

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 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	27/02/2018 17:13
Date Of Accident	26/02/2018 06:20
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 3 COACH BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA46X
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96209667

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z A-EDITION A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075309111-02
Cover Note Number	-

Driver

Name of Driver	WONG LEONG MING (HUANG LIANGMING)
NRIC No	S7638770B
Date Of Birth	24/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96209667
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 163 SIMEI RD #08-384
Postcode	520163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6713G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 liability**.
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. 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:

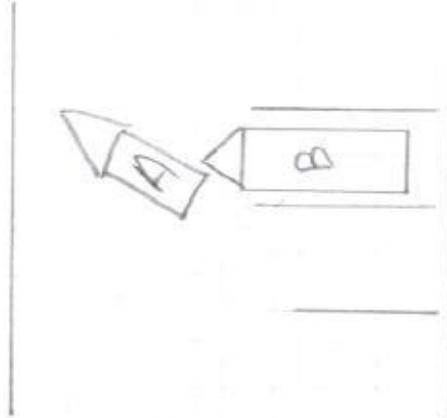
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 compliance 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.:

SKETCH PLAN



A: SLA 46X
B: SHB 67136.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing into a parking lot at airport terminal 2 coach bay, a vehicle parked in the right parking lot with the vehicle parking out of the lot, I misjudged and hit onto the front left portion of the vehicle. A group of taxi drivers was there, and I asked around for the driver. I checked the vehicle, it was some minor scratches.

DECLARATION

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

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	26.02.2018 (DD/MM/YY)
Time of accident	06:20am (HH:MM)
Exact location of accident	CHANGI AIRPORT TERMINAL 3, COACH BAY

DETAILS OF VEHICLE	
Vehicle registration number	SLA 46X
Vehicle make and model	TOYOTA VELLFIRE
Type of vehicle	Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	EHB LIMOUSINE PTE LTD Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201536531R
Contact	
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Wah Leang ming Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7638770B
Contact	9620 9667
Address	B163 SIME1 ROAD #08-384 Singapore 520163
Email address	
Date of birth	24.11.1976
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	09.12.2014

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1

Name	WONG LEONG MINH
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	ORCHARD NEIGHBOURHOOD POLICE CENTRE

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Wong Leong Ming, NRIC S7638770B, has reported to the Police a non-injury traffic accident which occurred at Changi Airport, Terminal 3, Coach Bay on 26th February 2018 at 0620hrs involving the following vehicles:

- 1) SLA46X
- 2) SHB6713G

If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (2) Jordon Ng Beng Siong 

Date: 27th February 2018 Time: 0318hrs

S/D Ref: 7 and 8

Police Post/Unit: Orchard Neighborhood Police Centre

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police



ORCHARD NEIGHBORHOOD POLICE CENTRE
51 BRIDGE ROAD, SINGAPORE
TELEPHONE: 6733 1972
TELEFAX: 6733 1999
FAX: 6733 1954

CONFIDENTIAL

Version as of 15 Jan 2002

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7638770B



WONG LEONG MING
(HUANG LIANGMING)

Race
CHINESE
Date of Birth 24-11-1976 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7638770B
Name:

WONG LEONG MING
(HUANG LIANGMING)

Birth Date: 24 Nov 1976
Issue Date: 09 Dec 2014



020040

NRIC No: S7638770B



Blood Group Date of issue
O+ 05-03-2001

Address

APT BLK 103 SIMEI ROAD
#08-384
SINGAPORE 520163

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 16 Jul 1997



Licence No: S7638770B

NP 428A

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075309111-02	EHB LIMOUSINE PTE LTD	201536531R	GFT	drive PREMIUM	SLA46X	SLA46X	01/11/2017	

Continue

▼ **Policy Information**

Policy No.	5075309111-02	Policyholder Name	EHB LIMOUSINE PTE LTD	Policyholder NRIC	201536531R
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	22393.65		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▶ **Policyholder Mailing Address**

▶ **Insured Object: SLA46X**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/11/2017 00:00	Basic Information Endorsement	000001286691817	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKL9024D 01-11-2017 1,347.68 In view of this amendment, a refund of \$1,347.68 (inclusive of GST) will be adjusted against the outstanding premium.
2	09/11/2017 00:00	Basic Information Endorsement	000001286689224	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLL60X 08-11-2017 \$1,321.84 In view of this amendment, an additional premium of \$1,321.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the

Claim Handling

The premium on this policy has not been collected.

Accident MT/0983952

Policy No.	5075309111-02	Vehicle No.	SLA46X	GST Registration No.	
Policyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC	201
Product Code	FLEET INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	96209667	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	Yes

 Accident Details

Report Date	27/02/2018 17:54	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	26/02/2018	Time of Accident hh:mm	06:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI AIRPORT TERMINAL 3 COACH BAY				

 Benefits

 Excess

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

 GST Registered Information

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

 Policyholder Mailing Address

Address 1	70 UB1 CRESCENT	Address 2	#01-12	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	01-12	Related Policy Number	5074680813-02		

 OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG LEONG MING (HUANG LI	Driver NRIC	S7638770B	Driver DOB	24/1
Register Date of Driver License	16/07/1997	Driver Age	41	Driving Experience	20
Contact No.(Mobile)	96209667	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 163 #08-384	Address 2	SIMEI ROAD	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	520
Unit No.	08-384				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EHB LIMOUSINE PTE LTD	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	SLA46X	TP Vehicle Number	SHB
Claim Description	SLA46X / SHB6713G ON 26 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	27/02/2018 17:57	Claim Close Date		Date Received	27K
Report Taken By	LIEW SHAN HUI				

Attachment



Accident No. MT/0983952 Claim No. 001
 Last Doc. Received Yes No Upload Date 27/02/2018 17:58

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:58	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:58	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:58	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:57	Photos	Normal	Photos 20:

Video List

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