



## 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 15:04
Date Of Accident	21/05/2018 10:50
Exact Location Of Accident	JUNCTION BETWEEN BEDOK SOUTH AVE 3/BEDOK SOUTH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7529G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUM YEW ONN
NRIC No	S6924509I
Email Address	RICHARDLUM2003@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96832240
Alternative Phone No	OTHERS-96832240

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 GLX
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	5095258179
Cover Note Number	

### Driver

Name of Driver	LUM YEW ONN
NRIC No	S6924509I
Date Of Birth	19/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96832240
Fax Number	
Contact Number	OTHERS-96832240
EMail Address	RICHARDLUM2003@YAHOO.COM.SG



Address	16 RIVER VALLEY CLOSE #03-16
Postcode	238433
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	SJN1769S
Vehicle Make/Model/Colour	FORD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAUDHARY SOMA
NRIC/Passport Number	
Contact Number	92313508 (AMIR) HUSBAND
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.

Policyholder's Signature  
Date & Time:

21/5/18

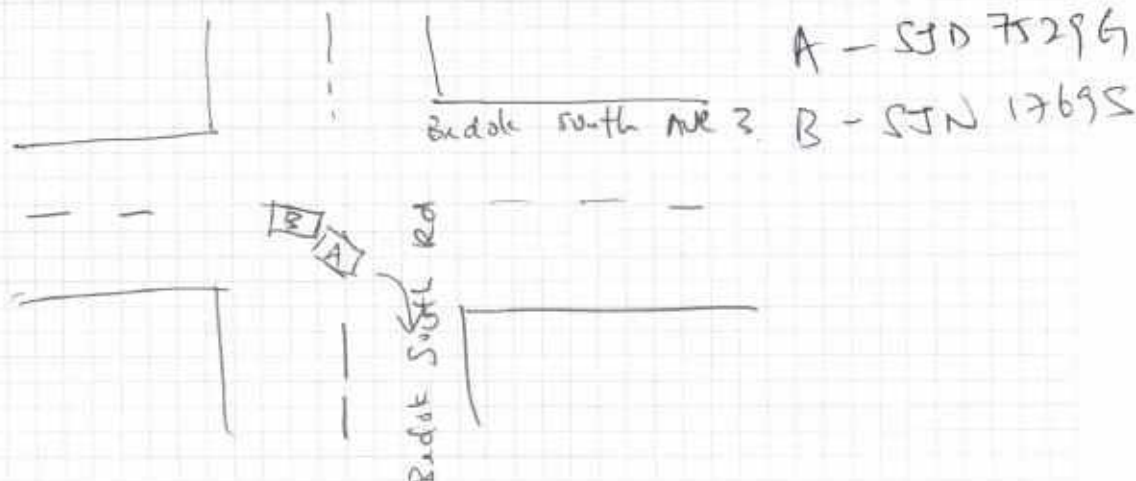
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

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

21/05/2018  
*[Signature]*  
Kefli Wathab

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON MAY 21, 2018, WHILE I WAS DRIVING TOWARDS  
 BEDOK SOUTH ROAD, THERE WAS A OLD LADY  
 CROSSING THE ROAD, SO I SLOW DOWN AND SUDDENLY  
 SJN 1769S (B) CAR RAN INTO MY REAR CAR (A).  
 AT THE JUNCTION.

## 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:

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



## Claim Handling

Accident HT/0005199

Policy No.	5095258179	Vehicle No.	S307529G	GST Registration No.	
Policyholder Name	LUM YEW DINH			Policyholder NRIC	569245091
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	96832240	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
RFL	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Settlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	21/05/2018 15:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/05/2018	Time of Accident hh:mm	10:50	Country of Accident	Singapore
Reporting Centre		Orange Force		SDH No.	
Accident Location	JUNCTION BETWEEN BEDOK SOUTH AVE 3/BEDOK SOUTH RD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	18 RIVER VALLEY CLOSE	Address 2	#03-10 PACIFIC MANSIONS	Address 3	SINGAPORE 238433
Address 4		Address Type	Singapore address	Post Code	238433
Unit No.	03-10	Related Policy Number	5095258179		

## ▼ O1 Driver Info

Driver Name	LUM YEW DINH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	569245091	Driver DOB	19/07/1989
Register Date of Driver License	01/01/2000	Driver Age	48	Driving Experience	18
Contact No.(Mobile)	96832240	Contact No.(Office)		Contact No.(Home)	
Address 1	18 RIVER VALLEY CLOSE	Address 2	#03-10 PACIFIC MANSIONS	Address 3	SINGAPORE 238433
Address 4		Address Type	Singapore address	Post Code	238433
Unit No.	03-10				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	S307529G	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading	0 mg	Any injury?	Yes - No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Injured Name	LUM YEW DINH	Injured NRIC	569245091
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	S307529G	TP Vehicle Number	56917685
Client Description	S307529G / 56917685 ON 21 May 2018				
Preferred Workshop Contact No.		Injured Liability *	Not at Fault	Name of Referred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2018 15:44	Claim Close Date		Date Received	21/05/2018 00:00
Report Taken By	MOUSLI WAHAB	Workshop Reparer		Total Loss but Repaired	

Print Ack letter

Save Submit

## Attachment

Accident No.	HT/0005199	Claim No.	001
Last Doc. Received:	* Yes No	Upload Date	21/05/2018 15:45

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	
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Message Read				Send Message Upload

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 21 May 2018 15:45	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 21 May 2018 15:45	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 21 May 2018 15:45	Photos	Normal	Photos 2018-5-21		Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 15:45	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 15:45	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 15:45	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 15:45	SAS	Normal	SAS 2018-5-21	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 15:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-21	<a href="#">Edit</a>

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 05 / 2018 (DD/MM/YYYY), TIME: 10 : 20 (HH:MM)

LOCATION: JUNCTION BETWEEN BEDOK NORTH AVE 3 and Bedok South Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 7529 G  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5095258179  
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: NISSAN 180  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: HIRE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: LUM YEW ON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6924509 I CONTACT: 96832240  
 c) ADDRESS: Bit 16 #03-16 RIVER VALLEY COVE  
PACIFIC MANSION

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: LUM YEW ON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6924509 I CONTACT: 96832240  
 c) ADDRESS: AS ABOVE

\*d) DATE OF BIRTH: 19 / 07 / 1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20091993

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

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: SJN 1769 S MODEL: FORD  
 b) DRIVER'S NAME: CHAUDHARY SOMA (WIFE) ANNA (92313508)  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

1) EMAIL: Richardtum2003@yahoo.com.sg

2) VIDEO:

( 1 )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER  
 ( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6924509I



Name  
LUM YEW ONN



Race  
CHINESE  
Date of birth  
19-07-1969  
Country/Place of birth  
SINGAPORE  
Sex  
M

5536764



NRIC No. S6924509I



Date of issue  
13-11-2015

Address  
16 RIVER VALLEY CLOSE  
#03-16  
SINGAPORE 238433

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6924509I

Name  
LUM YEW ONN

Birth Date: 19 Jul 1969  
Issue Date: 17 Nov 2015



002493990K

SG  
50

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

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

EFFECTIVE DATE

20 Sep 1993

NP 428A



Licence No: S6924509I

## 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:** 5095258179

**Cover:** : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJD7529G**  
Chassis Number : JMYSTCS3A8U006310
2. Name of Policyholder : LUM YEW ONN
3. Effective Date of Insurance : 01 Nov 2017
4. Expiry Date of Insurance : 31 Oct 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.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LUM YEW ONN
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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)  
Date of Issue : 23 Oct 2017 14:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive