





## 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	07/03/2019 17:33
Date Of Accident	26/02/2019 17:00
Exact Location Of Accident	CTE TOWARDS BRADDELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8919G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUP CHEONG ROASTED FOOD PTE. LTD
Co Reg No	201209302D
Email Address	KRESTINOZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96368919
Alternative Phone No	OFFICE-96368919

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5100103665
Cover Note Number	

### Driver

Name of Driver	LOW CAI DE
NRIC No	S9418015E
Date Of Birth	07/10/2016
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368919
Fax Number	
Contact Number	OTHERS-96368919
Email Address	KRESTINOZ@GMAIL.COM

Address 71 JALAN KEMUNING  
 Postcode 769793  
 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: : FRIEND  
 GENDER: : FEMALE

#### 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 SLN7543M  
 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:

J-

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

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

*01/03/2019*



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Feb 2019, I was driving along Cte toward Bradell, the front vehicle suddenly brake and I bump into ~~the~~ <sup>Front</sup> vehicle.

## 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.:

07/03/2019

Robt. Woffers

## Claim Handling

Accident MT/1035091

Policy No.	3100103693	Vehicle No.	GBH8919G	GST Registration No.	2012093020
Certificate No.					
Policyholder Name	RUF CHEONG ROASTED FOOD PTE. LTD.	Cover Type	Preferred Workshop Plan	Policyholder NRIC	2012093020
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	96368819	Special Remarks		Contact No. (Home)	
Email Address		TCA	No Yes	eCode	No
AFE	No Yes	NCD Endorsement(%)	0	eCode Reason	
NCD Protection	No			Private Info	No
<b>Accident Details</b>					
Report Date	07/03/2019 17:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - need to Repair
Date of Accident	26/02/2019	Time of Accident (h:mm)	17:00	Country of Accident	Singapore
Reporting Centre		Damage Facts		ICM No.	
Accident Location	CTE TOWARDS BRADGILL ROAD				
<b>Excess</b>					
Own Damage Excess	600.00	Additional Excess		Workshop Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefit</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/07/2012		
GST Registration No.	7012288/20	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	15 WOODLEAFS LODGE	Address 2	#02-5718	Address 3	SINGAPORE 736322
Address 4		Address Type	Singapore address	Post Code	736322
Unit No.	02-07/56	Related Policy Number	3100103693		
<b>OT Driver Info</b>					
Driver Name	(Unnamed Driver)	Driver Type	Unnamed Driver	Driver DOB	20/05/1994
Unnamed Driver Name	LIOW CHU DE	Driver NRIC	SM1480016	Driving Experience	2
Register Date of Driver License	07/10/2018	Driver Age	24	Contact No. (Office)	
Contact No. (Mobile)	96368819	Contact No. (Home)		Contact No. (Home)	
Address 1	11 JALAN KEMUNING	Address 2	# SEMBAYANG SPRINGS ESTATE	Address 3	SINGAPORE 761793
Address 4		Address Type	Foreign address	Post Code	766793
Unit No.					
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	GBH8919G	Driver Insurer Company	NTUC
<b>Declaration</b>					
Insured Driver or Blood Test Result?	0 mg	Any Injury?	Yes / No		

Modification History

Claim 001

Claim Type *	001-MR	Insured Name	RUF CHEONG ROASTED FOOD PTE. LTD.	Insured NRIC	2012093020
Contact No. (Home)	96368819	Contact No. (Home)		Contact No. (Office)	
Email Address		OT	GBH8919G	TP	GBH8919G
Claim Description	GBH8919G / S/N2543M ON 26 Feb 2019			Vehicle Number	S/N2543M
Preferred Workshop	Yes	Insured Liability	Party at Fault	Name of Preferred Workshop	
Repair Option	Repair Option	Preferred Workshop Name	unknown		
Date Registered		GIA report	Received		
Report Taken By				Claim Close Date	07/03/2019 00:00
				Date Received	07/03/2019 00:00

Print As Letter

Save Submit

## Attachment

Accident No.	MT/1035091	Claim No.	001
Left Due, Received	Yes No	Upload Date	07/03/2019 17:46
File *		Category *	Confidential Urgency *
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Mar 2019 17:46	Photo	Normal	Photos 2019-3-7	
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Mar 2019 17:46	Photo	Normal	Photos 2019-3-7	
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Mar 2019 17:46	Photo	Normal	Photos 2019-3-7	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:47	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:47	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:47	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:47	Photos	Normal	Photos 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:47	SAS	Normal	SAS 2019-3-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Mar 2019 17:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-7
<b>Video List</b>				
Uploaded by/Date	Folder Desc	File Name	Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				

# ACCIDENT STATEMENT

ACCIDENT DATE: (26/02/2019) (DD/MM/YYYY). TIME: (17.00) (HH:MM)

LOCATION: C1K To BRADDAH ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 8419G  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: S100103665  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mercedes Benz vito  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 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: Hup cheong Roasted Food Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

FRIEND (F)

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

## DRIVER

- a) NAME: Low Cairde (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9418015E CONTACT: 96368419  
 c) ADDRESS: 71 Jalan Kemuning

\* No of passenger  
 (Including driver)  
 (2)

\* d) DATE OF BIRTH: (20/05/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 07 Oct 2016

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: SLN 7543M MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (Including driver)  
 ( )

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
 ( )

Email = krestinoz@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9418015E



LOW CAI DE

盧財德

CHINESE

Date of Birth

20-03-1994

Place of Birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S9418015E

LOW CAI DE

Date of Birth 20 May 1994

Issue Date 07 Oct 2016



5724259

NRIC No. S9418015E



Date of Issue  
18-03-2017

Address  
71 JALAN KEMUNING  
SINGAPORE 786763

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\geq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  07 Oct 2016



NP 436A

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident:   
Vehicle No. (For Motor):  Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5100103665		HUP CHEONG ROASTED FOOD PTE. LTD.	2012093020	GCV	Preferred Workshop Plan	GBH8919G	GBH8919G	19/04/2018	18/04/2020