

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	14/03/2019 18:13
Date Of Accident	13/03/2019 16:35
Exact Location Of Accident	ALONG KPE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6576R
Insured/Policyholder	
Name Of Registered Owner	RICO ENGINEERING WORKS PTE LTD
Co Reg No	199800407G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92472187
Alternative Phone No	OFFICE-92472187

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097592665-01
Cover Note Number	

Driver

Name of Driver	GWEE KON
NRIC No	S2759812I
Date Of Birth	15/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92472187
Fax Number	
Contact Number	OFFICE-92472187
EMail Address	NOEMAIL

Address	BLK 16 UPPER BOON KENG ROAD #12-1095
Postcode	380016
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?	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
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4420U
Vehicle Make/Model/Colour	MAZDA 6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAROLD POH CHEE YONG
NRIC/Passport Number	S7244295D
Contact Number	97669870
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.



Policyholder's Signature
Date & Time:

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

14/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling along KPE toward TPE on lane 3 after entering from Airport Rd. I was travelling behind a truck and keep a distance. Veh B suddenly over take from right and cut back into lane 3 abruptly and collided onto my vehicle right front portion. Veh B wanted to settle privately and agreed to go to my workshop. after getting the repair quote for both vehicle, Veh B driver decided to go for insurance settlement.

DECLARATION

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



Policyholder's Signature
Date & Time:

A

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

16/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1035995

Policy No.	SDV592M05-01	Vehicle No.	GBE6576R	GST Registration No.	
Certificate No.					
Policyholder Name	RJCO ENGINEERING WORKS PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	199800407G
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92472187	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	15/03/2019 09:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/03/2019	Time of Accident hh:mm	16:35	Country of Accident	Singapore
Reporting Centre		Crash Force		ICM No.	
Accident Location	ALONG KPE TOWARDS TPE				

Excess

Own damage Excess	000.00	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 Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	250 JALAN KAYU	Address 2	SINGAPORE 799475	Address 3	
Address 4		Address Type	Singapore address	Post Code	799475
Unit No.		Related Policy Number	SD70526827-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/12/1966
Unnamed driver Name	GAYER KDN	Driver NRIC	S27590211	Driving Experience	15
Register Date of Driver License	29/07/2003	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	92472187	Contact No.(Office)		Address 3	800N KENG VILLE
Address 1	BLK 16 #12-1095	Address 2	UPPER BOON KENG ROAD	Post Code	380016
Address 4	SINGAPORE 380016	Address Type	Foreign address		
Unit No.	12-1095				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GBE6576R	Driver Insurer Company	NTUC

Declaration:

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History:

Claim 001 New

Claim Type *	OD-MX	Insured Name	RJCO ENGINEERING WORKS PT	Insured NRIC	199800407G
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	64820153
Email Address		OI		TP	
Claim Description		Vehicle Number	GBE6576R	Vehicle Number	SMD4420U
Preferred Workshop				Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered		Preferred Workshop, Name unknown		Claim Close Date	15/03/2019 09:37
Report Taken By				Date Received	15/03/2019 00:00

Print AK letter


Save Submit









Attachment

Accident No.	MT/1035995	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	15/03/2019 09:38
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (00)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:38	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:38	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:38	Photos	Normal	Photos 2019-3-15	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:38	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:38	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:37	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:37	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:37	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:37	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:37	SAS	Normal	SAS 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-15
Video List				
Uploaded By/Date	Folder Data	File Name	Source	Action
		Display in New Window	Scan and uploading	

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/03/2019 (dd/mm/yy) Time of Accident: 16:35 (24-HR-FORMAT)

Vehicle No.: GBE6576R Vehicle Make & Model: Toyota Dyna

Exact location of Accident: _____

Policyholder's Name / IC No.: Rico Engineering works pte Ltd / 1998004076

Driver's Name / IC No.: Gwee Koa / 52759812I (As Above) ☐

Driver's Contact No.: 92472087 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 18 Upper Boon Keng Rd #12-1095 S(380016)

Email address: _____ Insurance Company: _____

Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor ☒ Outdoor

***No. of Passengers (Including Driver):** 1

*Passanger Name: _____

*Passanger Name: _____

Gender: Male / Female

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No file too big

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Harold Poh Chee Yeng / 5724295D Vehicle No.: Mazda 6
SMD4420U

Driver's Contact No.: 97669870 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S27598121



Name
GWEE KON

Race
CHINESE

Date of birth
15-12-1966

Country of birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S27698121

Name
GWEE KON



Birth Date
15 Dec 1966

Issue Date
17 Jul 2013



002203436A

5003148

NRIC No. **S27598121**

Nationality
MALAYSIAN

Date of issue
10-02-2009

APT BLK 16 UPPER BOON KENG ROAD #12-1095
SINGAPORE 380016

NRIC No: **S27598121**

Date: **20/03/2015**

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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles < 200 cc	29 Jul 2003
Class 3	Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg	29 Jul 2003



NP 426A

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 : 5097592665-01

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE6576R |
| Chassis Number | : KDY2318023125 |
| 2. Name of Policyholder | : RICO ENGINEERING WORKS PTE LTD |
| 3. Effective Date of Insurance | : 27 Feb 2019 |
| 4. Expiry Date of Insurance | : 26 Feb 2020 |
| 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	: N/A
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 : LEE LIN SUAN (00000331177)

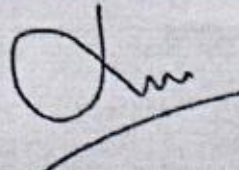
Date of Issue : 24 Jan 2019 17:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive