

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	28/02/2019 17:50
Date Of Accident	27/02/2019 17:25
Exact Location Of Accident	EXITING FROM AYE TOWARDS CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4057L
Insured/Policyholder	
Name Of Registered Owner	GOH YI LING ELISSA
NRIC No	S8514234H
Email Address	ELISSAGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96150041
Alternative Phone No	OFFICE-96150041

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.2
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103115952
Cover Note Number	

Driver

Name of Driver	GOH YI LING ELISSA
NRIC No	S8514234H
Date Of Birth	22/05/1985
Occupation	INDOOR
Date Of Driving Pass	24/05/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96150041
Fax Number	
Contact Number	OFFICE-96150041
Email Address	ELISSAGOH@GMAIL.COM

Address	BLK 6 GHIM MOH ROAD #02-184
Postcode	270006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG8258B
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARANAN S/O RAMASAMY
NRIC/Passport Number	S7922873G
Contact Number	93280661
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.

Elissa Goh

Policyholder's Signature

Date & Time: 28/2/19, 3.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/02/2019
Reporting Centre Personnel's Signature

Name:

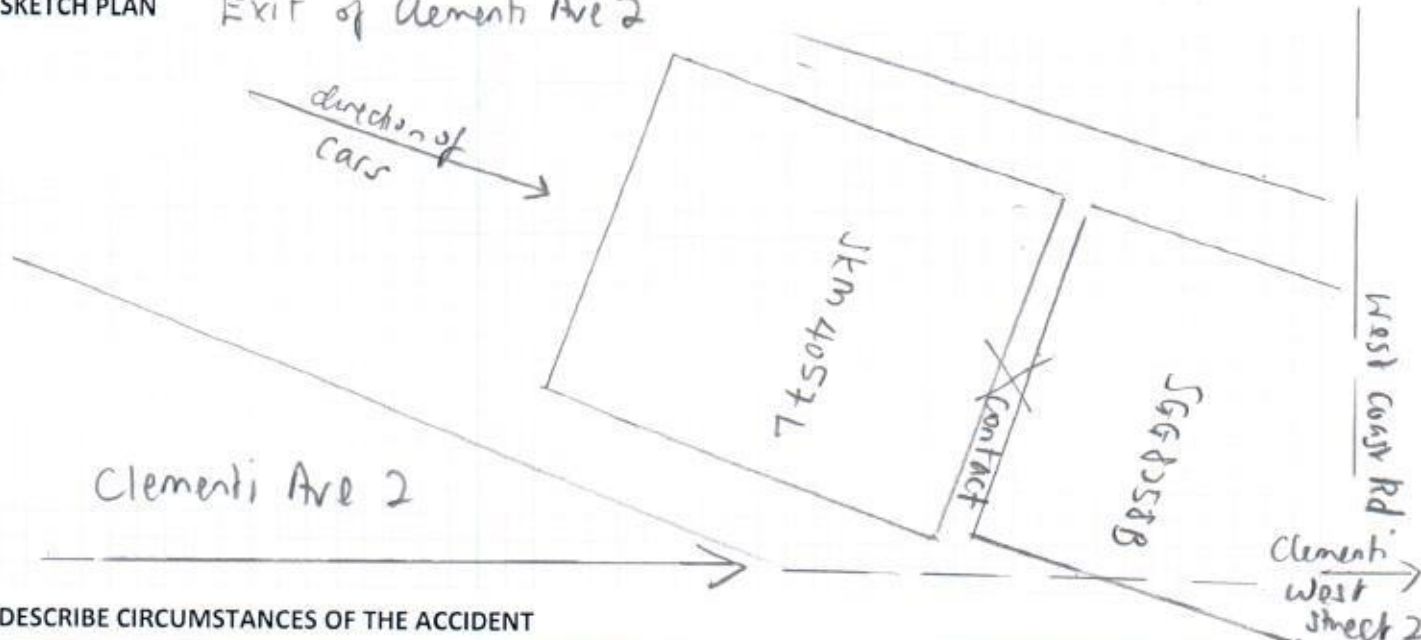
NRIC/FIN No.:

28/02/2019
Koh Li Hoo

SKETCH PLAN

Exit of Clementi Ave 2

27th Feb, 1720H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27th Feb, about 1720H, I was driving back to my office from a meeting. I took the AYE towards Tuas and exited at Clementi Ave 2. I stopped behind a car at the exit and turned to the right to check for oncoming traffic. After checking that it was clear, I accelerated slightly, having the impression that the car in front of me was a safe distance away. To my shock, I saw that the car ^{was} in front of me, ^{much closer} than I recalled, and immediately stepped hard on my brake. I got out of the car after putting on my hazard light and hand brake, and went to check on the driver of the car in front of mine. (SGG8258B)

DECLARATION

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

Elissa Goh *[Signature]*

Policyholder's Signature

Date & Time: 28/2/19, 3:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 28/02/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/1034086

Policy No.	5103115952	Vehicle No.	SKM4057L	GST Registration No.	
Certificate No.					
Policyholder Name	GOH YI LING ELISSA			Policyholder NRIC	50514234H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available
Accident Details					
Report Date	26/02/2019 18:44	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	27/02/2019	Time of Accident (h:mm)	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
Excess					
Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 6 #02-184	Address 2	GHM MOH ROAD	Address 3	SINGAPORE 270006
Address 4		Address Type	Singapore address	Post Code	270006
Unit No.		Related Policy Number	5103115952		
OT Driver Info					
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?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	GOH YI LING ELISSA	Insured NRIC	50514234H
Contact No.(Mobile)	96150041	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	elissagoh@gmail.com	OT Vehicle Number	SKM4057L	TP Vehicle Number	SGG8238B
Claim Description	SKM4057L / SGG8238B ON 27 Feb 2019				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received	Claim Close Date	28/02/2019 17:41
Report Taken By		Workshop Repairer	ROSLI WAHAB	Date Received	28/02/2019 17:42
				Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1034086	Claim No.	002
Last Doc. Received	Yes No	Upload Date	28/02/2019 18:32
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Message Read			

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676f NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 18:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-28	
	NAC_BUKIT_MERAH_800676f NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 18:32	SAS	Normal	SAS 2019-2-28	
	NAC_BUKIT_MERAH_800676f NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 18:31	Photos	Normal	Photos 2019-2-28	
	NAC_BUKIT_MERAH_800676f NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 18:31	Photos	Normal	Photos 2019-2-28	

2/28/2019

Claim Handling(Claim Task 002 OD-MX)



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 18:31

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 18:31

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 18:31

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:42

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:42

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:41

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:41

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:41

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:41

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:41

Photos

Normal

Photos 2019-2-28

Photos

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Photos 2019-2-28

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Photos 2019-2-28

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 27/02/2019 (DD/MM/YYYY), TIME: 17:24 (HH:MM)

LOCATION: Exiting from Clementi Ave 2 Highway Exit (AYE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 4057 L
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5103115952
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: VOLKSWAGEN POLO 1.2
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: FOR GOING TO WORK
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: GOH YI LING ELISSA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8514234H CONTACT: 96150041
c) ADDRESS: 6 GHIMMAY ROAD D2-184
SINGAPORE 270006

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 22/05/1985 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 24 MAY 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
b) ROAD SURFACE: DRY / WET / OTHERS GENTLE SLOPE

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: SGG 8258B MODEL: HONDA CIVIC
b) DRIVER'S NAME: ARANAN S/O RAMASAMY
c) NRIC/FIN/PASSPORT: S7922873G CONTACT: 93280661

9. THIRD PARTY VEHICLE

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

ELISSA.GOH@GMAIL.COM

email = ELISSA

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8514234H



Name

GOH YI LING ELISSA

吴依苓

Race
CHINESE

Date of birth
22-05-1985

Country/Place of birth
SINGAPORE

Sex
F

S8514234H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8514234H

Name

GOH YI LING ELISSA

Birth Date: 22 May 1985

Issue Date: 24 May 2011



001966608K



5538411

NRIC No. S8514234H



Date of issue
07-12-2015

Address

APT BLK 6 GHIM MOH ROAD
#02-184
SINGAPORE 270006

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 24 May 2011

NP 428A



Licence No: S8514234H

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: 5103115952

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle

: SKM4057L

Chassis Number

: WVWZZZ6RZEU007806

2. Name of Policyholder

: GOH YI LING ELISSA

3. Effective Date of Insurance

: 09 Sep 2018

4. Expiry Date of Insurance

: 25 Aug 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.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH YI LING ELISSA
NAMED DRIVER (1)	: GOH JING LING, ELSPEETH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : ALFA CREDIT PTE LTD (00000613905)

Date of Issue : 16 Aug 2018 12:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive