

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	27/06/2018 14:52
Date Of Accident	27/06/2018 09:30
Exact Location Of Accident	KPE TWDS MCE B4 ENTERING KPE TUNNEL/NEAR DEFU AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT6190G
Insured/Policyholder	
Name Of Registered Owner	CHING KUN LAM
NRIC No	S0218671C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517515
Alternative Phone No	OTHERS-97517515

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	5042593185-08
Cover Note Number	

Driver

Name of Driver	CHING FU CHANG
NRIC No	S8409374B
Date Of Birth	19/03/1984
Occupation	INDOOR
Date Of Driving Pass	08/08/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97517515
Fax Number	
Contact Number	OTHERS-97517515
Email Address	NOEMAIL

Address	BLK 211A PUNGGOL WALK #14-621
Postcode	821211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX4152A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	CHING FU CHANG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGT6190G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN


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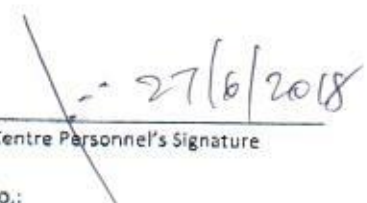
8. Consent under the Personal Data Protection Act (PDPA)

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.


Policyholder's Signature
Date & Time:


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

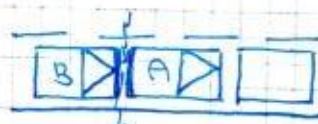

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

KPE TOWARDS MCE BEFORE ENTERING
KPE TUNNEL (NEAR DEFU AREA)

VEHICLE A - SGT 6190G

VEHICLE B - SLX 4152A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG KPE TOWARDS MCE DIRECTION, I WAS ON THE EXTREME RIGHT LANE.

WHILE TRAVELLING FORWARD, BEFORE ENTERING INTO THE KPE TUNNEL, THE VEHICLE INFRONT BRAKE TO COMPLETE STOP DUE TO THE HEAVY TRAFFIC, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY, AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SLX 4152A) THAT COLLIDED TO THE REAR OF MY VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SGT 6190G

VEHICLE B - SLX 4152A

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.:

27/6/2018

Vehicle No.	SGT 61906		Model / Make	TOYOTA VIOS
Date of Accident	27/06/2018			
Time of Accident	0930	HRS		
Location of Accident	KPE TOWARDS MCE BEFORE ENTERING KPE TUNNEL (NEAR DEPU AREA)			
Exact purpose use during accident	PRIVATE USE			
Name of Owner	CHINH KUN LAM			
Telephone No.	H/P : 97517515	Home :	Office :	
NRIC	S0218671C			
Address	BLK 709 CLEMENTI WEST ST 2 #12-281 S(120709)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5042593185-08			
Name of Driver	As Above If (No) CHINH FU CHANH			
NRIC	S 840 93743			
Date of birth	19 MAR 1984			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	08 AUG 2003			
Gender	Male / Female			
Contact No.	H/P : 97517515	Home :	Office :	
Address	BLK 211 A PUNGAOL WALK #14-621 S(821211)			
Driver have any own vehicle	(No) If yes, Reg No.			
Relationship	Employee,	If no, state SON		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No, If Yes, Who?			
Name And Contact No.	CHINH FU CHANH 97517515			
Name And Contact No.				
Police Report	(No) If Yes, Where?			
Vehicle B No.	SLX 41524		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	REAR			
Camera Recorder	Yes / No FRONT / REAR			
Email Address				
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8409374B



Name
CHING FU CHANG

钟阜仓

Race
CHINESE

Date of birth
19-03-1984

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8409374B

Name
CHING FU CHANG

Birth Date: 19 Mar 1984

Issue Date: 14 Jul 2003




000652083J

DRIVER

3409088



NRIC No. S8409374B



Date of issue
19-09-2003

WGGOL WALK #14-821

Date: 25/09/2014

BE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	14 Jul 2003
Class 2A	Motorcycles between 201 CC and 400 CC	28 Sep 2004
Class 3	Motor cars <= 3000 kg with <= 9 passengers, excluding of the driver; and motor tractors/vehicles <= 2500 kg	08 Aug 2011

S8409374B

S / No. 9000013483

Licence No: S8409374B



NP 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: 5042593185-08

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGT6190G |
| Chassis Number | : MR053HY4204217516 |
| 2. Name of Policyholder | : CHING KUN LAM |
| 3. Effective Date of Insurance | : 18 Apr 2018 |
| 4. Expiry Date of Insurance | : 17 Apr 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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or 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 | |

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
INSURANCE WITH COE	: NO
CD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHING KUN LAM
NAMED DRIVER (1)	: CHING FU CHANG
NAMED DRIVER (2)	: N/A
RE PURCHASE COMPANY	: N/A
MARKET VALUE INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act

Agency : SIN POH ON ENTERPRISE (00000572101)
 Date of Issue : 10 Apr 2018 15:51 hrs
 Print : 10 Apr 2018 15:52 hrs

For NTUC INCOME INSURANCE CO

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="checkbox"/>	5042593185-08	CHING KUN LAM	50218671C	GPC	drive CLASSIC	SGT6190G	SGT6190G	18/04/2018	17/04/2019

▼ Policy Information

Policy No.	5042593185-08	Policyholder Name	CHING KUN LAM	Policyholder NRIC	S0218671C
Address	BLK 709 #12-281 CLEMENTI WEST STREET 2 SINGAPORE 120709				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/04/2018	Effective Date	18/04/2018 00:00	Expiry Date	17/04/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	SIN POH ON ENTERPRISE	Agent Tel.	67741866	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 709 #12-281	Address 2	CLEMENTI WEST STREET 2	Address 3	SINGAPORE 120709
Address 4		Address Type	Singapore address	Post Code	120709
Unit No.		Related Policy Number	5042593185-08		

▶ Insured Object: SGT6190G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1000565

Policy No.	5042593185-08	Vehicle No.	SGT6190G	GST Registration No.	
Policyholder Name	CHING KUN LAM			Policyholder NRIC	502
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97517515	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	27/06/2018 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	27/06/2018	Time of Accident hh:mm	09:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS MCE B4 ENTERING KPE TUNNEL/NEAR DEFU AREA				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.
Unnamed 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 709 #12-281	Address 2	CLEMENTI WEST STREET 2	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	120
Unit No.		Related Policy Number	5042593185-08		

▼ OI Driver Info

Driver Name	CHING FU CHANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8409374B	Driver DOB	19/1
Register Date of Driver License	08/08/2003	Driver Age	34	Driving Experience	14
Contact No.(Mobile)	97517515	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 211A	Address 2	PUNGGOL WALK	Address 3	PUN
Address 4		Address Type	Singapore address	Post Code	821
Unit No.	#14-621				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHING KUN LAM	Insured NRIC	502
Contact No.(Mobile)	97410995	Contact No.(Home)	67741866	Contact No.(Office)	677
Email Address		OI Vehicle Number	SGT6190G	TP Vehicle Number	SLX
Claim Description	SGT6190G / SLX4152A ON 27 Jun 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	Rec
Date Registered	27/06/2018 15:32	Claim Close Date		Date Received	27/6
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

6/27/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/1000565

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

27/06/2018 15:30

Path *

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

Category *		Confidential	Urgency *
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 27 Jun 2018 15:31	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:29	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:28	Photos	Normal	Photos 2018

Video List

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

Scan and uploading