

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	09/11/2018 18:18
Date Of Accident	09/11/2018 08:00
Exact Location Of Accident	ALONG KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7018T
Insured/Policyholder	
Name Of Registered Owner	JESSIE NG SHI MAN
NRIC No	S9420849A
Email Address	JESS.NG94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90927938
Alternative Phone No	OTHERS-90927938

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	RIDING HOME
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100349992
Cover Note Number	

Driver

Name of Driver	JESSIE NG SHI MAN
NRIC No	S9420849A
Date Of Birth	08/06/1994
Occupation	INDOOR
Date Of Driving Pass	03/04/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90927938
Fax Number	
Contact Number	OTHERS-90927938
Email Address	JESS.NG94@HOTMAIL.COM

Address	BLK 127A KIM TIAN ROAD #38-531
Postcode	161127
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?	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

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR9215A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IDZHAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 9/11/18 05:07pm

Driver's Signature

(If driver is not the policyholder)

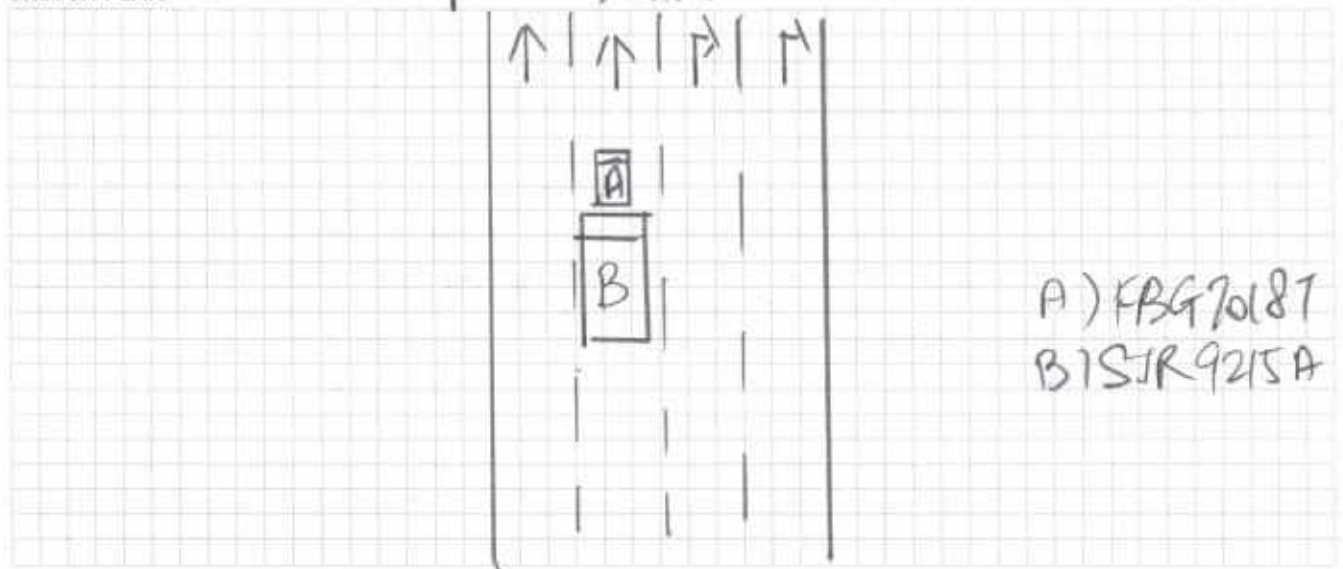
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ALONG KAMPUNG BATU ROAD



A) FBG70187
B) SJR9215A

I was stationery while on red traffic light, Driver bang me from behind.

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

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

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

Claim Handling

Accident MT/1019147

Policy No.	5100349992	Vehicle No.	FBG701BT	GST Registration No.	
Certificate No.					
Policyholder Name	JESSIE NG SHI MAN			Policyholder NRIC	S9420849A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	90927938	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	09/11/2018 18:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/11/2018	Time of Accident (h:mm)	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG KAMPONG BAHU ROAD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 127A #38-531	Address 2	KIM TIAN ROAD	Address 3	KIM TIAN GREEN
Address 4	SINGAPORE 161127	Address Type	Singapore address	Post Code	161127
Unit No.	38-531	Related Policy Number	5100349992		

OI Driver Info

Driver Name	JESSIE NG SHI MAN	Driver Type	Main Driver	Driver DOB	08/06/1994
Unnamed Driver Name		Driver NRIC	S9420849A	Driving Experience	0
Register Date of Driver License	01/01/2018	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	90927938	Contact No.(Office)		Address 3	KIM TIAN GREEN
Address 1	BLK 127A #38-531	Address 2	KIM TIAN ROAD	Post Code	161127
Address 4	SINGAPORE 161127	Address Type	Singapore address		
Unit No.	38-531				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBG701BT	Driver Insurer Company	NTUC

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop ☐ Insured Liability ☐ No At Fault ☒BANKING No. Finalisation ☒ Repair Option ☐ Preferred Workshop, Name unknown ☐

Date Registered

Report Taken By

DD-MK	Insured Name	JESSIE NG SHI MAN	Insured NRIC	S9420849A
	Contact No.		Contact No. (Office)	
	Vehicle Number	FBG701BT	TP	Vehicle Number
			Name of Preferred Workshop	

FBG701BT / S3R9215A ON 9 Nov 2018

09/11/2018 18:37

Claim Close Date

Date Received

09/11/2018

WOSLI WAHAB

Print All letter

Save Submit

Attachment

Accident No.	MT/1019147	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/11/2018 18:35
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Nov 2018 18:38		Photos	Normal	Photos 2018-11-9	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:38	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:38	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:38	Photos	Normal	Photos 2018-11-9
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:37	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:37	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:37	SAS	Normal	SAS 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-9

Video List

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

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 11 / 2018) (DD/MM/YYYY), TIME: (08 : 00) (HH:MM)

LOCATION: Kampong Bahru

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 7018T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: R15 V2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Riding home
 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: Jessie Ng Shi Man (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9420849A CONTACT: 90927938
 c) ADDRESS: Blk 127A Kim Tian Road #38-531 Singapore 161127

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (08 / 06 / 1994) (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: owner

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: SJR 9215A MODEL: _____

b) DRIVER'S NAME: Idzhar

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

No of passenger
(Including driver)
()

Email = Jess.ng94@hotmail.com

Fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9420849A



Name

JESSIE NG SHI MAN

黄诗满

Race

CHINESE

Date of birth

08-06-1994

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9420849A

Name

JESSIE NG SHI MAN

Birth Date: 08 Jun 1994

Issue Date: 24 Oct 2016



NRIC No. S9420849A



Date of issue

28-08-2009

APT BLK 127A KIM TIAN ROAD #38-531
SINGAPORE 161127

NRIC No: S9420849A

Date: 20/03/2012

No: 6925881

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

EFFECTIVE DATE

Class 1B

Motorcycles <= 200 CC

03 Apr 2018

Class 3

Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

24 Oct 2016

S / No: 9000313717

S9420849A

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="S100349992"/>	Date of Accident	<input type="text" value="08/11/2018 17:02"/>
Vehicle No.(For Motor)	<input type="text"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100349992		JESSIE NG SHI MAN	S9420849A	GMC	Third Party	FBG7018T	FBG7018T	01/05/2018	30/04/2019