

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	02/05/2018 19:01
Date Of Accident	29/04/2018 03:00
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9116G
Insured/Policyholder	
Name Of Registered Owner	WONG CHU BANG
NRIC No	S8606320D
Email Address	PARRY-WONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96410409
Alternative Phone No	OTHERS-96410409
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	5088015897-01
Cover Note Number	
Driver	
Name of Driver	WONG CHU BANG
NRIC No	S8606320D
Date Of Birth	10/03/1986
Occupation	INDOOR
Date Of Driving Pass	19/03/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96410409
Fax Number	
Contact Number	OTHERS-96410409
Email Address	PARRY-WONG@HOTMAIL.COM

Address	BLK 524 JURONG WEST STREET 52 #06-245
Postcode	640524
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	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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20180501/7022

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

Policyholder's Signature
Date & Time:

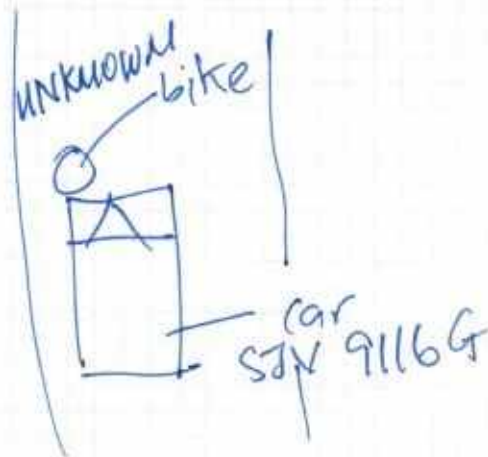
Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/05/2018

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

SKETCH PLAN

Ayik Rewards MAS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the accident description area:

pls refer to police report
8/20180501/2022

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
POLICE FORCE**



J/20180501/7022

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Report No. J/20180501/7022

Date/Time Report Made 01/05/2018 21:41	Vide Report No.	Station Diary No.
Name Of Informant WONG CHU BANG	Address APT BLK 524 JURONG WEST STREET 52 #06-245 SINGAPORE 640524	
ID Type / ID No. NRIC NO / S8606320D	Contact No. Home/Office: Mobile: 96410409	
Nationality SINGAPORE CITIZEN	Email Address parry_wong@hotmail.com	
Occupation Engineer	Sex Male	Age 32
Institution/School Name	Date of Birth 10/03/1986	Race Chinese
Date/Time Of Incident 29/04/2018 03:00	Language English	
	Location Of Incident NIL Clementi Avenue 6 into AYE (City) - ERP(52) SINGAPORE 120101	

Brief details.

I was driving along AYE expressway and knocked into a motorcycle. I parked the car at the road shoulder right away and went to attend to the rider. He was sitting down and passerby called the police and ambulance. I was sent to the Traffic Police Head Quarter for questioning and am under investigation for drink driving.

There is a victim and I am unable to key under "Victim" tab as I do not have his particulars.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2018 21:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



J/20180501/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180501/7022

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

01/05/2018 21:41

Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/0992716

Policy No.	5086019807-01	Vehicle No.	SV9116G	GST Registration No.	
Policyholder Name	WONG CHU BANG	Cover Type	drive CLASSIC	Policyholder NRIC	586063200
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Landing	0
Contact No.(Mobile)	96410409	Special Remarks		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
WPA	= No Yes	NCD Endowment(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	02/05/2018 19:15	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	29/04/2018	Time of Accident (hh:mm)	03:00	Country of Accident	Singapore
Reporting Centre		Orange force		IDM No.	

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	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	BLK 524 #05-245	Address 2	JURONG WEST STREET 52	Address 3	SINGAPORE 640524
Address 4		Address Type	Singapore address	Post Code	640524
Unit No.		Related Policy Number	5086019807-01		

O1 Driver Info

Driver Name	WONG CHU BANG	Driver Type	Main Driver	Driver DOB	10/03/1958
Uninsured driver Name		Driver NRIC	586063200	Driving Experience	11
Register Date of Driver License	19/03/2007	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	96410409	Contact No.(Office)		Address 3	SINGAPORE 640524
Address 1	BLK 524 #05-245	Address 2	JURONG WEST STREET 52	Post Code	640524
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SV9116G	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification History

Claim 001 New

Claim Type *	OD-PKX	Insured Name	WONG CHU BANG	Insured NRIC	586063200
Contact No.(Mobile)	NIL	Contact No.(Home)	84759938	Contact No.(Office)	
Email Address		O1 Vehicle Number	SV9116G	TP Vehicle Number	SV9116G
Claim Description	SV9116G / UNKNOWN ON 29 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/05/2018 19:15	Claim Close Date		Date Received	02/05/2018 00:00
Report Taken By	ROSU WAHAB				

Print AX letter

Save Submit

Attachment

Path *

Accident No.	MT/0992716	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	02/05/2018 19:20

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 Field

Category *	Confidential	Urgency *	Description *
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 *	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH) on 02 May 2018 19:20	Photos	Normal	Photos 2018-5-2		Edit
	NAC_BUKIT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH) on 02 May 2018 19:20	Photos	Normal	Photos 2018-5-2		Edit
	NAC_BUKIT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH) on 02 May 2018 19:20	Photos	Normal	Photos 2018-5-2		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:20	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:20	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:20	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:20	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:19	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:19	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:19	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:19	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:19	Photos	Normal	Photos 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:18	SAS	Normal	SAS 2018-5-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 May 2018 19:18	NRC/ Driving License	Normal	NRC/ Driving License 2018-5-2	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 9 / 2018) (DD/MM/YYYY), TIME: (03 : 00) (HH:MM)

LOCATION: AXE (TUAS)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU91169
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA Koup
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Dring home
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: Wang Chu Bang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8606320D CONTACT: 96410409
c) ADDRESS: Blk 524, Jurong West St 52 #D6-245

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Chu Bang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8606320D CONTACT: 96410409
c) ADDRESS: Blk 524, Jurong West St 52 #D6-245

*d) DATE OF BIRTH: (10 / 03 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 Mar 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Night

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TP HQ

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = parry-wang@hotmail.com
Fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8606320D



Name
WONG CHU BANG

黄楚邦

Race
CHINESE

Date of birth
10-03-1986

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8606320D

Name

WONG CHU BANG

Birth Date 10 Mar 1986

Issue Date 19 Mar 2007



5833959



Unit No. S8606320D

Date of issue
29-11-2017

Address
APT BLK 524 JURONG WEST STREET 52
#06-245
SINGAPORE 640524

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

PASS DATE

Class 3

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

19 Mar 2007



NK 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: 5088015897-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV9116G**
Chassis Number : **KNAFW611MA5203998**
2. Name of Policyholder : **WONG CHU BANG**
3. Effective Date of Insurance : **22 Mar 2018**
4. Expiry Date of Insurance : **21 Mar 2019**
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	: WONG CHU BANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : META AGENCY PTE. LTD. (00000573430)
Date of Issue : 19 Feb 2018 10:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive