

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 GlA 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	17/04/2019 17:00
Date Of Accident	16/04/2019 18:10
Exact Location Of Accident	WILLKIE DRIVEWAY INTO DROP OFF AREA(SHOPPING MALL)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR559E
Insured/Policyholder	
Name Of Registered Owner	ZHANG GUO ZHI
NRIC No	S8012047H
Email Address	JERMS4U@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97777496
Alternative Phone No	OTHERS-90993734
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	FERRYING PASSANGER
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	5101545014
Cover Note Number	
Driver	
Name of Driver	JEREMY TAN SHENG-LIANG(JEREMY CHEN SHENGLIANG)
NRIC No	S7936342A
Date Of Birth	01/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97777496
Fax Number	
Contact Number	OTHERS-90993734
Email Address	JERMS4U@GMAIL.COM

Address	BLK 706 CLEMENTI WEST STREET 2 #06-379
Postcode	120706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/04/19 / 1645

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WOULD LIKE TO MAKE A REPORT OF A MINOR ACCIDENT IN THE EVENT THE OTHER MOTORIST MAKES A GROUNDESS CLAIM AGAINST ME.

I HAD MADE A LEFT TURN TOWARDS THE DROP-OFF POINT OF WILKIE EDGE. THERE WAS A QUEUE TO GET IN. MY PASSENGER DID NOT WANT TO WAIT AND REQUESTED TO ALIGHT WHILST I WAS STILL STATIONARY ON THE BEND LEADING TO THE DROP-OFF AREA.

MY PASSENGER CHECKED FOR VEHICLES ON THIS SINGLE LANE ROAD BEFORE OPENING THE DOORS.

A MOTORCYCLE SQUEEZED BETWEEN MY CAR & THE KERB AT THAT MOMENT AND KNOCKED INTO THE EDGE OF MY LEFT REAR PASSENGER DOOR, SCRAPPING MY PATNIWARE. THE MOTORCYCLIST LOST BALANCE AND FELL TOGETHER WITH HIS MOTORCYCLE ONTO THE KERB. HE PICKED IT UP, APOLOGISED TO ME AND I MOVED OFF.

IN MY HASTE TO NOT OBSTRUCT TRAFFIC AND SEEING THAT THE MOTORCYCLIST COULD GET UP AND GET ONTO HIS BIKE, I MOVED OFF. WE DID NOT EXCHANGE PARTICULARS OR LICENCE PLATE NUMBERS.

I HOPE FOR THIS REPORT TO SERVE AS A RECORD OF THE INCIDENT.

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: 17/04/19 / 1659

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

Claim Handling

Accident MT/1040649

Policy No.	5101545014	Vehicle No.	SKR559E	GST Registration No.	
Certificate No.					
Policyholder Name	ZHANG GUO ZHI				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S8012047H
Contact No.(Mobile)	97777496	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	+ No Yes	TCA	+ No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
▼ Accident Details		Private Hire	No		
Report Date	17/04/2019 17:22	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	16/04/2019	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WILLKIE DRIVEWAY INTO DROP OFF AREA(SHOPPING MALL)				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Data			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	205 JALAN EUNOS	Address 2	#03-05 EUNOS MANSION	Address 3	SINGAPORE 419535
Address 4		Address Type	Singapore address	Post Code	419535
Unit No.		Related Policy Number	5101545014		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DDB	01/12/1979
Unnamed driver Name	JEREMY TAN SHENG-LIANG(JER)	Driver NRIC	S7936342A	Driving Experience	8
Register Date of Driver License	02/07/2010	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	90993734	Contact No.(Office)		Address 3	SINGAPORE 120706
Address 1	BLK 706 #06-379	Address 2	CLEMENTI WEST STREET 2	Post Code	120706
Address 4		Address Type	Foreign address		
Unit No.	06-379				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SKR559E	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault

GIA report Received

Date Registered

Report Taken By

✓ Print AK letter

OD-MX	Insured Name	ZHANG GUO ZHI	Insured NRIC	S8012047H
97777496	Contact No. (Home)	67492366	Contact No. (Office)	
edsuns57@hotmail.com	OI Vehicle Number	SKR559E	TP Vehicle Number	UNKNOWN BIKE
SKR559E / UNKNOWN BIKE ON 16 Apr 2019		Name of Preferred Workshop		
17/04/2019 17:30	Claim Close Date		Date Received	17/04/2019 00:00
ROSLI WAHAB				

Save Submit

Attachment

Accident No.	MT/1040649	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/04/2019 17:30		
Path *		Category *			
Choose File No file chosen	Choose File No file chosen	Clear	Please Select		
Choose File No file chosen	Choose File No file chosen	Clear	Please Select		
Choose File No file chosen	Choose File No file chosen	Clear	Please Select		
Choose File No file chosen	Choose File No file chosen	Clear	Please Select		
Choose File No file chosen	Choose File No file chosen	Clear	Please Select		
Choose File No file chosen	Choose File No file chosen	Clear	Please Select		
Choose File No file chosen	Choose File No file chosen	Clear	Please Select		
Message Read		Clear	Please Select		
Attachment List		Send Message			
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	Photos	Normal	Photos 2019-4-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	Photos	Normal	Photos 2019-4-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	Photos	Normal	Photos 2019-4-17	

4/17/2019

Claim Handling(accident reporting Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	Photos	Normal	Photos 2019-4-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	Photos	Normal	Photos 2019-4-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	Photos	Normal	Photos 2019-4-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	Photos	Normal	Photos 2019-4-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	SAS	Normal	SAS 2019-4-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-17

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 16, 04, 2019 (DD/MM/YYYY), TIME: 12:10 (HH:MM)

LOCATION: WILKIE EDGE DRIVEWAY NW DROP OFF AREA (SHOPPING MALL)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 559E
 b) INSURANCE COMPANY: UTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA STREAM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: FERRYING PASSENGER
 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: ZHANG GUO ZHI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8012047H CONTACT: 97777476
 c) ADDRESS: 21 LORENZ TAYAR #04-02 S 387757

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JEREMY TAN SHENG-LIANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7936342A CONTACT: 90993734
 c) ADDRESS: 706 CLEMENTI WEST ST 2 #06-370 S 120706

* d) DATE OF BIRTH: 01/12/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/07/2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE

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: UNKNOWN MOTORCYCLE MODEL: _____
 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 passenger
(including driver)
(03)

1 MALE 1 FEMALE
PASSENGER

1 MALE DRIVER

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
()

email = jerms4u@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7936342A



Name

JEREMY TAN SHENG-LIANG
(JEREMY CHEN SHENGLIANG)

陈 绳 亮

Race

CHINESE

Date of birth

01-12-1979

Sex

M

Country of birth

SINGAPORE



S7936342A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7936342A

Name

JEREMY TAN SHENG-LIANG
(JEREMY CHEN SHENGLIANG)

Birth Date: 01 Dec 1979

Issue Date: 02 Jul 2010



001871358D



4601307

NRIC No. S7936342A

59943



Date of issue

14-07-2010

APT BLK 706 CLEMENTI WEST STREET 2 #06-379
SINGAPORE 120706

NRIC No: S7936342A

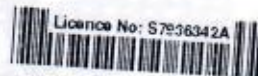
Date: 01/05/2017

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	15 Sep 1999
Class 2A	Motorcycles between 201 cc and 400 cc	04 Sep 2001
Class 2	Motorcycles > 400 cc	07 Jan 2003
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	02 Jul 2010

NP 428A



Licence No: S7936342A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/04/2019 16:37"/>
Vehicle No.(For Motor)	<input type="text" value="SKR559E"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101545014		ZHANG GUO ZHI	S8012047H	GPC	drivo CLASSIC	SKR559E	SKR559E	27/06/2018	19/06/2019