

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	06/03/2018 18:18
Date Of Accident	05/03/2018 08:20
Exact Location Of Accident	NEXUS INTERNATIONAL SCHOOL (ULU PANDAN)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5555U
Insured/Policyholder	
Name Of Registered Owner	LAW HON KIT ALFRED
NRIC No	S8507439C
Email Address	GOHSHILONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92773587
Alternative Phone No	OTHERS-92773587

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 Z G-EDITION CVT (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING BOSS KID TO SCHOOL
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	5096760132
Cover Note Number	

Driver

Name of Driver	GOH SHI LONG
NRIC No	S9311645C
Date Of Birth	01/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2012
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92773587
Fax Number	
Contact Number	OTHERS-92773587
Email Address	GOHSHILONG@GMAIL.COM

Address	BLK 202 COMPASSVALE DRIVE #03-587
Postcode	540202
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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	SJR9368S
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEVILLE SARAH EILEEN
NRIC/Passport Number	G5241574N
Contact Number	81808503
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

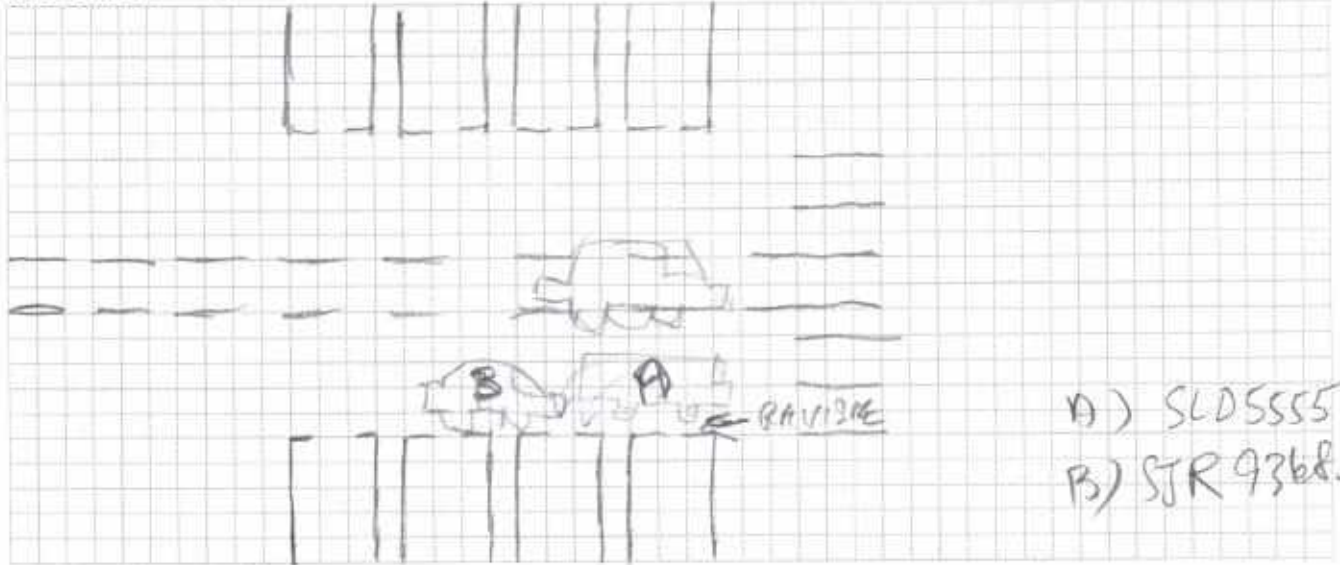
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 060318


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

SKETCH PLAN

NEXUS INTERNATIONAL SCHOOL (ULU PERAI)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was During my working routine to fetch my boss kid to school (Nexus) once I ~~saw~~ ^{at} once reached the school ~~that~~ ^{my boss kid} wanted to rush to the toilet, so I alighted the kid and his granny. After alighting I drove towards the parking lot in front where is nearer to the staircase that my client always use. as there are alot of cars alighting passengers near the middle staircase I have put on my hazard st hazard lights maybe 5-6 lots away from where I wanted to park. upon reaching the lot I have slanted my vehicle as a warning and also to park right in to the lot. There were also quite a few car on the left lane so I have to make sure the turning went but my vehicle as I park upon reversing I have checked all these mirrors and also the front parts of the car. As I am about to turn in the lot I heard a horn sounded and the next moment I felt my vehicle was hit. I move my vehicle forward abit and alighted to check the back of my vehicle was scratched on the left side. The vehicle driver come down too and she said it was my fault that I never checked the back and kept telling me that she was at the back for good I ~~waited~~ ^{waited} minutes and didn't expect me to reverse. After awhile of talking my client come out of the toilet and waited to take his bag in the car, so I opened the side door for them and told the lady driver that I will get my car parked and we talk from there. so we exchanged details and more on. so far didn't get any news from her of what she wants to do. to settled this issues.

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: 060318

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

06/03/2018

Rishi Winters

Claim Handling

Accident MT/0984999

Policy No.	5096780132	Vehicle No.	SLD5555U	GST Registration No.	
Policyholder Name	LAW HON KIT ALFRED	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	92773587	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	06/03/2018 18:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	05/03/2018	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEXUS INTERNATIONAL SCHOOL (ULU PANDAN)				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	2,500.00	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	12A HOUGANG STREET 11	Address 2	#14-57 THE MINTON	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	14-57	Related Policy Number	5096780132		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	GOH SHI LONG	Driver NRIC	S9311645C	Driving Experience	
Register Date of Driver License	23/11/2012	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	92773587	Contact No.(Office)		Address 3	
Address 1	BLK 207 #03-587	Address 2	COMPASSVALE DRIVE	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	03-587				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLD5555U	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

New

Claim Type *	OD-MX	Insured Name	LAW HON KIT ALFRED	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Q1 Vehicle Number	SLD5555U	TP Vehicle Number	
Claim Description	SLD5555U / SJR93685 ON 5 Mar 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	06/03/2018 19:01	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0984999	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2018 19:02
Path *		Category *	Confidential
			Urgency
			Normal

[Browse...](#) [Clear](#) Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Mar 2018 19:02	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Mar 2018 19:02	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Mar 2018 19:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Mar 2018 19:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Mar 2018 19:01	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Mar 2018 19:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Mar 2018 19:01	Photos	Normal	Photo

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 03 / 18 (DD/MM/YYYY), TIME: 08:20 (HH:MM)

LOCATION: Nexus International School (Yulu Pandan)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 5555 U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5096760132
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: fetching Boss Kid to school
 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: Law Hon Kit Alfred (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8507439C CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
(1)

- DRIVER
 a) NAME: Goh Shi Long (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9311645C CONTACT: 92773587
 c) ADDRESS: _____

* d) DATE OF BIRTH: 01 / 04 / 1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS - 23 Nov 2012

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

No of passengers
 (including driver)
()

- a) VEHICLE NUMBER: SSR 9368S MODEL: KIA Forte
 b) DRIVER'S NAME: Neville Sarah Eileen
 c) NRIC/FIN/PASSPORT: G5241574N CONTACT: 81808503

9. THIRD PARTY VEHICLE

No of passengers
 (including driver)
()

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

Email: GohShiLong@gmail.com

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9311645C



Name

GOH SHI LONG

吳仕龍

Race

CHINESE

Date of birth

01-04-1993

Sex

M

Country of birth

SINGAPORE



4199310



NRIC No. S9311645C



Date of issue

03-04-2008

Address

APT BLK 202 COMPASSVALE DRIVE
#03-587
SINGAPORE 540202

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9311645C

Name

GOH SHI LONG

Birth Date: 01 Apr 1993

Issue Date: 23 Nov 2012



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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 23 Nov 2012

NP 428A



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: 5096760132

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD5555U**
 Chassis Number : AGH300151289
2. Name of Policyholder : **LAW HON KIT ALFRED**
3. Effective Date of Insurance : **21 Dec 2017**
4. Expiry Date of Insurance : **20 Dec 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	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SEOW KIAN TIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE 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 : TAN WEI AUTO PTE. LTD. (00000572075)
 Date of Issue : 20 Dec 2017 16:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive