

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	26/03/2019 14:45
Date Of Accident	25/03/2019 10:55
Exact Location Of Accident	NEWTON ROUNDABOUT-NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7991P
Insured/Policyholder	
Name Of Registered Owner	KIAN HOCK COFFEE POWDER DEALER
Co Reg No	44998800K
Email Address	TGM0709@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96473442
Alternative Phone No	OFFICE-96939608

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5033749713-10
Cover Note Number	

Driver

Name of Driver	TAN KIM SENG
NRIC No.	S0869201G
Date Of Birth	18/11/1940
Occupation	INDOOR
Date Of Driving Pass	05/12/1963
Driving Experience	55 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96473442
Fax Number	
Contact Number	OTHERS-96939608
Email Address	TGM0709@GMAIL.COM

Address	BLK 158 YUNG LOH ROAD #06-50
Postcode	610158
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	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)	2
Passenger 1	NAME: : LEE AH TOO 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 ATTACHMENT

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	SLQ3548K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KIM YAING WAN
NRIC/Passport Number	F1857832T
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.

建福咖啡粉商
Kian Hock Coffee Powder Dealer
Business Registration No. 44998800K

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.:

AS per ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to STAMPA

DECLARATION

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

建福咖啡粉商
Kian Hock Coffee Powder Dealer
Business Registration No. 44998800K

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.:

for 2605/2018
Kash Vithan



I entered Newton Circus from Scotts Rd, planning to exit to Bukit Timah Rd. I joined one of the turn left lanes (going straight is to Newton Rd), and filtered slowly towards the left. As I moved to the left lane after checking, the other car suddenly came and steered forward and grazed his right side against my front left bumper. The impact 'pulled' the left side of my bumper out.

建福咖啡粉商
Kian Hock Coffee Powder Dealer
Business Registration No.: 44998800K

[Signature]

[Signature]
26/03/2018
Rashid Wafar

Claim Handling

Accident HT/1927E36

Policy No.	GBA799LP	Vehicle No.	GBA799LP	GST Registration No.	
Certificate No.					
Policyholder Name	KIAN HOON COFFEE POWDER DEALER				
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	4499880K
Contact No.(Mobile)	95473442	Contact No.(Office)		Leading	0
Email Address		Special Remarks		Contact No.(Home)	
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCR	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
NGD Proposition	No	NCD Endorsement(%)	20	eCode Reason	
<div> <div>Accident Details</div> </div>			<div> <div>Vehicle Hire</div> <div>No</div> </div>		
Report Date	26/03/2019 14:18	Accident Report Within 24 hrs	Yes	Accident Type	Self Swap
Date of Accident	25/03/2019	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Film		ICM No.	
Accident Location	NEWTON ROUNDABOUT-NEWTON CIRCUS				
<div> <div>Excess</div> </div>					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore CO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<div> <div>Benefits</div> </div>					
<div> <div>GST Registered Information</div> </div>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification history	26/03/2019 15:07:04 System changed GST Status Verified from No to Yes.				

Policyholder Mailing Address

Address 1	BLK 158 #05-50	Address 2	YONG LON ROAD	Address 3	SINGAPORE 610158
Address 4		Address Type	Singapore address	Post Code	610158
Unit No.		Related Policy Number	GBA799/13-10		
<div> <div>OT Driver Info</div> </div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/11/1940
Unnamed driver Name	TAN KIM SENG	Driver NRIC	5085701G	Driving Experience	35
Register Date of Driver License	15/12/1983	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	95473442	Contact No.(Office)		Address 5	SINGAPORE 610158
Address 1	BLK 158 #05-50	Address 2	YONG LON ROAD	Post Code	610158
Address 4		Address Type	Foreign address		
Unit No.	05-50				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	GBA799LP	Driver Insurer Company	NIC
<div> <div>Declaration</div> </div>					
Brushmaster or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Modification History

Claim 001

Claim Type *	CO-INS	Insured Name	KIAN HOCK COFFEE POWDER D	Insured NRIC	4499880K
Contact No.(Mobile)		Contact No.		Contact No. (Office)	95473442
Email Address		Or		TP	
Claim Description		Vehicle Number	GBA799LP	Vehicle Number	SLQ3548K
Preferred Workshop				Name of Preferred Workshop	
Preferred Workshop		Preferred Liability	Not at Fault		
Preferred Workshop		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By		Claim Close Date	26/03/2019 15:08	Date Received	26/03/2019 00:00
			ROSLI WAHAB		
<div> <div>Print As letter</div> </div>					

Save Submit

Attachment

Accident No.	HT/1927E36	Claim No.	001
Last Doc. Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	26/03/2019 15:08
<div> <div>Path *</div> </div>			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Data	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 26 Mar 2019 15:08	Photos	Normal	Photos 2019-3-26	
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 26 Mar 2019 15:08	Photos	Normal	Photos 2019-3-26	
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 26 Mar 2019 15:08	Photos	Normal	Photos 2019-3-26	



NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 26 Mar 2019 15:08

Photos

Normal

Photos 2019-3-26

Photos

Normal

Photos 2019-3-26

Photos

Normal

Photos 2019-3-26

Photos

Normal

Photos 2019-3-26

Photos

Normal

Photos 2019-3-26

Photos

Normal

Photos 2019-3-26

SAS

Normal

SAS 2019-3-26

NRIC Driving License

Normal

NRIC Driving License 2019-3-26

Video List

Uploaded By/Date

Folder Date

File Name

?

Source

Action

Display in New Window

Scan and uploading

Email: jb@idac.com.sg Tel no: 6555 6111

*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: 25/03/2019 (dd/mm/yy) Time of Accident: 10 : 55 (24-HR-FORMAT)

Vehicle No.: G8A7991P Vehicle Make & Model: Toyota HiAce

Exact location of Accident: Newton Roundabout - Newton Circus

Policyholder's Name / IC No.: Y Kian Hock Coffee Powder Dealer / 44998800K

Driver's Name / IC No.: Tan Kim Seng / 80869201G (As Above) ☐

Driver's Contact No.: 96473442 (96939608) Company Contact No (Company Veh Only): 96939608

Driver's Address: BLK 158 Yung Lok Rd #06-50 S610158

Email address: tgm0709@gmail.com Insurance Company: NTUC

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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 2

*Passanger Name: Lee Ah Too

Gender: Male / Female

*Passanger Name: Tan Kim Seng

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

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.: Kim Young Lan / F1857832T Vehicle No.: SLQ3548K

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

2. Driver's Name / IC No (If Any): F1857832T 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. S0869201G



TAN KIM SENG

陳金榮

Race
CHINESE

Date of Birth

18-11-1940

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0869201G

Name:

TAN KIM SENG

Birth Date: 18 Nov 1940

Issue Date: 20 Oct 2003



000936245C



1839237

NRIC No. S0869201G



Blood Group: Date of issue

B+

29-03-1994

APT BLK 158 YONG LOH ROAD #06-50
SINGAPORE 610158

NRIC No. S0869201G

Date: 04-09-2000

No: 3687332

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2

Motor cars < 1000 kg with < 7 passengers, exclusive of the driver and motor tractors/vehicles < 7500 kg

05 Dec 1993

S / No. 9000033754

S0869201G



Licence No. S0869201G

eBaoTech

GeneralClaim

Hello, STAC_BOON_LAY_800701

[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="radio"/>	5033749713-10		KIAN HOCK COFFEE POWDER DEALER	44998800K	GCV	Comprehensive	GBA7991P	GBA7991P	06/01/2019	07/01/2020