





## 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	08/04/2019 19:13
Date Of Accident	06/04/2019 22:45
Exact Location Of Accident	BEFORE JOHOR CHECK POINT TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7511D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW YUNN SIN
NRIC No	S8370477B
Email Address	YUNNSIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96561900
Alternative Phone No	OTHERS-96561900

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	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	5107535950
Cover Note Number	

### Driver

Name of Driver	LIEW YUNN SIN
NRIC No	S8370477B
Date Of Birth	09/05/1983
Occupation	INDOOR
Date Of Driving Pass	09/11/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96561900
Fax Number	
Contact Number	OTHERS-96561900
Email Address	YUNNSIN@HOTMAIL.COM

Address	BLK 7 TECK WHYE AVENUE #08-100
Postcode	680007
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)	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	SJP2130S
Vehicle Make/Model/Colour	HYUNDAI AVANTE
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: 8/4/2019  
1400



Driver's Signature

(If driver is not the policyholder)  
Date & Time:



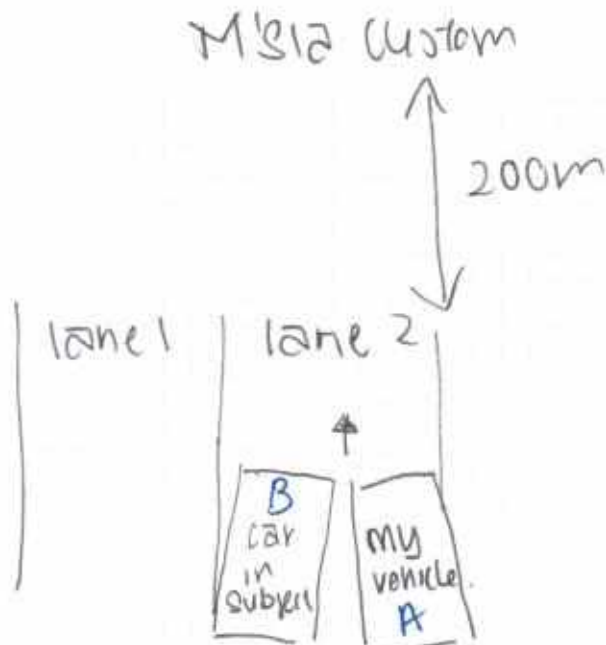
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:



# SKETCH PLAN



A) SJN 7511D

B) SJF 2130S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 200m of road before the entrance to Johor Custom (for departure to Singapore). at 2245pm on 6<sup>th</sup> April 2019, my vehicle was entering a converging lane (2 road lanes) from a 3 vehicle self created queue. As my vehicle ~~was~~ was converging into a main lane together with the car in ~~the~~ subject, an accident took place with the front left of my vehicle scratching the side door of the right side of the car in subject. Prior to this, the right side mirror of the car in subject was forcefully turned towards the car due to a last minute speed up by the driver of the car in subject.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 8/4/2019  
1400

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*

## Claim Handling

Accident HT/1039313

Policy No.	519753950	Vehicle No.	SIN7511D	GST Registration No.	
Certificate No.					
Policyholder Name	LIEW YUNN SIN	Cover Type	Drive CLASSIC	Policyholder NRIC	583754778
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	U
Contact No.(Mobile)	96561900	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Yes

## Accident Details

Report Date	08/04/2019 19:29	Accident Report Within 34 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/04/2019	Time of Accident Interval	22:45	Country of Accident	Outside Singapore
Reporting Centre		Grange Force		CDM No.	
Accident Location	BEFORE JONHIE CHECK POINT TOWARDS SINGAPORE				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
GD Standard Excess	600.00	TP Standard Excess	0.00		
YIED GD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total GD Excess Applicable	600.00				

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 7 #08-100	Address 2	TECK WHYE AVENUE	Address 3	SINGAPORE 680007
Address 4		Address Type	Singapore address	Post Code	680007
Unit No.		Related Policy Number	519753950		

## Q1 Driver Info

Driver Name	LIEW YUNN SIN	Driver Type	Main Driver	Driver DOB	09/05/1983
Unnamed driver Name		Driver NRIC	583754778	Driving Experience	8
Register Date of Driver License	01/01/2011	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	96561900	Contact No.(Office)		Address 3	SINGAPORE 680007
Address 1	BLK 7 #08-100	Address 2	TECK WHYE AVENUE	Post Code	680007
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SIN7511D	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

## Modification History

## Claim 001

New

Claim Type *	GD-MX	Insured Name	LIEW YUNN SIN	Insured NRIC	583754778
Contact No.(Mobile)	96561900	Contact No. (Home)	67634481	Contact No. (Office)	
Email Address	yunnain@hotmail.com	Q1 Vehicle Number	SIN7511D	TP Vehicle Number	SIF21305
Claim Description	SIN7511D / SIF21305 ON 6 Apr 2019				
Preferred Workshop	Insured Liability	Partially at Fault		Name of Preferred Workshop	
Register No. Finalisation	Yes	Register Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/04/2019 19:28	Claim Close Date		Date Received	08/04/2019 08:00
Report Taken By	ROSLI WANAE				

Print All letter

Save Submit

## Attachment

Accident No.	HT/1039313	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/04/2019 19:29
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 08 Apr 2019 19:29	Photos	Normal	Photos 2019-4-8	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 08 Apr 2019 19:29	Photos	Normal	Photos 2019-4-9	

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Apr 2019 19:29

Photos

Normal

Photos 2019-4-8

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Apr 2019 19:28

Photos

Normal

Photos 2019-4-8

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Apr 2019 19:28

Photos

Normal

Photos 2019-4-8

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Apr 2019 19:28

Photos

Normal

Photos 2019-4-8

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Apr 2019 19:28

Photos

Normal

Photos 2019-4-8

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Apr 2019 19:28

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-4-8

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Apr 2019 19:28

SAS

Normal

SAS 2019-4-8

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	



# ACCIDENT STATEMENT

ACCIDENT DATE: 6 April 2019 (DD/MM/YYYY) TIME: 20:45 PM (HH:MM)

LOCATION: Johor Malaysia Road entering custom (200m away from custom entrance, departure from Miera).

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 7511 D  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5107535950  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Vios  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal travel to Johor  
 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: LIEW YUNN SIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8370477R CONTACT: 96561900  
 c) ADDRESS: BLK 7, TECK WHYE AVE #08-100 2680007

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

### DRIVER

- a) NAME: LIEW YUNN SIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8370477R CONTACT: 96561900  
 c) ADDRESS: BLK 7, TECK WHYE AVE #08-100 2680007

\* d) DATE OF BIRTH: 09/05/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 NOV 2003

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: SJP 2130S MODEL: HYUNDAI AVANTE  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(including driver)  
(01)

\* No of passengers  
(including driver)  
(02)

\* No of passengers  
(including driver)  
( )

Email = yunnsin@hotmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8370477B



Name

LIEW YUNN SIN

刘运兴

Race

CHINESE

Date of birth

09-05-1983

Country/Place of birth

MALAYSIA



Sex

M

9311179



NRIC No: S8370477B



Nationality

MALAYSIAN

Date of issue

16-10-2013

APT BLK 7 TECK WHYE AVENUE #08-100  
SINGAPORE 680007

NRIC No: S8370477B

Date: 25/01/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8370477B

Name

LIEW YUNN SIN

Birth Date: 09 May 1983

Issue Date: 12 Nov 2003



YOU ARE LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASSES

Class 3 Motor cars <= 2000 kg with <= 7 passengers, excluding of the driver; and motor tractors/vehicles <= 2500 kg

Class 4 Heavy motor cars and motor tractors > 2500 kg

Valid Until

12 Nov 2008

60 CNY 2008



ETA/1810/0644

19 OCT 2018

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.

Date of Accident

06/04/2019 14:04

Vehicle No.(For Motor)

SJN7511D

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"/>	5107535950		LIEW YUNN SIN	S8370477B	GPC	drive CLASSIC	SJN7511D	SJN7511D	20/02/2019	19/02/2020