





## 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             | 15/01/2019 16:02                                   |
| Date Of Accident           | 20/12/2018 12:35                                   |
| Exact Location Of Accident | ALEXANDRA RD(ZEBRA CROSSING)TWRDS TELOK BLANGAH RD |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLC3026Z                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | OLDS MOTOR CO. PTE. LTD. |
| Co Reg No                   | 201010904R               |
| Email Address               | JAS.JASSAL92@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-86956089     |
| Alternative Phone No        | OFFICE-86956089          |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | ALPHARD            |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING PURPOSES   |
| 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 |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5078221785-02                          |
| Cover Note Number         |  |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | SOH BOON LEONG (SU WENLIANG) |
| NRIC No              | S7622764J                    |
| Date Of Birth        | 15/07/1976                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 12/06/2004                   |
| Driving Experience   | 14 YEARS AND 6 MONTHS        |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-86956089         |
| Fax Number           |                              |
| Contact Number       | OTHERS-86956089              |
| EMail Address        | JAS.JASSAL92@GMAIL.COM       |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 155 YUNG LOH ROAD<br>#20-06 |
| Postcode  | 610155                          |
| 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?  | 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: : PASSENGER<br>GENDER: : MALE |

#### 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 | SJE231E            |
| Vehicle Make/Model/Colour   | MERCEDES BENZ E200 |
| Details Of Properties       |                    |
| Vehicle Category            | PRIVATE CAR        |
| Name of Driver              | KOH HWEE HWEE      |
| NRIC/Passport Number        | S7638847D          |
| Contact Number              | 97640640           |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

1



## 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:

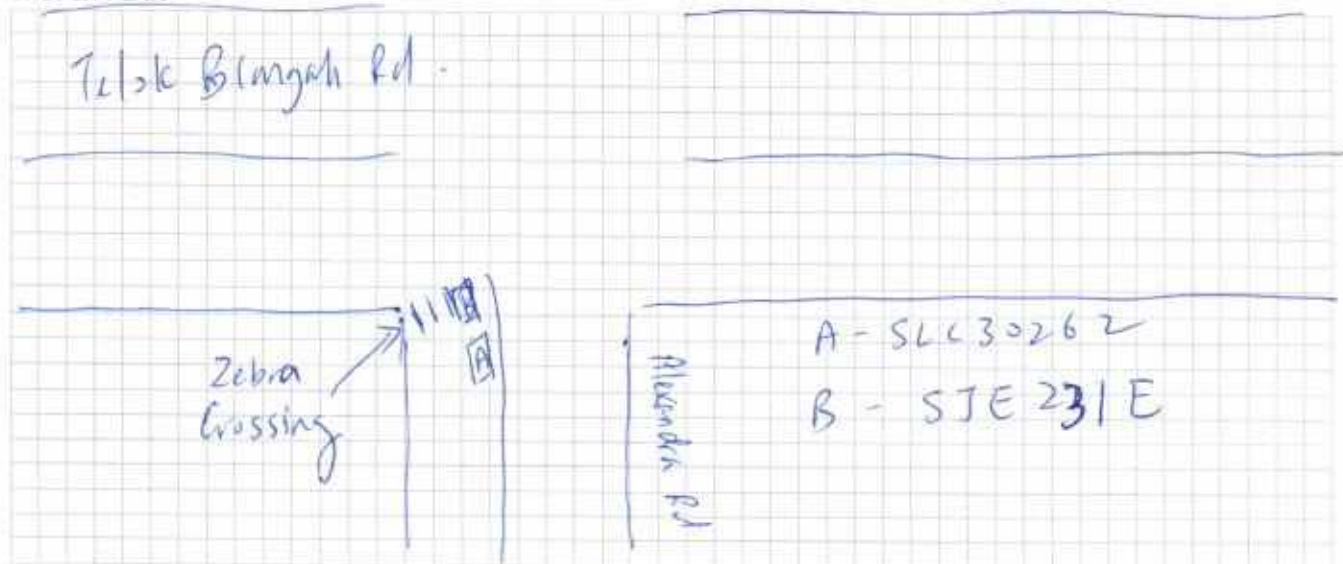
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 09/01/2019

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was filtering left towards Telok Blangah Road on 20/12/2018 about 12:35pm, the first car STE 231E was also turning left towards Telok Blangah Rd when I bump into her car.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 09/01/2019  
2.15pm

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

## Claim Handling

Accident MT/1024927

|   |   |                               |  |                        |                          |
|---|---|-------------------------------|--|------------------------|--------------------------|
| Policy No.                              | 3078221765-02   | Vehicle No.                   | SUC3026Z   | GST Registration No.   | 201010904R               |
| Certificate No.                         |   |                               |  |                        |                          |
| Policyholder Name                       | DLDG MOTOR CO. PTE. LTD.  | Cover Type                    | drive CLASSIC  | Policyholder NRIC      | 201010904R               |
| Product Code                            | FLEET INSURANCE   | Contact No.(Office)           |  | Leading                | 0                        |
| Contact No.(Mobile)                     | NA  | Special Remark                |  | Contact No.(Home)      |                          |
| Email Address                           |   | TCA                           | <input type="checkbox"/> No <input type="checkbox"/> Yes | eCode                  | No                       |
| KFK                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes            | NCD Entitlement(%)            | 0  | eCode Reason           |                          |
| NCD Protection                          | No  |                               |  | Private Hire           | Not available            |
| <b>Accident Details</b>                 |   |                               |  |                        |                          |
| Report Date                             | 24/12/2018 10:47  | Accident Report Within 24 hrs | Yes  | Accident Type          | Collision - Head to Rear |
| Date of Accident                        | 20/12/2018  | Time of Accident (h:mm)       | 12:35  | Country of Accident    | Singapore                |
| Reporting Centre                        |   | Orange Force                  |  | ICM No.                |                          |
| Accident Location                       | ALEXANDRA ROAD FILTERING LANE TO TELOK BLANSAH RD                   |                               |  |                        |                          |
| <b>Excess</b>                           |   |                               |  |                        |                          |
| Own Damage Excess                       | 2,000.00  | Additional Excess             | 0  | Windscreen Excess      | 100.00                   |
| Unnamed Driver Excess                   |   | Outside Singapore OD Excess   | 2,000.00   |                        |                          |
| Third Party Excess                      | 1,000.00  | Outside Singapore TP Excess   | 1,000.00   |                        |                          |
| <b>Benefits</b>                         |   |                               |  |                        |                          |
| <b>GST Registered Information</b>       |   |                               |  |                        |                          |
| GST Registered                          | Yes   | GST Registration Date         | 30/01/2012   |                        |                          |
| GST Registration No.                    | 201010904R  | GST Status Verified           | Yes  |                        |                          |
| Modification History                    |   |                               |  |                        |                          |
| <b>Policyholder Mailing Address</b>     |   |                               |  |                        |                          |
| Address 1                               | 60 UBI CRESCENT   | Address 2                     | #01-01   | Address 3              | SINGAPORE 408589         |
| Address 4                               |   | Address Type                  | Singapore address  | Post Code              | 408589                   |
| Unit No.                                |   | Related Policy Number         | 5104810947   |                        |                          |
| <b>Q1 Driver Info</b>                   |   |                               |  |                        |                          |
| Driver Name                             |   | Driver Type                   |  | Driver DOB             |                          |
| Unnamed Driver Name                     |   | Driver NRIC                   |  | Driving Experience     |                          |
| Register Date of Driver License         |   | Driver Age                    |  | Contact No.(Home)      |                          |
| Contact No.(Mobile)                     |   | Contact No.(Office)           |  | Address 3              |                          |
| Address 1                               |   | Address 2                     |  | Post Code              |                          |
| Address 4                               |   | Address Type                  | Foreign address  |                        |                          |
| Unit No.                                |   |                               |  |                        |                          |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Driver Vehicle No.            |  | Driver Insurer Company |                          |

Modification History:

Claim 002 OD-MX New

|   |                                   |                                  |                          |                      |                         |
|---|-----------------------------------|----------------------------------|--------------------------|----------------------|-------------------------|
| Claim Type *  | OD-MX                             | Insured Name                     | DLDG MOTOR CO. PTE. LTD. | Insured NRIC         | 2010                    |
| Contact No.(Mobile)                                 |                                   | Contact No. (Home)               | N/A                      | Contact No. (Office) |                         |
| Email Address                                       |                                   | Q1 Vehicle Number                | SUC3026Z                 | TP Vehicle Number    | SJE2                    |
| Claim Description                                   | SUC3026Z / SJE231E ON 20 Dec 2018 |                                  |                          |                      |                         |
| Preferred Workshop                                  |                                   | Insured Liability                | Fully at Fault           |                      |                         |
| Submit No. Finalisation                             | Yes                               | Preferred Workshop, Name unknown |                          | GIA report           | Received                |
| Date Registered                                     |                                   |                                  |                          | Claim Close Date     | 09/01/2019 14:32        |
| Report Taken By                                     |                                   |                                  |                          | Workshop Repairer    | ROSLI WANAB             |
|   |                                   |                                  |                          |                      | Total Lost but Repaired |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                                  |                          |                      |                         |
| Save Submit   |                                   |                                  |                          |                      |                         |

## Attachment

|   |   |             |                  |
|---|---|-------------|------------------|
| Accident No.  | MT/1024927  | Claim No.   | 002              |
| Last Doc. Received  | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 15/01/2019 15:06 |
| Path *  |   |             |                  |
| Choose File   | No file chosen  | Clear       | Category *       |
| Choose File   | No file chosen  | Clear       | Confidential     |
| Choose File   | No file chosen  | Clear       | Urgency *        |
| Choose File   | No file chosen  | Clear       | Des              |
| Choose File   | No file chosen  | Clear       |                  |
| Choose File   | No file chosen  | Clear       |                  |
| Choose File   | No file chosen  | Clear       |                  |
| Choose File   | No file chosen  | Clear       |                  |
| Message Read  |   |             |                  |
| <b>Attachment List</b>  |   |             |                  |
| Attachment  | Uploaded By/Date  | Category    | Urgency          |
|  | S058324[ Clarence Richard Anthony] on 15 Jan 2019 18:06       | SAS         | Normal           |
|   | S058324[ Clarence Richard Anthony] on 15 Jan 2019 15:06       | Photos      | Normal           |



[illegible]

📺 Video List

| Uploaded By/Date | Folder Date | File Name | ? | Source |
|------------------|-------------|-----------|---|--------|
|------------------|-------------|-----------|---|--------|

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Scan and updating



MT/1024927-002

## ACCIDENT STATEMENT

ACCIDENT DATE: 20/12/2018 (DD/MM/YYYY). TIME: 12:35pm (HH:MM)

LOCATION: Alexandra Rd (zebra crossing) bluffs take  
bluffs road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC30262  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Alphard  
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: OLDS MOTOR CO. PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201010904R CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Soh Boon Leong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57622764 CONTACT: 8695 6089  
c) ADDRESS: 155 Yung Lok Road  
#20-08, SG10/55

\*d) DATE OF BIRTH: 15/07/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/06/2004

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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJE 231E MODEL: Mercedes E200  
b) DRIVER'S NAME: KOH HWE E HWE E  
c) NRIC/FIN/PASSPORT: 576388470 CONTACT: 9764 0640

### 9. THIRD PARTY VEHICLE

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

Email =

VIDEO

Jas. jassal 92@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7622764J



Name

SOH BOON LEONG  
(SU WENLIANG)

苏文良

Race

CHINESE

Date of birth

15-07-1976

Country of birth

SINGAPORE

Sex

M

S7622764J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7622764J

Signature

SOH BOON LEONG  
(SU WENLIANG)

Birth Date: 15 Jul 1976

Issue Date: 31 Mar 2003



NRIC No. S7622764J

Date of issue

04-08-2006

APT BLK 155 YUNG LOH ROAD #20-08  
SINGAPORE 810155

NRIC No: S7622764J

Date: 14/05/2018 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

| Class    | Description  |
|----------|--|
| Class 2B | Motorcycles not exceeding 200 cc   |
| Class 2A | Motorcycles between 201 cc and 400 cc  |
| Class 3  | Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2800 kg |

PASS DATE

28 Dec 1994

07 May 2002

\*12 Jun 2004

S7622764J

S / No. 9000012184



Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

|                                       |                                       |                    |   |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No.                            | <input type="text"/>                  | Date of Accident   | <input type="text" value="20/12/2018 14:04"/> |
| Vehicle No.(For Motor)                | <input type="text" value="SLC3026Z"/> | Certificate Number | <input type="text"/>                          |
| <input type="button" value="Search"/> |                                       |                    |   |

| Select                           | Policy No.    | Certificate Number | Policyholder Name        | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------|--------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5078221785-02 |                    | OLDS MOTOR CO. PTE. LTD. | 201010904R        | GFT     | drive CLASSIC | SLC3026Z    | SLC3026Z       | 04/04/2018    |             |