





## 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	23/03/2018 09:09
Date Of Accident	23/03/2018 05:15
Exact Location Of Accident	JUNCTION OF BEDOK NORTH RD/BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW8948J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YU ZHAN TRANSPORT SERVICES
Co Reg No	52866782C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83824985
Alternative Phone No	OFFICE-83824985

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5046632049-07
Cover Note Number	

### Driver

Name of Driver	CHUA PENG HONG
NRIC No	S1142483Z
Date Of Birth	15/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83824985
Fax Number	
Contact Number	OTHERS-83824985
Email Address	NOEMAIL

Address	BLK 40 BEO CRESCENT #05-18
Postcode	160040
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	COLLIDED INTO MOTORCYCLIST
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

ON 23/03/2018 AT ABOUT 05:15 I WAS TRAVELLING ALONG BEDOK NORTH ROAD AND WANTED TO TURN LEFT TO BEDOK NORTH AVE 1 AT THE SLIP ROAD TO BEDOK NORTH AVE 1 THE RIDER OF FJ1824J MAKE A SUDDEN BRAKE AND I DID HAVE ENOUGH TIME TO STOP AND BANG AT THE REAR OF THE RIDER AND HE FELL. WE STOP AT THE SIDE ROAD AND EXCHANGE PARTICULARS THAT ALL.

#### 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	FJ1824J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ANG KOK LEONG
NRIC/Passport Number	S7119766B
Contact Number	90086725
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

### 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.

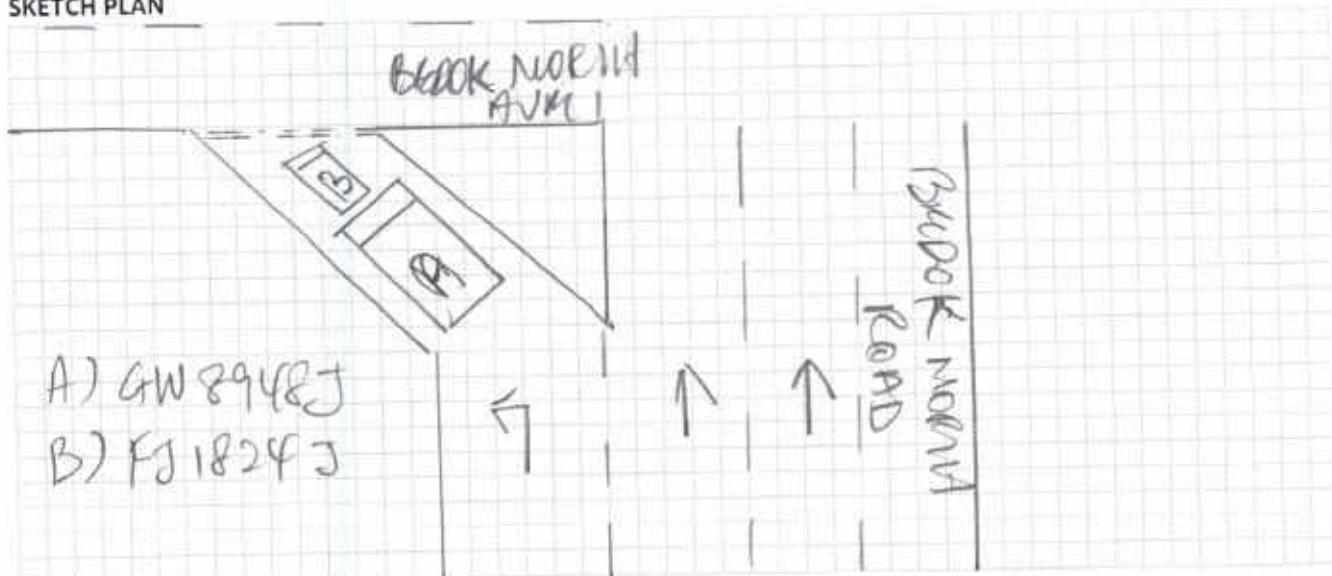
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Paula  
NRIC/FIN No.: 9201 1234 5678



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

## DECLARATION

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

**VEHOC TRANSPORT SERVICE**  
 Bukit Batok Central Post Office  
 P.O. Box 152, Singapore 916502  
 HP: 9819 9114 Fax: 6890 2915

Policyholder's Signature: *[Signature]*  
 Date & Time:

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

Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:

23/03/2018

*[Signature]*

## Claim Handling

Accident MT/0987309

Policy No.	5046632049-07	Vehicle No.	GW8948J	GST Registration No.	
Policyholder Name	YU ZHAN TRANSPORT SERVICES			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	83824985	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPI	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	23/03/2018 10:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	23/03/2018	Time of Accident (hh:mm)	05:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BEDOK NORTH RD/BEDOK NORTH AVE 1				

**Benefits**

**Excess**

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

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 118 #02-288	Address 2	BUKIT DATUK WEST AVENUE 6	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5077878833-02		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA PENG HONG	Driver NRIC	S11424832	Driver DOB	
Register Date of Driver License	03/05/2003	Driver Age	62	Driving Experience	
Contact No.(Mobile)	83824985	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 49 #05-18	Address 2	BEO CRESCENT	Address 3	
Address 4	SINGAPORE 160040	Address Type	Foreign address	Post Code	
Unit No.	05-18				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	GW8948J	Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-ROX	Insured Name	YU ZHAN TRANSPORT SERVICE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GW8948J	TP Vehicle Number	
Claim Description	GW8948J / F11824J ON 23 Mar 2018				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	23/03/2018 10:24	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0987309	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/03/2018 10:26
Path *		Category *	Confidential <input type="radio"/> Urgency <input type="radio"/>
			Normal <input checked="" type="radio"/>

Browse Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	all	⌵	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	all	⌵	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	all	⌵	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	all	⌵	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	all	⌵	Normal

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Doc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:26	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:24	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 10:24	NRIC/ Driving Licence	Normal	NRIC/ Driving

▼ Video List

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1142483Z



Name

CHUA PENG HONG

蔡炳鴻

Race

CHINESE

Date of birth

15-09-1955

Country/Place of birth

SINGAPORE

Sex

M



NRIC No S1142483Z

5597982

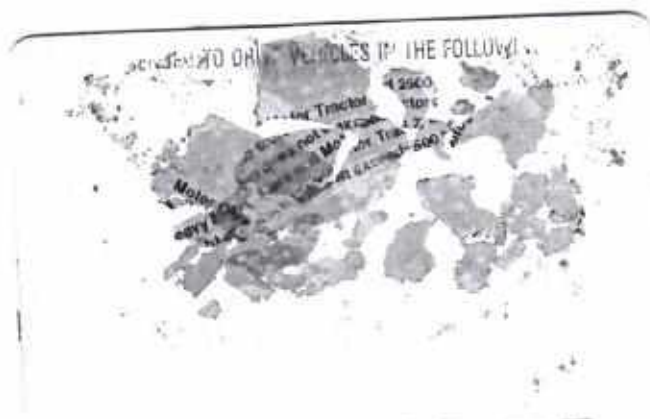


Date of issue

11-05-2016

Address

APT BLK 40 BEO CRESCENT  
#05-18  
SINGAPORE 160040





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="23/03/2018 09:04"/>						
Vehicle No. (For Motor)	<input type="text" value="GW8948J"/>								
<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"/>	5046632049-07	YU ZHAN TRANSPORT SERVICES	52866782C	GCV	Third Party, Fire & Theft	GW8948J	GW8948J	04/12/2017	03/12/2018
<input type="button" value="Continue"/>									