

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	15/09/2018 09:31
Date Of Accident	14/09/2018 10:00
Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2553U
Insured/Policyholder	
Name Of Registered Owner	BULLET-SPEED-SERVICES
Co Reg No	53250257D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93290314
Alternative Phone No	OFFICE-93290314

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097724738
Cover Note Number	

Driver

Name of Driver	LIM PENG HUI (LIN BINGHUI)
NRIC No	S8635797F
Date Of Birth	02/12/1986
Occupation	INDOOR
Date Of Driving Pass	05/12/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93290314
Fax Number	
Contact Number	OFFICE-93290314
EMail Address	NOEMAIL

Address	BLK 216B BOON LAY AVENUE #08-209
Postcode	642216
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?	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)	2
Passenger 1	NAME: : NGUYEN THI BE EM 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 2 PIE (CHANGI) BEFORE LORNIE RD EXIT AS IT WAQS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1885B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name LIM PENG HUI (LIN BINGHUI)

Approximate Age

Injuries Sustain LEFT HAND

Injured person in which vehicle? SLW2553U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NGUYEN THI BE EM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLW2553U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

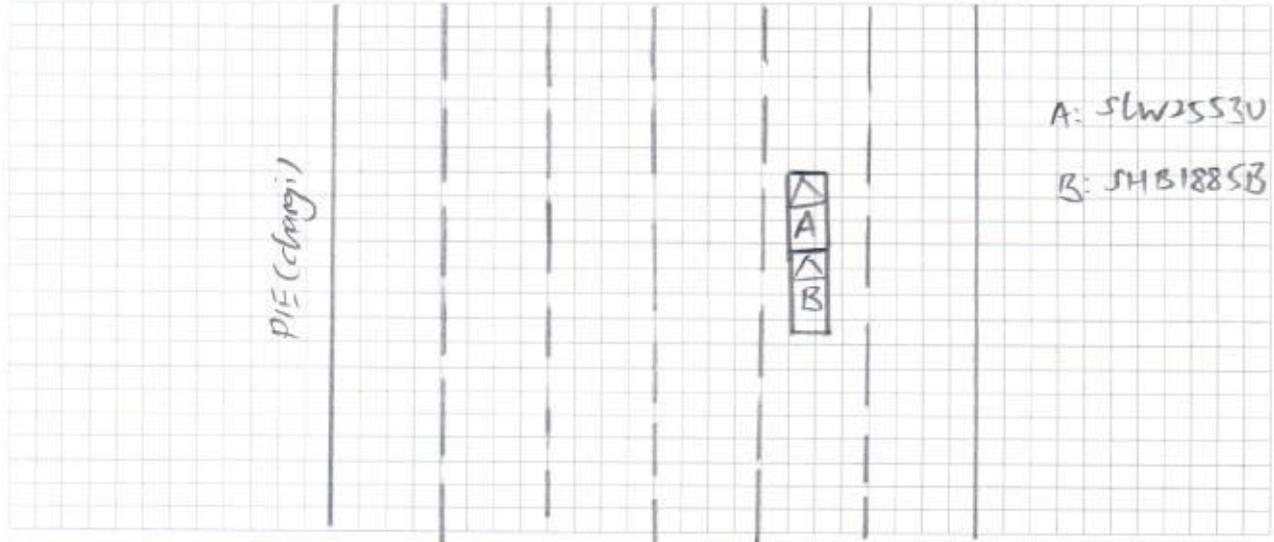


Policyholder's Signature
Date & Time:

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

Refer to Statement.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Handwritten signature]

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

[Handwritten signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8635797F**
 Name: **LIM PENG HUI (LIN BINGHUI)**
 Birth Date: **02 Dec 1986**
 Issue Date: **05 Dec 2013**

002253030K




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8635797F**

Name: **LIM PENG HUI (LIN BINGHUI)**
林秉輝
 Race: **CHINESE**
 Date of birth: **02-12-1986** Sex: **M**
 Country/Place of birth: **SINGAPORE**





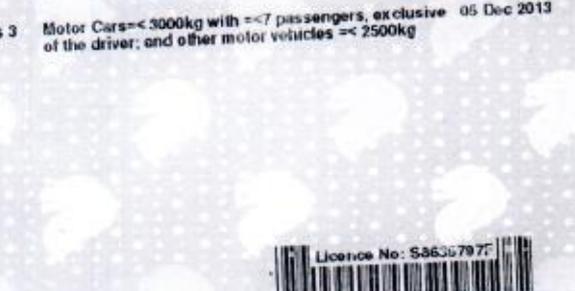

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

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

EFFECTIVE DATE: **05 Dec 2013**

NP 428A

Licence No: **S8635797F**



5743221

NRIC No: **S8635797F**

Date of issue: **17-05-2017**

APT BLK 218B BOON LAY AVENUE #08-208
 SINGAPORE 642216
 NRIC No: **S8635797F** Date: **16/09/2017**




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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097724738		BULLET-SPEED-SERVICES	53250257D	GPC	drivo CLASSIC	SLW2553U	SLW2553U	02/02/2018	01/02/2019

Continue

Policy Information

Policy No.	5097724738	Policyholder Name	BULLET-SPEED-SERVICES	Policyholder NRIC	53250257D
Certificate No.					
Address	BLK 5 #09-05 DELTA AVENUE SINGAPORE 160005				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/02/2018	Effective Date	02/02/2018 00:00	Expiry Date	01/02/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 5 #09-05	Address 2	DELTA AVENUE	Address 3	SINGAPORE 160005
Address 4		Address Type	Singapore address	Post Code	160005
Unit No.	09-05	Related Policy Number	5097724738		

Insured Object: SLW2553U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/02/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Feb 2018, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLW2553U

Continue Cancel

Claim Handling

Exit

Accident MT/1011601

Policy No.	5097724738	Vehicle No.	SLW2553U	GST Registration No.	
Certificate No.					
Policyholder Name	BULLET-SPEED-SERVICES	Cover Type	drive CLASSIC	Policyholder NRIC	53250257D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93290314	Special Remark		Contact No.(Home)	0
Email Address		YCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	[?]
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	15/09/2018 11:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/09/2018	Time of Accident (h:mm)	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) BEFORE LORNE RD EXIT				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 5 #09-05	Address 2	DELTA AVENUE	Address 3	SINGAPORE 160005
Address 4		Address Type	Singapore address	Post Code	160005
Unit No.	09-05	Related Policy Number	5097724738		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DDB	02/12/1985
Unnamed driver Name	LIM PENG HUI (LIN BINGHUI)	Driver NRIC	S8635797F	Driving Experience	4
Register Date of Driver License	05/12/2013	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	93290314	Contact No.(Office)	0	Address 3	BOON LAY VIEW
Address 1	BLK 216B	Address 2	BOON LAY AVENUE	Post Code	642216
Address 4	SINGAPORE 642216	Address Type	Singapore address		
Unit No.	08-209				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BULLET-SPEED-SERVICES	Insured NRIC	53250257D
Contact No.(Mobile)	93290314	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SLW2553U	TP Vehicle Number	SHB1885B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLW2553U / SHB1885B ON 14 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	15/09/2018 11:25	Claim Close Date		Date Received	15/09/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1011601	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/09/2018 11:27	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Size? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:27	SAS	Normal	SAS 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:27	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:27	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:27	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:26	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:26	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:26	Photos	Normal	Photos 2018-9-15		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:26	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2018 11:26	Photos	Normal	Photos 2018-9-15		Edit

Video List

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