

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	20/03/2018 10:36
Date Of Accident	19/03/2018 10:00
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YJ9797B
Insured/Policyholder	
Name Of Registered Owner	THE NEW CHARIS MISSION
Co Reg No	T06SS0166B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91310166
Alternative Phone No	OFFICE-91310166

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5089653935
Cover Note Number	

Driver

Name of Driver	C V SHANGAR
NRIC No	S1810060F
Date Of Birth	17/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91310166
Fax Number	
Contact Number	OTHERS-91310166
Email Address	NOEMAIL

Address	BLK 121 YISHUN STREET 11 #08-457
Postcode	760121
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	SIDE SWIPE
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?	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)	5
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE
Passenger 4	NAME: : NIL GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMB1530R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS

Name of Driver	SOON HOCK MENG
NRIC/Passport Number	S2628919Z
Contact Number	92981470
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

THE NEW CHARIS MISSION

Mailing Address:

Thomson Road Post Office
P. O. Box 305, Singapore 915711

Location:

11, Telok Ayer Street, Block 1, Singapore 409071
Tel: 6483 3707 Fax: 6483 3658
Email: admin@ntrcm.org.sg



Policyholder's Signature

Date & Time:

Driver's Signature

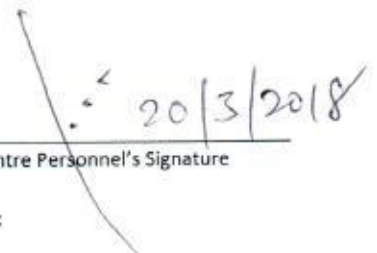
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

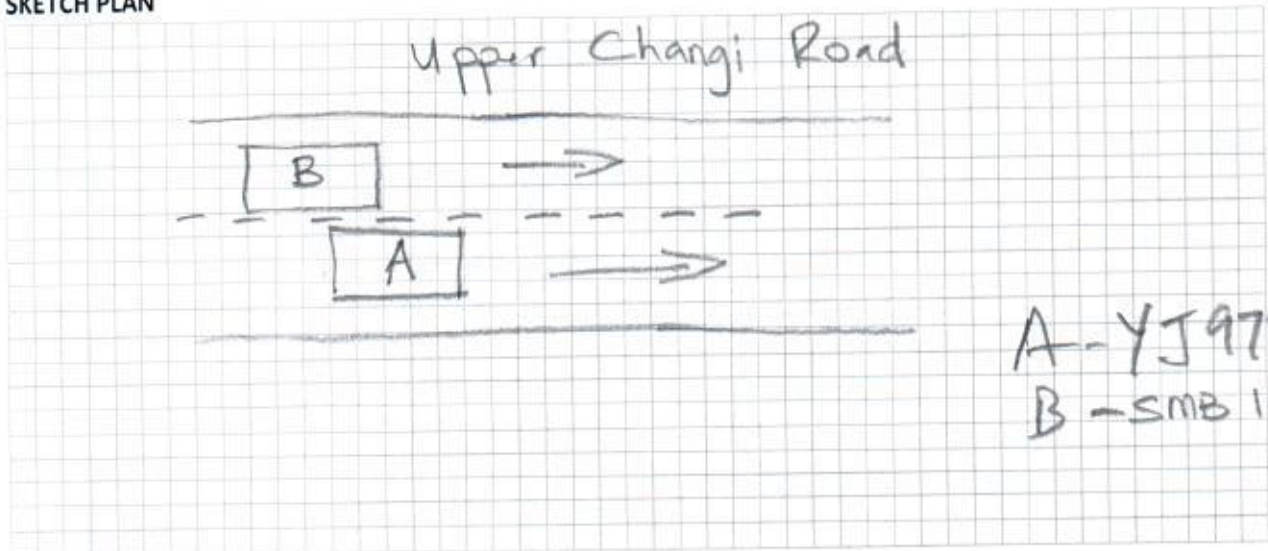
Name:

NRIC/FIN No.:



20/3/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The vehicles A were travelling along Upper Changi Rd. As vehicle A was making a lane change it hit the vehicle B on the Right end mirror. (Front Mirror)

DECLARATION

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

THE NEW CHARIS MISSION

Mailing Address:

Thomson Road Post Office

Policyholder's Signature: 8, 0, 9, 205, Singapore 915711

Date & Time:

11 Jalan Ubi, Block 1, Singapore

Tel: 6483 3707, Fax: 6483 3658

Email: admin@tncm.org.sg

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/3/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1810060F



Name
C V SHANGAR

செங்கர்
Race
INDIAN

Date of birth
17-03-1967

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE
S1810060F



C V SHANGAR

Birth Date: **17 Mar 1967**
Issue Date: **13 Mar 2010**

002702523G

5215574



NRIC No. S1810060F



Date of issue
09-09-2013

Address
**APT BLK 121 YISHUN STREET 11
#08-457
SINGAPORE 760121**

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

	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	13 Mar 2018

NP 428A

Licence No: S1810060F

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 : 5089653935

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **YJ9797B**
Chassis Number : **FEB21EA20405**
2. Name of Policyholder : **THE NEW CHARIS MISSION**
3. Effective Date of Insurance : **01 Apr 2017**
4. Expiry Date of Insurance : **31 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 or Hirer's business.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
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 : **LOO KAY SIONG (00000580417)**
Date of Issue : **03 Apr 2017 14:09 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

19/03/2018 10:00

Vehicle No.(For Motor)

YJ9797B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089653935	THE NEW CHARIS MISSION	T06SS0166B	GFT	Comprehensive	YJ9797B	YJ9797B	01/04/2017	

▼ Policy Information

Policy No.	5089653935	Policyholder Name	THE NEW CHARIS MISSION	Policyholder NRIC	T06SS0166B
Address	P O BOX 305 THOMSON ROAD POST OFFICE SINGAPORE 915711				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/04/2017	Effective Date	01/04/2017 00:00	Expiry Date	31/03/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LOO KAY SIONG	Agent Tel.	63379066	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	P O BOX 305	Address 2	THOMSON ROAD POST OFFICE	Address 3	SINGAPORE 915711
Address 4		Address Type	Singapore address	Post Code	915711
Unit No.	BLOCK1	Related Policy Number	5091680773		

▶ Insured Object: YJ9797B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0986904

Policy No.	5089653935	Vehicle No.	Y39797B	GST Registration No.	
Policyholder Name	THE NEW CHARIS MISSION			Policyholder NRIC	T06/
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91310166	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	20/03/2018 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	19/03/2018	Time of Accident hh:mm	10:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER CHANGE ROAD				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	P O BOX 305	Address 2	THOMSON ROAD POST OFFICE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	915
Unit No.	BLOCK1	Related Policy Number	5091680773		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	C V SHANGAR	Driver NRIC	S1810060F	Driver DOB	17/0
Register Date of Driver License	13/03/2018	Driver Age	51	Driving Experience	0
Contact No.(Mobile)	91310166	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 121	Address 2	YISHUN STREET 11	Address 3	
Address 4		Address Type	Singapore address	Post Code	760
Unit No.	#08-457				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	THE NEW CHARIS MISSION	Insured NRIC	T06/
Contact No.(Mobile)	98780637	Contact No.(Home)		Contact No.(Office)	648/
Email Address	Kelyntay@tncm.org.sg	OI Vehicle Number	Y39797B	TP Vehicle Number	SMB
Claim Description	Y39797B / SMB1530R ON 19 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/0
Date Registered	20/03/2018 17:29	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

3/20/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0986904

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

20/03/2018 17:25

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Describe
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:28	NRJC/ Driving License	Normal	NRJC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:27	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:26	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:25	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:25	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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