





## 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	10/01/2018 11:11
Date Of Accident	05/01/2018 11:00
Exact Location Of Accident	18 LEEDON HEIGHTS LEEDON RESIDENCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT1343R
Insured/Policyholder	
Name Of Registered Owner	ELITE RESOURCES MANAGEMENT
Co Reg No	53359044B
Email Address	DART1271@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96424522
Alternative Phone No	OFFICE-96424522
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	VISITING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088610712
Cover Note Number	
Driver	
Name of Driver	TAY KOK KEONG
NRIC No	S1657321C
Date Of Birth	03/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1984
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96424522
Fax Number	
Contact Number	OTHERS-96424522
EMail Address	DART1271@GMAIL.COM

Address	BLK 230H TAMPINES STREET 21 #06-681
Postcode	522230
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	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

## 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.

**ELITE RESOURCES MANAGEMENT**  
Co Reg No: 53359044B

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 10/1/2018  
09:40

Reporting Centre Personnel's Signature

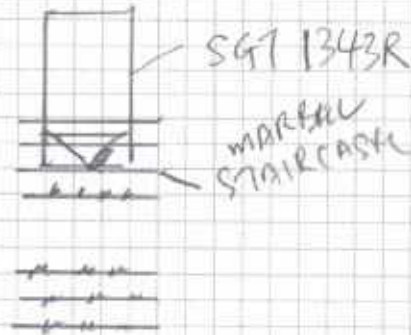
Name:  
NRIC/FIN No.:

10/01/2018  
Roshni Nataraj



SKETCH PLAN

18 LEEDON HEIGHTS.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/1/2018, at around 11:00am, I was in the basement carpark of Leedon Residence.

I made a wrong turn and went down a flight of stairs of ~~18~~ 18 Leedon Heights.

The Some parts of the marble floorings were damaged as a result.  
No one was injured.

DECLARATION

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

ELITE RESOURCES MANAGEMENT  
Co Reg No: 53359044B

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/1/2018  
09:40

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

## Claim Handling

Accident MT/0977254

Policy No.	5088610712	Vehicle No.	SGT1343R	GST Registration No.	
Policyholder Name	ELITE RESOURCES MANAGEMENT			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96424522	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFE	<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(%)	0	Private Hire	Yes

**Accident Details**

Report Date	10/01/2018 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pro
Date of Accident	05/01/2018	Time of Accident h:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	18 LEEDON HEIGHTS LEEDON RESIDENCE				

**Benefite**

**Excess**

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

GST Registered	Yes	GST Registration Date	03/08/1964
GST Registration No.	533590448	GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 230H #06-681	Address 2	TAMPINES STREET 21	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-681	Related Policy Number	5088610712		

**GI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	TAY KOK KEONG	Driver NRIC	S1657321C	Driving Experience	
Register Date of Driver License	12/11/1900	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	96424522	Contact No.(Office)		Address 3	
Address 1	BLK 230H #06-681	Address 2	TAMPINES STREET 21	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	06-681				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGT1343R	Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ELITE RESOURCES MANAGEMENT	Insured NRIC	
Contact No.(Mobile)	96424522	Contact No.(Home)	N/L	Contact No.(Office)	
Email Address		OT Vehicle Number	SGT1343R	TP Vehicle Number	
Claim Description	SGT1343R / - ON 5 Jan 2018				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	10/01/2018 17:54	Claim Close Date			
Report Taken By	11:00				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0977254	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/01/2018 18:01
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select. NO Normal

<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	NLS	=	Normal
<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	WJ	=	Normal
<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	SD	=	Normal
<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	MS	=	Normal
<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	ND	=	Normal

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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 10 Jan 2018 17:54	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: 05/01/2018 (DD/MM/YYYY), TIME: 11:00 <sup>AM</sup> (HH:MM)

LOCATION: 18 LEECON HEIGHTS, LEECON RESIDENCE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG71343R  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5088610712  
 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: VISITING  
 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: ELITE RESOURCES MANAGEMENT (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53359044B CONTACT: 96424522  
 c) ADDRESS: 230H Tampines ST 21  
#06-681 S(522230)

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

\* No of passengers  
 (including driver)  
(1)

- DRIVER  
 a) NAME: TAY KOK KEONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51657321C CONTACT: 96424522  
 c) ADDRESS: 230H Tampines ST 21  
#06-681 S(522230)

\* d) DATE OF BIRTH: 03/18/1964 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR  
 f) DATE OF DRIVING PASS 12/11/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS NOT APPLICABLE  
 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

\* No of passenger  
 (including driver)  
(1)

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

## 9. THIRD PARTY VEHICLE

\* No of passenger  
 (including driver)  
( )

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

Email = BA DART1271@GMAIL.COM

Fax = \_\_\_\_\_

V1080

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1657321C



TAY KOK KEONG  
郑国强  
CHINESE  
Date of Birth: 03-08-1964 M  
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE  
S1657321C



TAY KOK KEONG  
Date of Birth: 03 Aug 1964  
Issue Date: 19 Apr 2017

0026762498

0774231

S1657321C



Class Group: B+ Date of issue: 04-07-1994

Address:  
APT BLK 23DH TAMPINES STREET 21  
#06-681  
SINGAPORE 1852

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

Class	Vehicle Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	12 Nov 1984

NP 428A

Licence No: S1657321C

eBaoTech

General Claim

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="05/01/2018 09:31"/>						
Vehicle No. (For Motor)	<input type="text" value="SGT1343R"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088610712	ELITE RESOURCES MANAGEMENT	533590448	GPC	drive CLASSIC	SGT1343R	SGT1343R	27/03/2017	01/04/2018
<input type="button" value="Continue"/>									