

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	21/05/2018 09:20
Date Of Accident	15/05/2018 20:05
Exact Location Of Accident	BKE TO EXIT SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2131B
Insured/Policyholder	
Name Of Registered Owner	D & D MOTORING PTE. LTD.
Co Reg No	201600172K
Email Address	AMTAUTOMOBIL@HOTMAIL.CCM
Mobile Phone No	(LOCAL) +65-91028222
Alternative Phone No	OFFICE-91028222

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5099559873
Cover Note Number	

Driver

Name of Driver	ALEX NG CHING WEI
NRIC No	S9171054D
Date Of Birth	16/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91028222
Fax Number	
Contact Number	OTHERS-91028222
E-Mail Address	AMTAUTOMOBIL@HOTMAIL.CCM

Address BLK 203 MARSILING DRIVE
#10-174
Postcode 703203
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) 2
Passenger 1
NAME: : PASSENGER
GENDER: : FEMALE

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 GBG2084J
Vehicle Make/Model/Colour NISSNA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver DURAISAMY SAATHISH
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

SKETCH PLAN

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 liability**.
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. 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)**

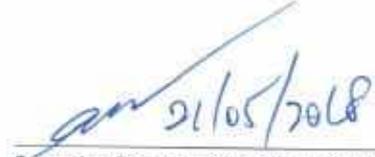
I understand, acknowledge, agree and consent that:

- (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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving at 60km/h, Driver of GBG 2084J bang onto my vehicle - claiming that I Jamed-braked.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature] 21/05/2018
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident **MT/0995074**

Policy No.	509559873	Vehicle No.	GBH21318	GST Registration No.	
Policyholder Name	D & D MOTORING PTE. LTD.	Cover Type	Comprehensive	Policyholder NAIC	20160272K
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91028222	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KFC	- No Yes	ACD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Orange Force		Private Hire	No
Report Date	21/05/2018 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/09/2018	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Accident Location	BKE TO EAST SLE	ICM No.	

Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

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

Address 1	1 BUKIT BATOK CRESCENT	Address 2	#02-26 WOLGA PLAZA	Address 3	SINGAPORE 558064
Address 4		Address Type	Singapore address	Post Code	558064
Unit No.	03-195	Related Policy Number	509559873		

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/07/1992
Unnamed driver Name	ALIX NG CHING WEI	Driver NAIC	55171054D	Driving Experience	3
Register Date of Driver License	12/11/2018	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 730203
Address 1	BLK 203 #10-174	Address 2	MARSHLING DRIVE	Post Code	730203
Address 4		Address Type	Foreign address		
Unit No.	10-174	Driver Vehicle No.	GBH21318	Driver Insurer Company	NTUC
Does he live in Singapore?	Yes - No				

Declaration		Any injury?	Yes - No
Breathalyzer or Blood Test Reading?	0 mg		

Modification history

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	D & D MOTORING PTE. LTD.	Insured NAIC	20160272K
Contact No.(Mobile)	91445960	Contact No.(Office)		Contact No.(Office)	91028222
Email Address	entgatormobile@gmail.com	OI Vehicle Number	GBH21318	TP Vehicle Number	GBH20841
Claim Description	GBH21318 / GBG20841 ON 15 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2018 09:44	Claim Close Date		Date Received	21/05/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Reported	

Save Submit

Attachment

Accident No.	MT/0995074	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/05/2018 09:44

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

Attachment List Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (C2)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:44	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:44	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800878(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:44	Photos	Normal	Photos 2018-5-21		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:43	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:42	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:42	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:42	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:42	Photos	Normal	Photos 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:42	SAS	Normal	SAS 2018-5-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 09:42	NR2C/ Driving License	Normal	NR2C/ Driving License 2018-5-21	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 5 / 2018) (DD/MM/YYYY), TIME: (20 : 03) (HH:MM)

LOCATION: BKE to EXIT SLE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 2131 B
- b) INSURANCE COMPANY: MTU
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Toyota Hiace
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Going 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: ALEX NG CHING WEI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S91710540 CONTACT: 9102 8222
- c) ADDRESS: B/K 203 #10-174 Marsiling Drive S730203

*d) DATE OF BIRTH: (16 / 07 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/11/16

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

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: GBG 2084J MODEL: Nissan
- b) DRIVER'S NAME: DURASAMY SAATHISH
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

amt automobile @ hotmail . com ✓

amt automobile @ hotmail . com

1) EMAIL : alex.ng@astute5reen.com

2) VIDEO :

Cousin (F)

(2)

NUMBER OF PASSENGER INCLUDING DRIVER

(1)

NUMBER OF PASSENGER INCLUDING DRIVER

()

NUMBER OF PASSENGER INCLUDING DRIVER

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9171054D



Name
 ALEX NG CHING WEI

黄勤伟

Race
 CHINESE

Date of birth
 16-07-1991

Country of birth
 MALAYSIA

Sex
 M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9171054D

ALEX NG CHING WEI

Birth Date: 16 Jul 1991

Issue Date: 12 Nov 2016




8793047

NRIC No: S9171054D



Nationality
 MALAYSIAN

Date of issue
 01-08-2006

Address
 APT BLK 203 MARSILING DRIVE
 #10-174
 SINGAPORE 703203

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

Class	Vehicle Description	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	12 Nov 2016

NP 428A

Licence No: S9171054D



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**Policy No. Date of Accident: Vehicle No. (For Motor):

GBH2131B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099559873	D & D MOTORING PTE. LTD.	201600172K	GFT	Comprehensive	GBH2131B	GBH2131B	03/04/2018	