

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	13/04/2019 16:58
Date Of Accident	12/04/2019 16:00
Exact Location Of Accident	ALONG CHANGI SOUTH AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2459Y
Insured/Policyholder	
Name Of Registered Owner	PHUA JOO KHING
NRIC No	S2107267B
Email Address	SHAWN7530@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94816557
Alternative Phone No	OTHERS-94816557

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097197197-01
Cover Note Number	

Driver

Name of Driver	PHUA JOO KHING
NRIC No	S2107267B
Date Of Birth	15/04/1947
Occupation	INDOOR
Date Of Driving Pass	13/06/1968
Driving Experience	50 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94816557
Fax Number	
Contact Number	OTHERS-94816557
EMail Address	SHAWN7530@HOTMAIL.COM

Address	BLK 745 YISHUN STREET 72 #05-177
Postcode	2276
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 (COLLISION TYPE IS TP REVERSE AND HIT INSURED)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK5769D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM HOCK LEE
NRIC/Passport Number	
Contact Number	98979166
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

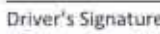
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:


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

SKETCH PLAN

Along Chongli South Avenue 2

(A) SLK2459Y

(B) YK5769D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I going straight Road I saw Vehicle B YK5769D was Reverse in a one way direction. My car stop try to horn and Vehicle B Hit me.

I Got Video Footage

DECLARATION

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

[Signature]

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.:

13/04/2019

[Signature]

Claim Handling

Accident MT/1040037

Policy No.	5097197197-01	Vehicle No.	SLK2459Y	GST Registration No.	
Certificate No.					
Policyholder Name	PHUA JOO KHING			Policyholder NRIC	S21072678
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	94816557	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KIX	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
➤ Accident Details					
Report Date	13/04/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/04/2019	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CHANGI SOUTH AVENUE 2				
➤ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore GD 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 Registration No.		GST Status Verified	Yes		
Modification History					

➤ Policyholder Mailing Address					
Address 1	BLK 745 #05-177	Address 2	YISHUN STREET 72	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	760741
Unit No.		Related Policy Number	5097197197-01		
➤ OI Driver Info					
Driver Name	PHUA JOO KHING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S21072678	Driver DOB	15/04/1967
Register Date of Driver License	01/01/1987	Driver Age	71	Driving Experience	32
Contact No.(Mobile)	94816557	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 745 #05-177	Address 2	YISHUN STREET 72	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	760741
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLK2459Y	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	PHUA JOO KHING
Contact No.(Mobile)	95147863	Contact No.(Home)	87471920
Email Address		OI Vehicle Number	SLK2459Y
Claim Description	SLK2459Y / YKS769D ON 12 Apr 2019		
Preferred Workshop Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault
Date Registered	13/04/2019 17:14	Preferred Workshop, Name unknown	
Report taken by	ROSLI WAHAB	GIA report	Received
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

Accident No. MT/1040037 Claim No. 001

Last Rec. Received

Yes

No

Upload Date

13/04/2019 17:18

Path

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Message Read

Category

Confidential

Urgency

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NO

Normal

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:18	SAS	Normal	SAS 2019-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:18	Photos	Normal	Photos 2019-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:18	Photos	Normal	Photos 2019-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:14	Photos	Normal	Photos 2019-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:14	Photos	Normal	Photos 2019-4-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:14	Photos	Normal	Photos 2019-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:14	Photos	Normal	Photos 2019-4-13

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 04 / 19 (DD/MM/YYYY), TIME: 4 : 00pm (HH:MM)

LOCATION: Chang, South Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 2459 V
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5097197197.01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota A113
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: PHUA JOO KHING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2107261B CONTACT: 94816557
 c) ADDRESS: BLK 745 Yishun Street 72 #05-177 S2776

* 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: 15 / 04 / 1947 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 51 Year

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

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: YK5769 D MODEL: _____
 b) DRIVER'S NAME: Lim Hock Lee
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 92979166

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(0)

* No of passenger
 (Including driver)
()

Email = Shawn7530@hotmail.com

fax =

VIDEO = Yes

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2107267B



PHUA JOO KHING
潘如欽
CHINESE
15-04-1947 M
CHINA

6-1230

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2107267B



PHUA JOO KHING

Exp. Date: 15 Apr 1947
Issue Date: 15 Jun 2003

900574583J

2379102



S2107267B

D- 13-28-1994

APT BLK 745 YISHUN STREET 72
#01-177
SINGAPORE 2776

SINGAPORE 760745


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles < 200 CC	12 Aug 1982
Class 2	Motor cars < 3000 kg with < 7 passengers, exclusive of the driver, and motor trucks < 2700 kg	12 Jun 1988

S2107267B

S/No. 9000168538

License No. S2107267B



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: 5097197197-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SLK2459Y
Chassis Number : MR053REH104562670
2. Name of Policyholder : PHUA JOO KHING
3. Effective Date of Insurance : 11 Jan 2019
4. Expiry Date of Insurance : 10 Jan 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.

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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PHUA JOO KHING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 26 Dec 2018 17:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive