





## 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	07/01/2019 12:04
Date Of Accident	05/01/2019 10:35
Exact Location Of Accident	JUNC OF DEFU AVE 1 & DEFU LANE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GW2680U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MINT AUTO ENGINEERING P/L
Co Reg No	198900213E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67463338
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0089013429-14
Cover Note Number	-
<b>Driver</b>	
Name of Driver	CHUA TECK CHWEE
NRIC No	S0223733D
Date Of Birth	20/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1973
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97521167
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 224 SIMEI ST 4 #09-104
Postcode	520224
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 (including own vehicle) 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)	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 ATTACHED STATEMENT.

#### 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	SJP4045S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

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

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

# SKETCH PLAN

Defu Ave 1

Defu Ln 10.

A = GW 2680 U

B = SJP 4045 S.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

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

★

Policyholder's Signature  
Date & Time:



*[Signature]*

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

*[Signature]*

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

I STOP AT THE TRAFFIC JUNCTION OF DEFU AVE 1 & DEFU LANE 10 ON THE RIGHT LANE DUE TO RED LIGHT, ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJP4045S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 5 / 1 / 19. ) (DD/MM/YYYY), TIME: ( 10 : 35. ) (HH:MM)

LOCATION: B Junc of Defu Ave 1 & Defu Ln 10.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 2680 U  
b) INSURANCE COMPANY: IMC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
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: Mint Auto Engineering P/L. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6746 3338.  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Chua Teck Chwee. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9752 1167.  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: SJP 40455. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

waiting chop by today.

Email = chua+techua@gmail.com.

fax =

VIDEO = NO.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S0223733D**  
 Name: **CHUA TECK CHWEE**  
 Birth Date: **20 Dec 1952**  
 Issue Date: **16 Apr 2015**


**002417704H**



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S0223733D**


 Name: **CHUA TECK CHWEE**


 Race: **CHINESE**  
 Date of birth: **20-12-1952**  
 Country/Place of birth: **SINGAPORE**

Sex: **M**





**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 **26 Oct 1973**


**Licence No: S0223733D**

NP 428A

**5436848**


**NRIC No. S0223733D**


 Date of issue: **25-02-2015**

Address: **APT BLK. 224 SIMEI STREET 4  
 #09-104  
 SINGAPORE 520224**



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0089013429-14		MINT AUTO ENGINEERING P/L	198900213E	GCV	Third Party	GW2680U	GW2680U	08/05/2018	07/05/2019

## Claim Handling

Accident MT/1026718

Policy No.	0089013429-14	Vehicle No.	GW2680U	GST Registration No.	M2008
Certificate No.					
Policyholder Name	MINT AUTO ENGINEERING P/L			Policyholder NRIC	198901
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	67463338	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

## ▼ Accident Details

Report Date	07/01/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	05/01/2019	Time of Accident hh:mm	10:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF DEFU AVE 1 & DEFU LANE 10				

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	01/01/2015
GST Registration No.	M200847768	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 1085 #01-58	Address 2	EUNOS AVENUE 7A	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	409531
Unit No.		Related Policy Number	0089013429-14		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA TECK CHWEE	Driver NRIC	S0223733D	Driver DOB	20/12/1966
Register Date of Driver License	26/10/1973	Driver Age	66	Driving Experience	45
Contact No.(Mobile)	97521167	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 224 #09-104	Address 2	SIMEI STREET 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520221
Unit No.	09-104				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser 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	MINT AUTO ENGINEERING P/L
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GW2680U
Claim Description	GW2680U / SJF4045S ON 5 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	07/01/2019 17:49	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1026718	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

07/01/2019 17:50

Path \*

Choose File No file chosen

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Message Read

Category \* Confidential Urgency \*

Clear Please Select NO Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:50	SAS	Normal	SAS 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:50	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:50	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:49	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:49	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:49	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:49	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:49	Photos	Normal	Photos 2019-1-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
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