





## 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 15:41
Date Of Accident	30/01/2019 17:40
Exact Location Of Accident	AT NO: 5 CLIFTON VALE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9069D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EXPAND INDUSTRIES (S) PTE LTD
Co Reg No	A198700064D
Email Address	SHSBAMBOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97281933
Alternative Phone No	OFFICE-62712233

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	5070088966-03
Cover Note Number	

### Driver

Name of Driver	WONG KIM CHEW
Passport No/FIN	F1485530X
Date Of Birth	18/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97281933
Fax Number	
Contact Number	OFFICE-62712233
E-Mail Address	SHSBAMBOO@GMAIL.COM

Address	16 KALLANG PLACE #02-29/30
Postcode	339156
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 - OPENING DOOR OF VEHICLE
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)	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 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	SHC5129U
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG SIAM HOCK
NRIC/Passport Number	S2006492G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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 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.



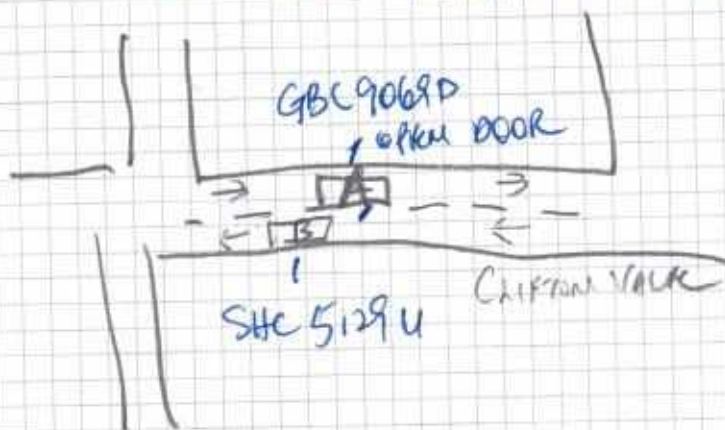
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Res L. Harrison*  
NRIC/FIN No.:

SKETCH PLAN

AT NO: 5 CLIFTON VALL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/01/2019 AT ABOUT 17:40HRS I WAS AT MY VAN GBC 9069D & WHEN I OPEN THE DOOR A TAXI BROKE AGAIN MY VAN DOOR WHICH WAS STATIONARY PARKED THAT ALL.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

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

*31/01/2019*  
*Res C. Hartono*

## Claim Handling

Accident MT/1030352

Policy No.	507008956-03	Vehicle No.	GBC9069D	GST Registration No.	M20743863
Certificate No.				Policyholder NRIC	198700064D
Policyholder Name	EXPAND INDUSTRIES (S) PTE LTD	Cover Type	Comprehensive	Loading	0
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	62712233	Contact No.(Home)	
Contact No.(Mobile)	97281933	Special Remark		eCode	No
Email Address		TCA	Yes	eCode Reason	
KFK	Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

## Accident Details

Report Date	31/01/2019 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/01/2019	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	AT NO-5 CLIFTON VALE				

## Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200749863	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	16 KALLANG PLACE	Address 2	#02-29/30	Address 3	SINGAPORE 339156
Address 4		Address Type	Singapore address	Post Code	339156
Unit No.		Related Policy Number	507008956-03		

## OI Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)	97281933	Contact No.(Office)	62712233	Address 1	SINGAPORE 339156
Address 1	16 KALLANG PLACE	Address 2	#02-29/30	Post Code	339156
Address 4		Address Type	Foreign address		
Unit No.	02-29/30			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	GBC9069D		

## Modification History

Claim 001 New

## Claim Handling

Accident MT/1030352

Policy No.	507008956-03	Vehicle No.	GBC9069D	GST Registration No.	M200749863
Certificate No.				Policyholder NRIC	198700064D
Policyholder Name	EXPAND INDUSTRIES (S) PTE LTD	Cover Type	Comprehensive	Loading	0
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	62712233	Contact No.(Home)	
Contact No.(Mobile)	97281933	Special Remark		eCode	No
Email Address		TCA	Yes	eCode Reason	
KFK	Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

## Accident Details

Report Date	31/01/2019 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/01/2019	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	AT NO-5 CLIFTON VALE				

## Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	100.00		

## All Claims Excess

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

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200749863	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	16 KALLANG PLACE	Address 2	#02-29/30	Address 3	SINGAPORE 339156
Address 4		Address Type	Singapore address	Post Code	339156
Unit No.		Related Policy Number	507008956-03		

## OI Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)	97281933	Contact No.(Office)	62712233	Address 1	SINGAPORE 339156
Address 1	16 KALLANG PLACE	Address 2	#02-29/30	Post Code	339156
Address 4		Address Type	Foreign address		
Unit No.	02-29/30				



65000000

Claim 681 OD-MX High

**Attachment**

Accident No.

HT/1030352

Claim No.

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

31/01/2019 16:00

Path \*

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Urgency \*

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Description \*

Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	[C01]
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	Photos	Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 16:00	SAS	Normal	SAS 2019-1-31	

▼ Video List

Uploaded By/Date	Folder Date	File Name	Size	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>			

## ACCIDENT STATEMENT

ACCIDENT DATE: (30/01/2019) (DD/MM/YYYY), TIME: (17:40) (HH:MM)

LOCATION: 5 Clifton Vale

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 9069 D  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5070088966-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN XTRAIL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: van was park  
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: (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: EXPAND INDUSTRIES CONTACT: 81987000640  
C) ADDRESS: 16 Kallang Place 02-29/30 5C339.156

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

### DRIVER

- a) NAME: WONG FINE CHEW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: F1485530X CONTACT: 62712233  
c) ADDRESS: 16 Kallang Place 97281932

\*d) DATE OF BIRTH: (18/1/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1992

### 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: SHC 5129 U MODEL: RENAULT  
b) DRIVER'S NAME: ANG SIAM HOCK  
c) NRIC/FIN/PASSPORT: S20064926 CONTACT:

### 9. THIRD PARTY VEHICLE

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

Email = SHSBAMBOO@GMAIL.COM  
VIDEO -





# SINGAPORE POLICE FORCE

TRAFFIC POLICE  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865  
Tel : 65470000  
[www.police.gov.sg](http://www.police.gov.sg)

## Private & Confidential

WONG KIM CHEW

BLK 1160 DEPOT ROAD UNIT 01-10/14  
SINGAPORE 109674

F1485530X  
(3C)

C001449496

\$50/-

(Please do not detach)

24/12/2018

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application.

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE  
DELIVERY OF YOUR PHOTOCARD  
DRIVING LICENCE.

WORK PERMIT	
Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore	
Employer EXPAND INDUSTRIES S PTE LTD	
Sector: MANUFACTURING	
Name WONG KIM CHEW	
Occupation MACHINE OPERATOR	
Work Permit No. 5 14855305	Date of Application 09-07-1999
	Date of Issue 28-01-2017
	Date of Expiry 27-01-2019

L7696380

REPUBLIC OF SINGAPORE DRIVING LICENCE	
License Number F1485530X	
Name WONG KIM CHEW	
Birth Date 18 Jan 1970	
Issue Date 24 Dec 2013	
Valid Till 23 Dec 2018	

00259224C

VISIT PASS	
Immigration Regulations	
Name WONG KIM CHEW	
Date of Birth 18-01-1970	Sex M
FIN F1485530X	Nationality MALAYSIAN
Date of Issue 03-03-2017	Date of Expiry 27-01-2019

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)	
EFFECTIVE DATE	
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg
	27 Jul 1992

NP 428A

**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 : 5070088966-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : GBC9069D  
Chassis Number : JN1MC2E2620001548
  2. Name of Policyholder : EXPAND INDUSTRIES (S) PTE LTD
  3. Effective Date of Insurance : 21 Feb 2018
  4. Expiry Date of Insurance : 20 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : SEE TOH KWOK HOONG (00000630833)  
Date of Issue : 06 Feb 2018 10:42 hrs  
Reprint : 06 Feb 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive