

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	14/01/2019 17:51
Date Of Accident	13/01/2019 20:15
Exact Location Of Accident	PIE TWDS JURONG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCW4372T
Insured/Policyholder	
Name Of Registered Owner	LYFFE PTE LTD
Co Reg No	201428195H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90067922
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SOLUNA GLI A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5083035791-02
Cover Note Number	-
Driver	
Name of Driver	SONG TIAN HEE
Passport No/FIN	F8233772P
Date Of Birth	08/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87741623
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 289E BT BATOK ST 25 #03-152
Postcode	654289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	AFTER RAINED
Road Surface	WET

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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV6105H
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

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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.

LYFFE PTE LTD

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

A = SCW 4372T.
B = SJV 6105 H.

PIE towards Jurong

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

LYFFE PTE LTD

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.:

I WAS TRAVELLING ALONG PIE TWDS JURONG ON THE SECOND LANE,
AFTER I FILTER INTO FIRST LANE, SUDDENLY VEH B (BEARING NO
SJV6105H) SUDDENLY JAMED BRAKE, I MANAGE TO STOP BUT CANNOT
STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR
PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 1 / 19) (DD/MM/YYYY), TIME: (20 : 15) (HH:MM)

LOCATION: PIE twds Jurong.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCW 4372T
b) INSURANCE COMPANY: _____
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: 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: LYFFE pte ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90067922
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Song Tian Hee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87741623
c) ADDRESS: BK 289E BT Batok St 25 # 03-152 CS 654289

*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: friend

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rained)
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: SJY 6105H 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: _____

* No of passenger
(Including driver)

(4)

1 1 1

M F F

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()

Email = lyffe.jwj@gmail.com

fax =

VIDEO = Yes.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Identification No: **F8233772P**

SONG TIAN HEE

Birth Date: **08 Jun 1978**
 Issue Date: **17 May 2016**
 Valid Till: **21/05/2023**

00200368301

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer:
UNION CHEMICAL & PHARMACEUTICAL (PTE) LTD

Sector: **MANUFACTURING**

Name:
SONG TIAN HEE

Occupation:
DELIVERY MAN

Work Permit No:
4 00296472

Date of Application: **30-03-2017**
 Date of Issue: **07-04-2017**
 Date of Expiry: **06-04-2019**

L7818910

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	22 May 2013
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	22 May 2013

NP 428A

Licence No: **F8233772P**

VISIT PASS
 Immigration Regulations

Name:
SONG TIAN HEE

Date of Birth: **08-06-1978** Sex: **M** Nationality: **MALAYSIAN**

Pin: **F8233772P** Date of Issue: **07-04-2017** Date of Expiry: **06-04-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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)

SCW4372T

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5083035791-02		LYFFE PTE LTD	201428195H	GFT	Third Party	SCW4372T	SCW4372T	13/04/2018	02/01/2019

Policy Information

Policy No.	5083035791-02	Policyholder Name	LYFFE PTE LTD	Policyholder NRIC	201428195H				
Certificate No.									
Address	711 GEYLANG ROAD #01-01 ORIENTAL VENTURE BUILDING SINGAPORE 389626								
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N				
Policy issue Date	22/03/2018	Effective Date	13/04/2018 00:00	Expiry Date	12/04/2019 23:59				
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00				
Additional Excess	0	OS Premium	1306.47						
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00						
Agent	MAH YEE WEI	Agent Tel.	62221889	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL VENTURE BU	Address 3	SINGAPORE 389626
Address 4		Address Type	Singapore address	Post Code	389626
Unit No.	08-82	Related Policy Number	5106748604		

Insured Object: SCW4372T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/04/2018 00:00	Basic Information Endorsement	000001286781204	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SBB1160E 13-04-2018 \$1,128.51 In view of this amendment, an additional premium of \$1,128.51 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	13/04/2018 00:00	Basic Information Endorsement	000001286780094	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKB7558X 13-04-2018 \$1077.212 2. SCA4945G 13-04-2018 \$1077.21 3. SCW4372T 13-

Claim Handling

The premium on this policy has not been collected.

Accident MT/1027729

Policy No.	5083035791-02	Vehicle No.	SCW4372T	GST Registration No.	
Certificate No.					
Policyholder Name	LYFFE PTE LTD			Policyholder NRIC	201428
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90067922	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	14/01/2019 18:41	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	13/01/2019	Time of Accident hh:mm	20:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS JURONG				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL VENTURE BU	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	38962
Unit No.	08-82	Related Policy Number	5106748604		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SONG TIAN HEE	Driver NRIC	F8233772P	Driver DOB	08/06/
Register Date of Driver License	22/05/2013	Driver Age	40	Driving Experience	5
Contact No.(Mobile)	87741623	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 289E #03-152	Address 2	BUKIT BATOK STREET 25	Address 3	NATUR
Address 4	SINGAPORE 654289	Address Type	Singapore address	Post Code	65428
Unit No.	03-152				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	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	LYFFE PTE LTD
Contact No.(Mobile)	90053522	Contact No.(Home)	
Email Address		OI Vehicle Number	SCW4372T
Claim Description	SCW4372T / 5JY6105H ON 13 Jan 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GJA report
Date Registered		Received	
Report Taken By		Claim Close Date	14/01/2019 18:47
			LIEW SHAN HUI
<input type="button" value="Print AK letter"/>			

Save Submit

Attachment

Accident No. Claim No.

MT/1027729

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

14/01/2019 18:48

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen










Choose File No file chosen

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:48	SAS	Normal	SAS 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:48	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47	Photos	Normal	Photos 2019-1-14

Video List

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

Scan and uploading