked, at ACS International, Jalan Hutan Manis. As I drive along Clementi Ave 2 and was about to turn into Clementi Road, I stop as the car in front of me has stopped. I turned my head towards the right to check the traffic condition then as I saw the car in front of me was moving, I move my car forward too. But the car SJF 2537 E stopped abruptly so my car bumped into it.

I came out of my vehicle to check the condition of both vehicles. Mine has a small indent in front and the other car has an indent too. We took photos and exchanged contact information.

DECLARATION

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

Policyholder's Signature
Date & Time: 19/12/17
5.00pm

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

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

20/12/2017
Roshni Wathani

Claim Handling

Accident MT/0974438

Policy No.	5051952754-06	Vehicle No.	SJK7568G	GST Registration No.	
Policyholder Name	KOH LENG LENG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96853269	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	Private Hire	No

Accident Details

Report Date	20/12/2017 09:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	19/12/2017	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVENUE 2 TOWARDS CLEMENTI ROAD				

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 461 #19-618	Address 2	CLEMENTI AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5051952754-06		

OI Driver Info

Driver Name	KOH LENG LENG	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S7207663Z	Driving Experience	
Register Date of Driver License	15/01/2011	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	96853269	Contact No.(Office)		Address 3	
Address 1	BLK 461 #19-618	Address 2	CLEMENTI AVENUE 3	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJK7568G	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	KOH LENG LENG	Insured NRIC	
Contact No.(Mobile)	96853269	Contact No.(Home)	68734876	Contact No.(Office)	
Email Address		OI Vehicle Number	SJK7568G	TP Vehicle Number	
Claim Description	SJK7568G / SJF2537E ON 19 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/12/2017 10:10	Claim Close Date		Date Received	
Report Taken By	RDSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0974438	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2017 10:11
Path *	Category *		
		Confidential	Urgency
		<input type="radio"/> NO	Normal

Browse... Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
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Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Dec 2017 10:11	SAS	Normal	SAS :
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Dec 2017 09:37	NRIC/ Driving License	Normal	NRIC/ Driving
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Photos

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 20 Dec 2017 09:34

Photos

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Photos

Video List

Uploaded By/Date

Folder Date

File Name



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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2017 (DD/MM/YYYY), TIME: 13:02 (HH:MM)

LOCATION: Clementi Ave 2 towards Clementi Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK 7568 G
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5051952754-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA BEAT
 f) TYPE: (SA ~~COOK~~ / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going out
 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: KOH LENG LENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7207663 Z CONTACT: 96853269
 c) ADDRESS: Blk 461 Clementi Ave 3 #19-618 S.120461

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 02/03/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15 Jan 2011

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. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF 2537 E MODEL: TOYOTA
 b) DRIVER'S NAME: Lim WEE KIAT
 c) NRIC/FIN/PASSPORT: S9212321 I CONTACT: 96859756

9. THIRD PARTY VEHICLE

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

email = kohlengleng@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7207663Z



Name
KOH LENG LENG
(XU LINGLING)
许 玲 玲

Race
CHINESE

Date of Birth
02-03-1972

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
Name
S7207663Z
KOH LENG LENG
(XU LINGLING)

Birth Date: 02 Mar 1972
Issue Date: 15 Jan 2011



A0035979




NRIC No. S7207663Z

Blood Group: O+ Date of issue: 11-01-2002


APT BLK 461 CLEMENTI AVENUE 3 #19-618
SINGAPORE 120461

NRIC No: S7207663Z Date: 21/08/2014

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

EFFECTIVE DATE
15 Jan 2011

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



NP 428A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5051952754-06	KOH LENG LENG	S7207663Z	GPC	drive CLASSIC	SJK7568G	SJK7568G	02/11/2017	01/11/2018