



## 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 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. 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	27/10/2018 15:46
Date Of Accident	26/10/2018 08:00
Exact Location Of Accident	PIE (TUAS) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5889J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ILLUMINATE PRODUCTIONS PTE LTD
Co Reg No	201218498Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97637540
Alternative Phone No	OFFICE-97637540

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKNG
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	5094178145-01
Cover Note Number	

### Driver

Name of Driver	WONG WAI KIT, ZACHARY
NRIC No	S9540008F
Date Of Birth	30/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97709919
Fax Number	
Contact Number	OFFICE-97709919
EMail Address	NOEMAIL

Address	3 SIMEI STREET 3 #06-23
Postcode	529891
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	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?	
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: : - GENDER: : MALE

#### 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, I WAS TRAVELLING ALONG LANE 2 AT 70KMH WITH APPROX 2 VEHICLE SPACES BETWEEN ME AND A JEEP. SUDDENLY VEHICLE B STOPPED IN THE MIDDLE OF THE ROAD UNDER THE ERP GANTRY. THE JEEP IN FRONT OF ME DID NOT SHOW ANY SIGNS OF SLOWING DOWN AND SIMPLY SWERVED FROM LANE 2 TO LANE 3 TO AVOID COLLISION WITH VEHICLE B. IT WAS ONLY UNTIL THE JEEP SWERVED TO LANE 3 THAT I COULD SEE VEHICLE B STATIONARY. BY THE TIME I COULD SEE VEHICLE B COMPLETELY STOPPED, I HAD LITTLE REACTION TIME AND I HIT THE BRAKES HARD BUT IT WAS TOO LATE AND I HIT ONTO VEHICLE B REAR PORTION.

#### Attachment(s)

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

#### Details of Witness 1

Name	YONG HAN
Phone Number	98629393
Email Address	

#### Details of Witness 2

Name	RUBEE
Phone Number	91181438
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3249R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SRIRAMULU KOSALAI RAMAN
NRIC/Passport Number	G8586494M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

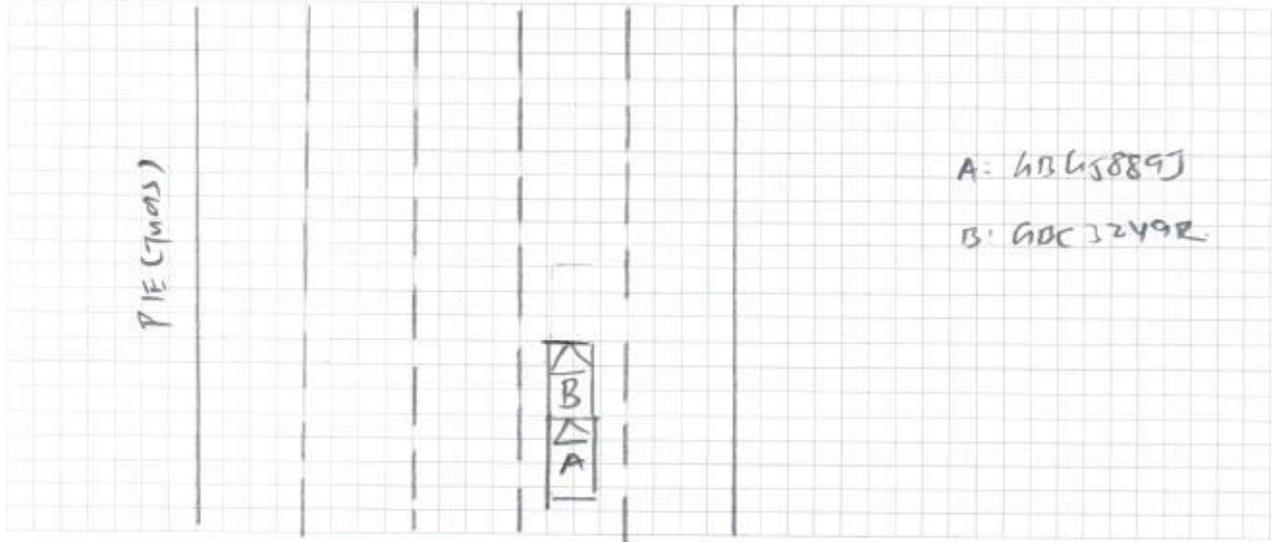


\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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

Refers to statement.

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.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9540008F



Name

WONG WAI KIT, ZACHARY

黄伟杰

Race

CHINESE

Date of birth

30-10-1995

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9540008F

Name

WONG WAI KIT, ZACHARY

Birth Date 30 Oct 1995

Issue Date 13 Jun 2014



4619240



NRIC No. S9540008F

Date of issue

18-08-2010

Address

3 SIMEI STREET 3  
#05-23  
SINGAPORE 529891

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 13 Jun 2014



NP 426A

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/10/2018 08:00"/>
Vehicle No. (For Motor)	<input type="text" value="GBG5889J"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094178145-01		ILLUMINATE PRODUCTIONS PTE LTD	201218498Z	GCV	Comprehensive	GBG5889J	GBG5889J	12/09/2018	11/09/2019

Continue

Claim Handling

Exit

Accident MT/1017307

Policy No.	S094178145-01	Vehicle No.	GBG5889J	GST Registration No.	201218498Z
Certificate No.					
Policyholder Name	ILLUMINATE PRODUCTIONS PTE LTD			Policyholder NRIC	201218498Z
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	20	Private Hire	Not available

Accident Details

Report Date	26/10/2018 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/10/2018	Time of Accident (hh:mm)	08:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE				

Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2012
GST Registration No.	201218498Z	GST Status Verified	Yes
Modification History	26/10/2018 15:24:50 Deborah Mui changed GST Registered from No to Yes 26/10/2018 15:24:50 Deborah Mui changed GST Registration No. from null to 201218498Z 26/10/2018 15:24:50 Deborah Mui changed GST Registration Date from null to 01/10/2012		

Policyholder Mailing Address

Address 1	196 PANDAN LOOP	Address 2	#05-03 PANTECH BUSINESS HL	Address 3	SINGAPORE 128384
Address 4		Address Type	Singapore address	Post Code	128384
Unit No.	05-03	Related Policy Number	S094178145-01		

DI 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 type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	GD-MX	Insured Name	ILLUMINATE PRODUCTIONS PTE	Insured NRIC	201218498Z	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		DI Vehicle Number	GBG5889J	TP Vehicle Number	GBC3249R	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBG5889J / GBC3249R ON 26 Oct 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/10/2018 00:00	
Date Registered	27/10/2018 16:26	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017307	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload date	27/10/2018 16:28

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	

Send Message [Upload](#)

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:28	SAS	Normal	SAS 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:27	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:26	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:26	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:26	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:26	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:26	Photos	Normal	Photos 2018-10-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Oct 2018 16:26	Photos	Normal	Photos 2018-10-27		<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>	