

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	18/12/2018 11:36
Date Of Accident	18/12/2018 07:40
Exact Location Of Accident	JUNCTION OF PASIR RIS DRIVE 2 / PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ7807K
Insured/Policyholder	
Name Of Registered Owner	CHEW DONALD
NRIC No	S1274305Z
Email Address	CHEWBRAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97494510
Alternative Phone No	OTHERS-97494510

Vehicle Particulars

Manufacturer	AUDI
Model	Q3
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	5101090103
Cover Note Number	

Driver

Name of Driver	CHEW DONALD
NRIC No	S1274305Z
Date Of Birth	01/07/1957
Occupation	INDOOR
Date Of Driving Pass	11/04/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97494510
Fax Number	
Contact Number	OTHERS-97494510
Email Address	CHEWBRAT@GMAIL.COM

Address	BLK 205 PASIR RIS STREET 21 #09-376
Postcode	510205
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 (including own vehicle) 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)	2
Passenger 1	NAME: : DAUGHTER 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

PLEASE REFER TO SKETCH PLAN

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ3700X
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD HAMIM BIN JUHARI
NRIC/Passport Number	S2175503F
Contact Number	96675997
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


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:

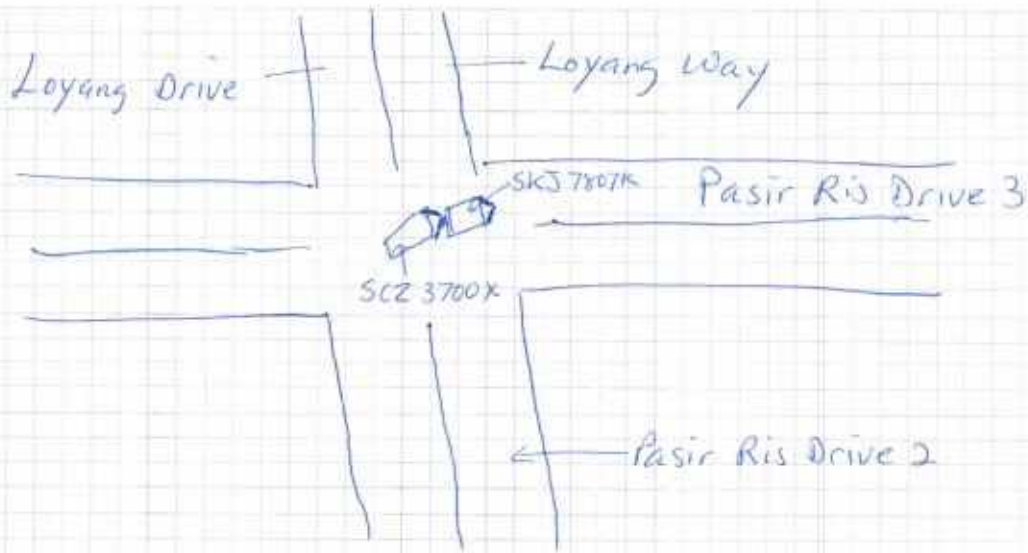
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 18/12/18

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at around 0740am on 18 Dec 18, I was making a right turn from Pasir Ris Drive 2 into Pasir Ris Drive 3 when a lady cyclist speeded into my path in an attempt to beat the pedestrian crossing light which had just turned red. I stopped my car to let her pass. At that moment, the car at my rear, a Nissan, SCZ 3700X, driven by Mr Mohd Hamim Bin Suhari, crashed into the left of my rear bumper. As a result, my rear bumper suffered some damage.

DECLARATION

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

[Signature] 18/12/18

Policyholder's Signature
Date & Time:

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

[Signature] 18/12/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/1024242

Policy No.	5101090103	Vehicle No.	SK07807K	GST Registration No.	
Certificate No.					
Policyholder Name	CHIEW DONALD	Cover Type	Drive CLASSIC	Policyholder NRIC	S12743052
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	3
Contact No. (Mobile)	97494510	Special Remark		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	No
KYK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	18/12/2018 12:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/12/2018	Time of Accident (h:mm)	07:40	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	JUNCTION OF PASIR RIS DRIVE 2 / PASIR RIS DRIVE 3				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
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 205 #09-376	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510205
Address 4		Address Type	Singapore address	Post Code	510205
Unit No.		Related Policy Number	5101090103		
01 Driver Info					
Driver Name	CHIEW DONALD	Driver Type	Main Driver	Driver DOB	01/07/1957
Unnamed driver Name		Driver NRIC	S12743052	Driving Experience	38
Register Date of Driver License	01/01/1980	Driver Age	61	Contact No. (Home)	
Contact No. (Mobile)	97494510	Contact No. (Office)		Address 1	SINGAPORE 510205
Address 1	BLK 205 #09-376	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510205
Address 4		Address Type	Singapore address	Post Code	510205
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No				
Declaration					
Breathalyzer or Blood Test Resulting?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	CHIEW DONALD	Insured NRIC	S12743052
Contact No. (Mobile)	97494510	Contact No. (Home)	95820566	Contact No. (Office)	
Email Address	donchiew@stamuh.net.sg	GP	SK07807K	TP	SC0717
Claim Description	SK07807K / SC071700X ON 18 Dec 2018				
Preferred Workshop	Yes	Insured Liability	Not at Fault	Preferred Workshop, Name unknown	GIA report
Repair No. Finalisation		Repair Option			
Date Registered	18/12/2018 12:16	Claim Close Date		Date Received	18/12/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1024242	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	18/12/2018 12:16
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
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Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800476 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Dec 2018 12:16		Photos	Normal	Photos 2018-12-18

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	Photos	Normal	Photos 2018-12-18
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	Photos	Normal	Photos 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	SAS	Normal	SAS 2018-12-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 12:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18

Video List

Uploaded By/Date	Folder Data	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (18/12/2018) (DD/MM/YYYY). TIME: (07:40) (HH:MM)

LOCATION: Junction of Pasir Ris Drive 2 and Pasir Ris Drive 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 7807K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5101090103
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Audi Q3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Donald Chew (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S12743052 CONTACT: 97494510
c) ADDRESS: Blk 205 Pasir Ris St 21 #09-376
Singapore 510205

* 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: (01/07/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11 Apr 1980

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 Clear)

b) ROAD SURFACE: (DRY / WET / OTHERS Dry)

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: SCZ 3700 X MODEL: Nissan
b) DRIVER'S NAME: MOHD HAMIM BIN SUHARI
c) NRIC/FIN/PASSPORT: S2175503F CONTACT: 96675997

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = chewbrat@gmail.com

VIDEO yes

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1274305Z



Name

CHEW DONALD



Race

CHINESE

Date of Birth

01-07-1957

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S1274305Z

Name
CHEW DONALD

Birth Date 01 Jul 1957

Issue Date 07 Apr 2003



1503130

NRIC No. S1274305Z



Blood Group Date of issue

O+

04-01-1994

APT. BLK 205 PASIR RIS STREET 21 #09-376
SINGAPORE 610205

NRIC No: S1274305Z

Date: 09-08-2001

No: 4010723

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS ES

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2000 kilograms

11 Apr 1980



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: 5101090103

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKJ7807K |
| Chassis Number | : WAUZZ28UXDR074551 |
| 2. Name of Policyholder | : CHEW DONALD |
| 3. Effective Date of Insurance | : 03 Jun 2018 |
| 4. Expiry Date of Insurance | : 02 Jun 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 regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any 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 or profession. | |

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)	: \$5600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEW DONALD
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 31 May 2018 16:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

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 : MIA48162660 Vehicle Registration No : SKJ 7807K
Name (as shown in NRIC) : CHOW DAVID NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97494570
Email Address : _____
Date of Accident : 18/12/2018 Time of Accident : 07:46
Place of Accident : Junction of Pasir Ris Rd 2 / Pasir Ris Rd 3
Insurance Company : MTC

(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 CHANGED TO 18/12/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSE LIAW
NRIC/FIN No.: _____
Date: 18/12/2018