

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 15:35
Date Of Accident	07/01/2019 08:00
Exact Location Of Accident	10 UBI TECH PARK LOBBY E
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ36R
Insured/Policyholder	
Name Of Registered Owner	CHONG KOK SANG
NRIC No	S2580833I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98208473
Alternative Phone No	OFFICE-98208473
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	5088479113-01
Cover Note Number	-
Driver	
Name of Driver	CHONG PEI NI
NRIC No	S8706298H
Date Of Birth	19/03/1987
Occupation	INDOOR
Date Of Driving Pass	20/12/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98208473
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	133 HEMMANT RD #02-01
Postcode	438686
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2864R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VINCENT CHAN KOK CHONG
NRIC/Passport Number	S1496321I
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:

Driver's Signature *
(If driver is not the policyholder)
Date & Time: 07101118

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

Personal Particulars

Date of Accident: 7/1/19 Time of Accident: 8:00 PM AM
Exact Location of Accident: 10 Ubi Tech Park Lobby E
Owner's Name: Chong Kok Song NRIC No: S2580833J HP No: _____
Driver's Name: Chong Pei Ni NRIC No: S8706298H HP No: 98208473
Date of Birth: 19/3/1989 Driving Licence Passing Date: 20/12/2005 Occupation: Indoor / Outdoor
Address: 133 Hemmant Rd #02-01 (438686)
Relationship of Driver with Insured: Daughter Email Address: _____
Vehicle No: SLQ 36R Make & Model: Volkswagen
Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 0 B: 1 + 0 C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (☒ Yes / ☐ No)

Third Party Driver's Particulars

Vehicle B No: YN 2864R Make & Model: _____
Driver's Name: Vincent Chan Kok Chong NRIC No: S1496321 HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8706298H**
 Name: **CHONG PEI NI**
 Born Date: **19 Mar 1987**
 Issue Date: **20 Dec 2005**

1001388585F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8706298H



Name: **CHONG PEI NI**
 Chinese Name: **张佩妮**
 Race: **CHINESE**
 Date of Birth: **19-03-1987**
 Sex: **F**
 Country/Place of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3A Motor cars without clutch pedals (Auto) <= 2000kg
 with <= 7 passengers, exclusive of the driver, and
 other motor vehicles without clutch pedals <= 2500kg

PASS DATE: **20 Dec 2005**

NP 428A

Licence No. S8706298H



Nationality: **MALAYSIAN**
 Date of Issue: **20-03-2018**
 Address: **133 HEMMANT ROAD
 #02-01
 SINGAPORE 436686**



MRIC No. **S8706298H**



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: 5088479113-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLQ36R
Chassis Number : WVVZZZ13ZAV427585
2. Name of Policyholder : CHONG KOK SANG
3. Effective Date of Insurance : 16 Mar 2018
4. Expiry Date of Insurance : 15 Mar 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)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHONG KOK SANG
NAMED DRIVER (1)	: CHONG PEI NI
NAMED DRIVER (2)	: CHONG MING YAN
HIRE PURCHASE COMPANY	: N/A
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 : JUN SHI INSURANCE AGENCY (00000572596)

Date of Issue : 02 Mar 2018 10:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1026721

Policy No.	5088479113-01	Vehicle No.	SLQ36R	GST Registration No.	
Certificate No.				Policyholder NRIC	S25801
Policyholder Name	CHONG KOK SANG	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	98208473	Special Remark		eCode	No ▼
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				
▼ Accident Details					
Report Date	07/01/2019 17:51	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	07/01/2019	Time of Accident hh:mm	08:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	10 UBI TECH PARK LOBBY E				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
Transport Allowance		99999999.99			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	133 HEMMANT ROAD	Address 2	#02-01	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	43868
Unit No.		Related Policy Number	5072376138-03		
▼ OI Driver Info					
Driver Name	CHONG PEI NI	Driver Type	Named Driver	Driver DOB	19/03/
Unnamed driver Name		Driver NRIC	S8706298H	Driving Experience	13
Register Date of Driver License	20/12/2005	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	98208473	Contact No.(Office)		Address 3	SINGA
Address 1	133 HEMMANT ROAD	Address 2	#02-01	Post Code	43868
Address 4		Address Type	Singapore address		
Unit No.	02-01				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	CHONG KOK SANG
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	SLQ36R
Claim Description	SLQ36R / YN2864R ON 7 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault ▼
COBRA No.	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼
Finalisation		GIA report	Received ▼
Date Registered		Claim Close Date	07/01/2019 17:53
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1026721
☒ Yes ☐ No

Claim No.
Upload Date

001
07/01/2019 17:55

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

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Please Select

Confidential

Urgency *

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:55	SAS	Normal	SAS 2019-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:55	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:55	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:54	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:54	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:54	Photos	Normal	Photos 2019-1-7
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:53	Photos	Normal	Photos 2019-1-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2019 17:53	Photos	Normal	Photos 2019-1-7

Video List

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