

## 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	04/08/2018 11:34
Date Of Accident	08/02/2018 14:00
Exact Location Of Accident	SGH BLOCK 4 TAXI STAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6975M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG LIANG CHIN ,JEFFREY
NRIC No	S6833160I
Email Address	JEFFWONGGLC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92953656
Alternative Phone No	OTHERS-92953656

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	BEETLE
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	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	5072842253-02
Cover Note Number	

### Driver

Name of Driver	WONG LIANG CHIN ,JEFFREY
NRIC No	S6833160I
Date Of Birth	03/09/1968
Occupation	INDOOR
Date Of Driving Pass	10/07/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92953656
Fax Number	
Contact Number	OTHERS-92953656
Email Address	JEFFWONGGLC@GMAIL.COM

Address	164 SARACA ROAD
Postcode	807425
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	SIDE SWIPE
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?	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 (CAR WAS SOLD ON 03/04/2018 LETTER ATTACH)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5799R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KAIRO
NRIC/Passport Number	
Contact Number	92449197
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

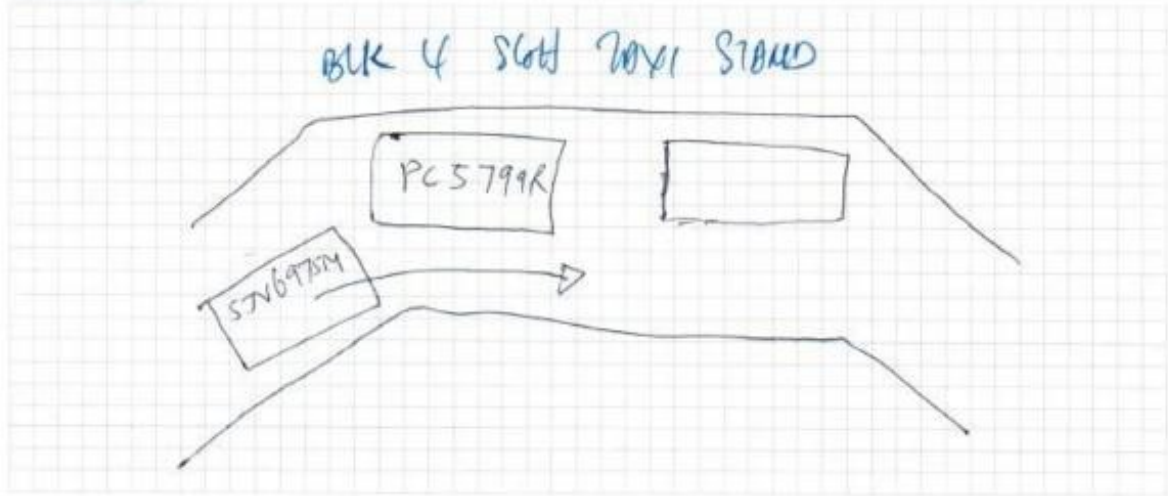
Policyholder's Signature  
Date & Time: 3/8/18

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The mini bus was parked at the taxi stand.

I tried to pass by the mini bus and as a result my left fender brushed against the corner of the mini bus.

I managed the driver to say that I would like the repairs to be done at my cost at my workshop since it was only a very minor damage — there was no damage to the bumper of the mini bus; only the advertisement "wrap" ~~was~~ covering the bottom corner of the bus was scratched. The driver managed back to say his office representative would call me — see messages attached.

The office representative called me the next day. I told her to let me know if they would like to send the bus to my workshop. I told her to let me know within 2 weeks. She said they needed more time and would let me know in about a month's time. I told her that if they decide to carry out the work at their own workshop, they have to let me know so that I can lodge with NTUC. However, I have not received any reply from them since then.

## DECLARATION

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

Policyholder's Signature

Date & Time: 3/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

Singtel 4G

8:13 AM

96%



Kairo

92449197



Text Message  
Thu, 8 Feb, 2:12 PM

Hi Kairo,  
Can U ask company  
representative to contact me  
BEFORE sending the bus to  
take out the scratches. I would  
like that to be done at my  
workshop.  
Jeffrey

Ok Sir I already give my office  
your details later they will  
contact u for further  
discussions.

Alright Tks

*04/02/2018*



Text Message



LETTER



10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

03 Apr 2018

Our ref 0304180501N001994671

WONG LIANG CHIN, JEFFREY  
164 SARACA ROAD  
SINGAPORE 807425

Dear MR WONG LIANG CHIN, JEFFREY

**NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJV6975M**

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 03 Apr 2018. The details are as follows:

Vehicle No.	: SJV6975M
Application Date	: 03 Apr 2018
Effective Transfer of Ownership Date	: 03 Apr 2018
Vehicle Make	: VOLKSWAGEN
Vehicle Model	: NEW BEETLE 1.6 A 6SPD
Chassis No./Trailer Chassis No.	: WVWZZZ9CZAM007043 / -
Engine No./Motor No.	: BFS077064 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

3. Thank you.

Yours sincerely

NG LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA118100704 Vehicle Registration No: 33V 6975M  
Name (as shown in NRIC) : WONG LONG CHIN, JAFFRAY NRIC/FIN/Passport No : S6833160 I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 92953656  
Email Address : \_\_\_\_\_  
Date of Accident : 08/02/2018 Time of Accident : 14:00  
Place of Accident : Sgt H Block 4 Taxi Stand  
Insurance Company : NMC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT to 08/02/2018

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: John J. Wong  
NRIC/FIN No.: 04/02/2018  
Date: