

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	31/01/2019 14:55
Date Of Accident	30/01/2019 17:10
Exact Location Of Accident	PARK CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7253B
Insured/Policyholder	
Name Of Registered Owner	CHOP TAY INVESTMENT PTE LTD
Co Reg No	201218564M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62972588

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	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	5104167781
Cover Note Number	-

Driver

Name of Driver	WONG SOON HOONG
NRIC No	G7805350Q
Date Of Birth	07/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91158222
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 493E TAMPINES ST 43 #07-334
Postcode	524493
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	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	SLM6365Y
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.



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



Park Crescent

A = GBC 7253B

B = SLN 6365Y

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

WHILE MAKING A U-TURN, MY VEH REVERSING MISJUDGED HIT ONTO A
PASS BY VEH B (BEARING NO SLM6365Y) RIGHT HAND SIDE.

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 1 / 19.) (DD/MM/YYYY), TIME: (17 : 10.) (HH:MM)

LOCATION: Park Crescent.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 7253B.
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: Chop tay Investment Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6297 2588.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Soon Hong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 915 8222.
c) ADDRESS: BLK 493 E Tampines St 43 #07-334 CS) S24493.

*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: SLM 6365 Y. 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)
(1)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Writing shop.

email = wong_bear1986@hotmail.com.

fax =

VIDEO = No.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Driver's Name: **G7805350Q**

WONG SOON HOONG

Birth Date: **07 Nov 1986**

Issue Date: **07 Nov 2018**

Valid Till: **06/11/2023**

1002666560E

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
EQUIP TRADING PTE. LTD.

Sector: **SERVICE**

Name:
WONG SOON HOONG

Occupation:
ASSISTANT WAREHOUSE MANAGER

S Pass No.
4 02076267

Date of Application
06-04-2017

Date of Issue
28-04-2017

Date of Expiry
28-04-2019

L7882268

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	07 Nov 2008
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	07 Nov 2018



NP 428A

VISIT PASS
Immigration Regulations

Name:
WONG SOON HOONG

Date of Birth: **07-11-1986** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G7805350Q** Date of Issue: **28-04-2017** Date of Expiry: **28-04-2019**

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.	<input type="text"/>	Date of Accident	<input type="text" value="30/01/2019 10:32"/>
Vehicle No.(For Motor)	<input type="text" value="GBC7253B"/>	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 type="radio"/>	5104167781		CHOP TAY INVESTMENT PTE LTD	201218564M	GCV	Comprehensive	GBC7253B	GBC7253B	26/09/2018	05/09/2019

Claim Handling

Accident MT/1030344

Policy No.	5104167781	Vehicle No.	GBC7253B	GST Registration No.	
Certificate No.					
Policyholder Name	CHOP TAY INVESTMENT PTE LTD			Policyholder NRIC	2012
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62972588	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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	31/01/2019 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Impact
Date of Accident	30/01/2019	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARK CRESCENT				
▼ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	126 JOO SENG ROAD	Address 2	#04-09 GOLD PINE INDUSTRIAL	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	3683
Unit No.	04-09	Related Policy Number	5104167781		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG SOON HOONG	Driver NRIC	G7805350Q	Driver DOB	07/11
Register Date of Driver License	07/11/2018	Driver Age	32	Driving Experience	0
Contact No.(Mobile)	91158222	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 493E #07-334	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	5244
Unit No.	07-334				
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		

Modification History

Claim 001 New

Claim Handling

Accident MT/1030344

Policy No.	5104167781	Vehicle No.	GBC7253B	GST Registration No.	
Certificate No.					
Policyholder Name	CHOP TAY INVESTMENT PTE LTD			Policyholder NRIC	2012
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62972588	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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	31/01/2019 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Impact
Date of Accident	30/01/2019	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARK CRESCENT				
▼ Excess					
Total Excess Applicable					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	100.00		

All Claims Excess	Driver is Covered?
YIED All Claim Excess	
Total All Claim Excess Applicable	
OD Standard Excess	TP Standard Excess
YIED OD Excess	YIED TP Excess
Additional Excess	Driver is Covered?
Total OD Excess Applicable	
Total TP Excess Applicable	

Benefits

GST Registered Information

Policyholder Mailing Address

01 Driver Info

Address 1

126 JOD SENG ROAD

Address 2

#04-09 GOLD PINE INDUSTRIAL

Address 3

SING.

Address 4

Address Type

Singapore address

Post Code

3683

Unit No.

04-09

Related Policy Number

5104167781

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Unnamed driver Name

WONG SOON HOONG

Driver NRIC

G7805350Q

Driver DOB

07/11

Register Date of Driver License

07/11/2018

Driver Age

32

Driving Experience

0

Contact No.(Mobile)

91158222

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 493E #07-334

Address 2

TAMPINES STREET 43

Address 3

SING.

Address 4

Address Type

Singapore address

Post Code

5244

Unit No.

07-334

Driver Vehicle No.

Driver Insurer Company

Does he own a Singapore Registered car?

Yes No

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes No

Modification History

Claim 001 OD-MX New

Claim Type *

OD-MX

Insured Name

CHOP TAY INVESTMENT PTE L

Contact No.(Mobile)

98009009

Contact No. (Home)

Email Address

OI Vehicle Number

GBC72538

Claim Description

GBC72538 / SLM6365Y ON 30 Jan 2019

Preferred Workshop Finalisation

Yes

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

31/01/2019 15:39

Claim Close Date

Report Taken By

LIEW SHAN HUI

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1030344

Claim No.

001

Last Doc. Received

Yes No

Upload Date

31/01/2019 15:40

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

Clear

Please Select

NO

Normal

Message Read

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-31	
	31 Jan 2019 15:40			

