

Job description	Date & Time Completed	Done by
SAS coding		
Small (white shirt, Alcotest)		
Motor Claim Form	Mr/0994942	20/5/18 10:00
Motor W/O (white shirt, Alcotest)		
Photo Uploaded		
Assessment/Survey Report		
Assessment Report by <u>BAH/Hand to Owner/VVWSP</u>		

Downloaded from <http://www.jstor.org/stable/2346192> on Tue, 20 Jun 2016 12:02:05 UTC  
All use subject to [JSTOR Terms and Conditions](#)

## 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	28/05/2018 14:26
Date Of Accident	20/04/2018 00:00
Exact Location Of Accident	420A CLEMENTI AVE 1 DBS CLEMENTI AVE 1/420A/S12140
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1798U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANFALD SERVICES
Co Reg No	53316842B
Email Address	ANFALDSERVICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98178938
Alternative Phone No	OFFICE-98178938

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078372689-02
Cover Note Number	

### Driver

Name of Driver	TAN EUGENE
NRIC No	S9612175Z
Date Of Birth	15/04/1996
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98178938
Fax Number	
Contact Number	OTHERS-98178938
Email Address	ANFALDSERVICES@GMAIL.COM

Address	BLK 791 WOODLANDS AVE 6 #12-613
Postcode	730791
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : MALE

#### 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

PLS REFER TO THE POLICE REPORT : J/20180527/7015

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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:

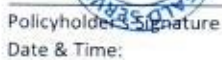
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

~~NO SKETCH PLAN~~

← Pls Refer to the Police Report  
J/20180527/7015

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



~~Supra~~

28/5/2018



# SINGAPORE POLICE FORCE



J/20180527/7015

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/20180527/7015

Date/Time Report Made 27/05/2018 19:46	Vide Report No.	Station Diary No.
Name Of Informant TAN EUGENE	Address APT BLK 791 WOODLANDS AVENUE 6 #12-613 SINGAPORE 730791	
ID Type / ID No. NRIC NO / S9612175Z	Contact No. Home/Office: Mobile: 98178938	
Nationality SINGAPORE CITIZEN	Email Address eugenecjj@gmail.com	
Occupation National Service Full Time Institution/School Name	Sex Male	Age 22
	Date of Birth 15/04/1996	Race Chinese
	Language English	
Date/Time Of Incident 20/04/2018 00:00	Location Of Incident 420A CLEMENTI AVENUE 1 DBS Clementi Avenue 1/420A SINGAPORE 121420	

**Brief details.**

On the 20/04/2018 i was driving as usual my company lorry (YP1798U) doing my deliveries of OFO bicycle. On that day itself i do not remember hitting into any gantry or anything.

On the 24/05/2018 my boss received a letter from an insurance company stating that they are claiming an amount of \$3584.50/- as my company lorry(YP1798U) had hit into their property. My boss checked with the insurance company and they informed that it is the gantry.

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: 27/05/2018 19:46
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



J/20180527/7015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180527/7015

As such i came down to lodge this report as i was the driver for the day. I am lodging this report for my record purpose.

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: 27/05/2018 19:46
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Reported on 28/5/2018  
@ 12:45 HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: (20/4/2018) (DD/MM/YYYY), TIME: (00:00) (HH:MM)

LOCATION: 420A CLEMENT AVE 1 DBS Clementi Ave 1/420A (S121420)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 1798U  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98178938  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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: object MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

email = anfalldservices@gmail.com

fax = anfalldservices@gmail.com ✓

Waiting for Company Chop? ✓

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S9612175Z



Name

TAN EUGENE

陈家劲

Race

CHINESE

Date of birth

15-04-1996

Sex

M

Country of birth

SINGAPORE

4777766



NRIC No S9612175Z



Date of issue

23-09-2011

Address

APT BLK 791 WOODLANDS AVENUE 6  
#12-613  
SINGAPORE 730791

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9612175Z

TAN EUGENE

Birth Date: 15 Apr 1996

Issue Date: 22 Feb 2017



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

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 27 May 2016

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[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"/>	5078372689-02	ANFALD SERVICES	53316842B	GCV	Comprehensive	YP1798U	YP1798U	18/03/2018	17/03/2019

## Claim Handling

Task Transfer Exit

## Accident MT/0994942

LOS SAL SUB

Policy No.	5078372689-02	Vehicle No.	YP1798U	GST Registration No.	
Policyholder Name	ANFALD SERVICES			Policyholder NRIC	53316842B
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

## Accident Details

Report Date	18/05/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	20/04/2018	Time of Accident hh:mm	10:06	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 402A CLEMENTI AVENUE A CASA CLEMENTI				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	Yes
Modification History	21/05/2018 14:15:58 Nur Shahira Hassan changed GST Registered from Yes to No 21/05/2018 14:15:58 Nur Shahira Hassan changed GST Registration No. from 53316842B to null 21/05/2018 14:15:58 Nur Shahira Hassan changed GST Registration Date from 18/09/2015 to null		

## Policyholder Mailing Address

Address 1	BLK 115 #09-894	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350115
Address 4		Address Type	Singapore address	Post Code	350115
Unit No.	09-894	Related Policy Number	5078372689-02		

## OI Driver Info

Driver Name	Driver Type	
Unnamed driver Name	Driver NRIC	Driver DOB
Register Date of Driver License	Driver Age	Driving Experience
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)
Address 1	Address 2	Address 3

## Claim Handling

Accident MT/0994942

Policy No.	5078372689-02	Vehicle No.	YP1798U	GST Registration No.	
Policyholder Name	ANFALD SERVICES			Policyholder NRIC	S33
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

## ▼ Accident Details

Report Date	18/05/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Hit a
Date of Accident	20/04/2018	Time of Accident hh:mm	10:06	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 402A CLEMENTI AVENUE A CASA CLEMENTI				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.
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	Yes
Modification History	21/05/2018 14:15:58 Nur Shahira Hassan changed GST Registered from Yes to No 21/05/2018 14:15:58 Nur Shahira Hassan changed GST Registration No. from S3316842B to null 21/05/2018 14:15:58 Nur Shahira Hassan changed GST Registration Date from 18/09/2015 to null		

## ▼ Policyholder Mailing Address

Address 1	BLK 115 #09-894	Address 2	POTONG PASIR AVENUE 1	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	350
Unit No.	09-894	Related Policy Number	5078372689-02		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	ANFALD SERVICES	Insured NRIC	S33
Contact No.(Mobile)	90297031	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	ANFALDSERVICES@GMAIL.COM	OI Vehicle Number	YP1798U	TP Vehicle Number	OBJ
Claim Description	YP1798U / OBJECT ON 20 Apr 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Partially at Fault	GIA report	Rec
Date Registered	30/05/2018 10:06	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	30/0
Report Taken By	KRISHNASAMY	Claim Close Date		Total Loss but Repaired	
		Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0994942	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2018 10:05

Path \*

Category \*

Confidential

Urgency \*

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 Read

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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:06	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:05	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 10:04	Photos	Normal	Photos 20:

Video List

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