

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	30/04/2018 11:40
Date Of Accident	26/04/2018 09:00
Exact Location Of Accident	BLK 255 JURONG EAST STREET 24
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA7703H
Insured/Policyholder	
Name Of Registered Owner	KEVIN YEO YIK PENG
NRIC No	S7339810Z
Email Address	KEYYEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91299069
Alternative Phone No	OTHERS-91299069
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5052035663-06
Cover Note Number	
Driver	
Name of Driver	KEVIN YEO YIK PENG
NRIC No	S7339810Z
Date Of Birth	06/11/1973
Occupation	INDOOR
Date Of Driving Pass	20/08/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91299069
Fax Number	
Contact Number	OTHERS-91299069
Email Address	KEYYEO@HOTMAIL.COM

Address	BLK 696 JURONG WEST CENTRAL #11-59
Postcode	121441
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	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	SLD1745P
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI JIALONG
NRIC/Passport Number	S8713411C
Contact Number	96377967
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.

Ken Yew

Policyholder's Signature

Date & Time:

30/04/2018
10:24h.

Ken Yew

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Ken Yew 30/04/2018

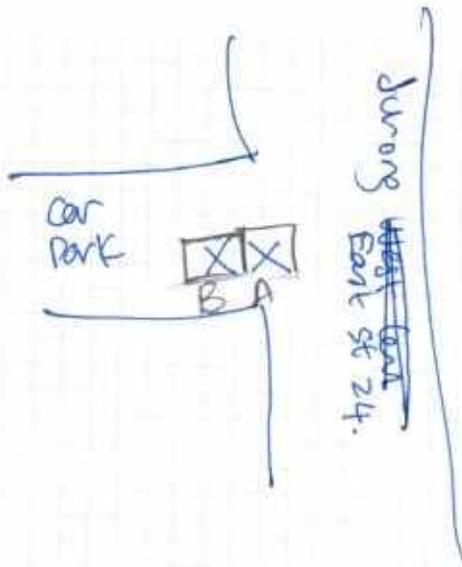
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Ken Yew

SKETCH PLAN



A) A) SFA7703H
 B) B) SLD1745P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving at 15 km/h while turning left into the car park, Mr. Li stopped his car (SLD 1745P) suddenly when there is absolutely no reason. There was no one trying to cross the road neither was there any car directly in front of him.

He looked like he just got out of bed, wearing tank top and shorts and his hair messy (clearly he had not shower or shampoo his hair).

I bumped into his car ever so slightly but the damage was done.

DECLARATION

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

Kenilee

Policyholder's Signature

Date & Time:

30/04/2008
1024h.

Kenilee

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 30/04/2008

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident #HT/0992346

Policy No.	5052035663-06	Vehicle No.	SFA7703H	GST Registration No.	
Policyholder Name	KEVIN YEO YIK PENG			Policyholder NRIC	S73398102
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	912996	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KFK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	30/04/2018 12:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	30/04/2018	Time of Accident (h:mm)	05:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	BLK 255 JURONG EAST STREET 24				

Benefits

Excess

Own Damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	100.00
Injured Driver Excess	0.00	Outside Singapore OD Excess	000.00		
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	BLK 255 #11-55	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 640056
Address 4		Address Type	Singapore address	Post Code	640004
Unit No.	06-100	Related Policy Number	5052035663-06		

DI Driver Info

Driver Name	KEVIN YEO YIK PENG	Driver Type	Non Driver	Driver DOB	06/11/1973
Unclaimed driver Name		Driver NRIC	S73398102	Driving Experience	9
Register Date of Driver License	20/08/2008	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 640004
Address 1	BLK 255 #11-55	Address 2	JURONG WEST CENTRAL 1	Post Code	640004
Address 4		Address Type	Singapore address		
Unit No.	06-100			Driver Insure Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver vehicle No.	SFA7703H		

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claims 001 OD-MD New

Claim Type *	OD-MD	Insured Name	KEVIN YEO YIK PENG	Insured NRIC	S73398102
Contact No.(Mobile)	91299600	Contact No.(Home)	811	Contact No.(Office)	
Email Address		DI Vehicle Number	SFA7703H	TP vehicle number	SLD1745P
Claim Description	SFA7703H / SLD1745P On 26 Apr 2018			Name of Preferred Workshop	KI-REC AUTO SERVICES PTE LTD
Preferred Workshop Contact No.	62723618/62735078	Insured Liability *	Fully at Fault	GJA report	Received
Require Finalisation	Yes	Referenced Repair Option	Preferred Workshop, Name unknown	Date Received	30/04/2018 12:06
Date Registered	30/04/2018 12:28	Claim Close Date		Total Lost but Repaired	
Report Taken By	RIZLE WAHAB	Workshop Register		OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	HT/0992346	Claim No.	001
Last Doc. Received	Yes No	Upload Date:	30/04/2018 12:26

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Send Message - Collapsed

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Flag Sent? Action (CO)
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 Apr 2018 12:25	Photos	Normal	Photos 2018-4-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 Apr 2018 12:25	SAS	Normal	SAS 2018-4-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 Apr 2018 12:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-30	Edit

Video List

Uploaded By/Date	Folder	Date	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 26/04/18 (DD/MM/YYYY), TIME: 09:00 (HH:MM)
LOCATION: BK 255 Jurong East St. 24

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFA 7703 H
b) INSURANCE COMPANY: INLOME
c) POLICY NUMBER: 5052035663-06
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Audi A4
f) TYPE: SALOON COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: Kevin Yeo Yik Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S73398102 CONTACT: 91299069
c) ADDRESS: 696 Jurong West Central 1 #11-59

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kevin Yeo Yik Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S73398102 CONTACT: 91299069
c) ADDRESS: 696 Jurong West Central 1 #11-59

*d) DATE OF BIRTH: 06/11/1973 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 20/08/2008

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

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

a) VEHICLE NUMBER: SLD 1745P MODEL: Hyundai Elantra

b) DRIVER'S NAME: Li Jialong

c) NRIC/FIN/PASSPORT: S8713411C CONTACT: 9637 7967

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = kevyeo@hotmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7339810Z



KEVIN YEO YIK PENG

姚益平

Race

CHINESE

Date of Birth

06-11-1973

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7339810Z

Name

KEVIN YEO YIK PENG

Birth Date: 06 Nov 1973

Issue Date: 20 Aug 2008



0016409805



3272514

NRIC No: S7339810Z

Blood Group

Date of issue

05-12-2002

APT BLK 441A CLEMENTI AVENUE 3 #14-01
SINGAPORE 121441

NRIC No: S7339810Z

Date: 05/01/2012

No: 6972380

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

20 Aug 2008



Licence No: S7339810Z

NP 428A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5052035663-06	KEVIN YEO YIK PENG	S7339810Z	GPC	drive PREMIUM	SFA7703H	SFA7703H	24/01/2018	23/01/2019