

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	18/01/2019 14:07
Date Of Accident	17/01/2019 11:30
Exact Location Of Accident	JUNC OF TAMPINES AVE 7 & TAMPINES ST 24
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA7283A
Insured/Policyholder	
Name Of Registered Owner	ROUTEWERKS
Co Reg No	53258032W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94577491
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5077374125-02
Cover Note Number	-
Driver	
Name of Driver	CHIN WAI KIAN
NRIC No	S8730049H
Date Of Birth	02/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91111053
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 82 WHAMPOA DR #14-949
Postcode	320082
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	SIDE SWIPE
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	3
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

I WAS TRAVELLING ALONG TAMPINES AVE 7 WHILE APPROACHING JUNC WITH TAMPINES ST 24 ON THE LEFT LANE AT THE 2 LANE ROAD. SUDDENLY VEH B (BEARING NO SLL8698D) SQUEEZE THRU BETWEEN FIRST LANE & RIGHT LANE. AS THE RESULT, VEH B HIT ONTO MY VEH RIGHT HAND SIDE, THERE WAS ANOTHER TAXI ON THE RIGHT LANE ALSO BEEN HIT BY VEH B.

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	SLL8698D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG SIANG
NRIC/Passport Number	S9146343A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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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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.

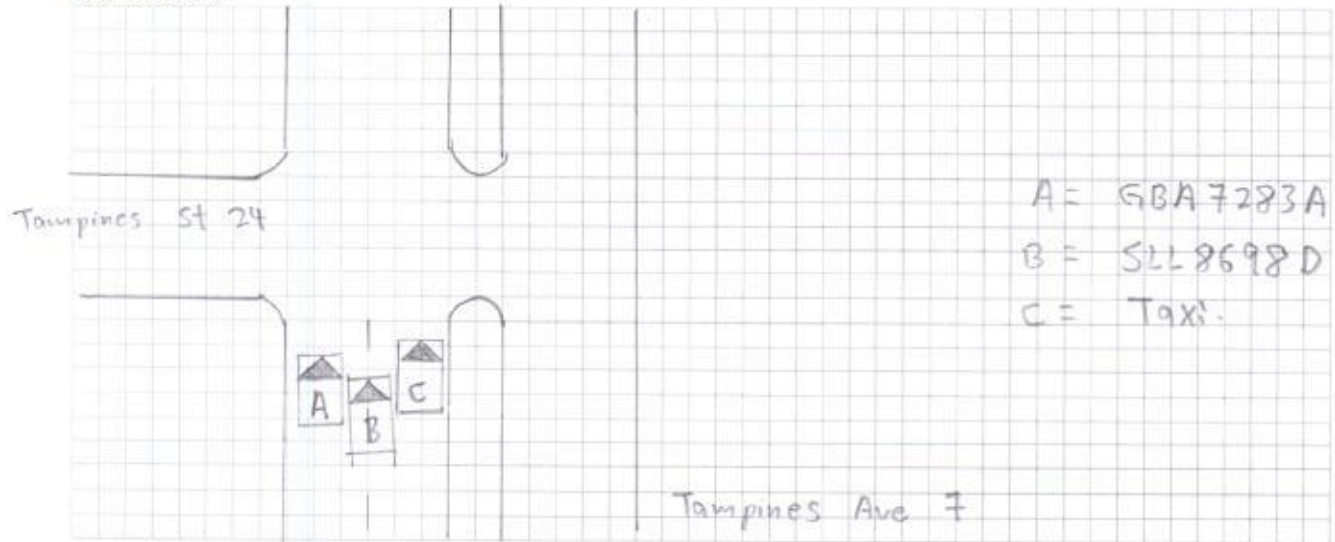
ROUTEWERKS
your easy way out.
REG : 53258032W

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

For Please Refer to statement

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:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8730049H**



Name
CHIN WAI KIAN
陈伟强

Race
CHINESE

Date of birth
02-10-1987

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8730049H**
Name
CHIN WAI KIAN

Birth Date **02 Oct 1987**
Issue Date **01 Mar 2007**

001462552F



9461690



NRIC No. **S8730049H**

Nationality
MALAYSIAN

Date of issue
03-10-2017

Address
**APT BLK 82 WHAMPOA DRIVE
#14-949
SINGAPORE 320082**

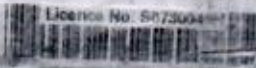


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	03 May 2007
Class 2A	Motorcycles between 200 CC and 400 CC	03 May 2007
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 May 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 May 2010

S/No. 9000116390

Licence No. S8730049H



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 : 5077374125-02

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : GBA7283A |
| Chassis Number | : JTFHS02P900023520 |
| 2. Name of Policyholder | : ROUTEWORKS |
| 3. Effective Date of Insurance | : 28 Feb 2018 |
| 4. Expiry Date of Insurance | : 27 Feb 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ABWIN PTE LTD (00000614234)
Date of Issue : 05 Feb 2018 14:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1028466

Policy No.	5077374125-02	Vehicle No.	GBA7283A	GST Registration No.	
Certificate No.					
Policyholder Name	ROUTEWERKS			Policyholder NRIC	53251
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94577491	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	18/01/2019 16:04	Accident Report Within 24 hrs	Yes	Accident Type	Side 1
Date of Accident	17/01/2019	Time of Accident hh:mm	11:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TAMPINES AVE 7 & TAMPINES ST 24				
▼ 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	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

▼ Policyholder Mailing Address					
Address 1	1 KAKI BUKIT ROAD 1	Address 2	#04-47 ENTERPRISE ONE	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	4159
Unit No.		Related Policy Number	5077374125-03		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHIN WA1 KIAN	Driver NRIC	58730049H	Driver DOB	02/11
Register Date of Driver License	06/05/2008	Driver Age	31	Driving Experience	10
Contact No.(Mobile)	91111053	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK B2 #14-949	Address 2	WHAMPOA DRIVE	Address 3	WHAM
Address 4	SINGAPORE 320082	Address Type	Singapore address	Post Code	32001
Unit No.	14-949				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Handling

Accident MT/1028466

Policy No.	5077374125-02	Vehicle No.	GBA7283A	GST Registration No.	
Certificate No.					
Policyholder Name	ROUTEWERKS			Policyholder NRIC	53251
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94577491	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	18/01/2019 16:04	Accident Report Within 24 hrs	Yes	Accident Type	Side 1
Date of Accident	17/01/2019	Time of Accident hh:mm	11:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TAMPINES AVE 7 & TAMPINES ST 24				
▼ Excess					
Total Excess Applicable					
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			
Excess Type		Windscreen Excess	0.00		

1/18/2019

Claim Handling(accident reporting Claim Task)

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	1 KAKI BUKIT ROAD 1	Address 2	#04-47 ENTERPRISE ONE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4159
Unit No.		Related Policy Number	5077374125-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEN WAI KIAN	Driver NRIC	58730049H	Driver DOB	02/10
Register Date of Driver License	06/05/2008	Driver Age	31	Driving Experience	10
Contact No.(Mobile)	91111053	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK B2 #14-949	Address 2	WHAMPOA DRIVE	Address 3	WHA1
Address 4	SINGAPORE 320082	Address Type	Singapore address	Post Code	3200
Unit No.	14-949				
Does he own a Singapore Registered car?	Yes - 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
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ROUTEWERKS
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		O1 Vehicle Number	GBA7283A
Claim Description	GBA7283A / SLLB698D ON 17 Jan 2019		
Preferred Workshop Finalisation	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/01/2019 16:07	Claim Close Date	
Report Taken By	LIEW SHAN HUI	Workshop Repairer	

☒ Print AK letter

Attachment

Accident No.	MT/1028466	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2019 16:09
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO <input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO <input type="button" value="Clear"/> Normal
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<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO <input type="button" value="Clear"/> Normal
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO <input type="button" value="Clear"/> Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_B0D601(NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-18	
18 Jan 2019 16:09				



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
18 Jan 2019 16:09

SAS

Normal

SAS 2019-1-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
18 Jan 2019 16:08

Photos

Normal

Photos 2019-1-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
18 Jan 2019 16:08

Photos

Normal

Photos 2019-1-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
18 Jan 2019 16:08

Photos

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Photos 2019-1-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
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Photos

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Photos

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18 Jan 2019 16:07

Photos

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Photos 2019-1-18

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
18 Jan 2019 16:07

Photos

Normal

Photos 2019-1-18

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading