

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	17/04/2019 15:26
Date Of Accident	16/04/2019 19:45
Exact Location Of Accident	CTE (SLE) BEFORE ANG MO KIO AVENUE 1 EXIT LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6446E
Insured/Policyholder	
Name Of Registered Owner	CHAN ZHI HAO MARCUS
NRIC No	S9413412I
Email Address	MARCUSCHANZH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83836243
Alternative Phone No	OTHERS-83836243

Vehicle Particulars

Manufacturer	BMW
Model	116D
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5096309451-01
Cover Note Number	

Driver

Name of Driver	CHAN ZHI HAO MARCUS
NRIC No	S9413412I
Date Of Birth	14/04/1994
Occupation	INDOOR
Date Of Driving Pass	16/01/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83836243
Fax Number	
Contact Number	OTHERS-83836243
EEmail Address	MARCUSCHANZH@GMAIL.COM

Address	16 JALAN LENGKOK SEMBAWANG
Postcode	759206
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

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	SMH5643R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	9221213
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: 17/04/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

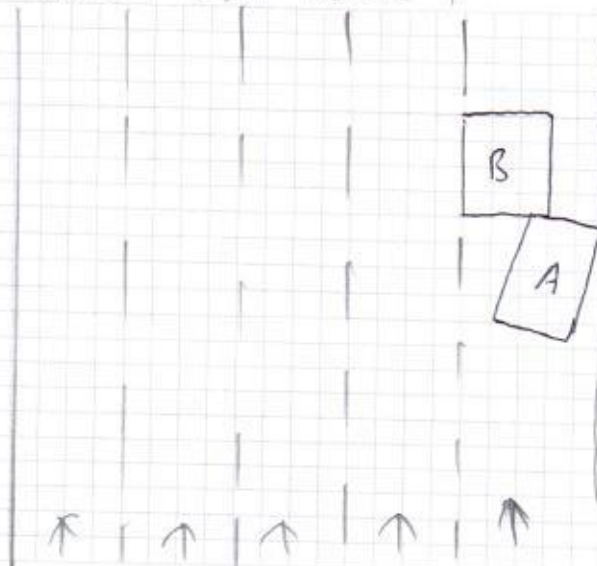
NRIC/FIN No.:

SKETCH PLAN

CTE (SLK) Balfour AMK 1 EXIT LANE 1

Vehicle A: SLU6446E

Vehicle B: SMH 5643R





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 April 2019, I was travelling along CTE on the right most lane at about 85km/hr. I suddenly saw an object on the ground along the lane in front of me. I swerved right ~~and~~ immediately and hit vehicle B which was in front of me. My car, vehicle A, hit vehicle B's right rear.

DECLARATION

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


Policyholder's Signature
Date & Time: 17/04/2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/04/2019

 17/04/2019
Reporting Centre Personnel's Signature
Name: Keshu Wathans
NRIC/FIN No.:

Claim Handling

Accident MT/1040653

Policy No.	5096309451-01	Vehicle No.	SLU6446E	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN ZHI HAO MARCUS				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Policyholder NRIC	S94134121
Contact No.(Mobile)	83836243	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
<input type="checkbox"/> Accident Details			Private Hire	No	

Report Date	17/04/2019 17:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/04/2019	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) BEFORE ANG MO KIO AVENUE 1 EXIT LANE 1				

<input type="checkbox"/> Excess		Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
		Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
		Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

<input type="checkbox"/> Benefits		Coverage	
		Excess Waiver	Sum Insured 9999999.99

<input type="checkbox"/> GST Registered Information		GST Registered	No	GST Registration Date	
		GST Registration No.		GST Status Verified	Yes
		Modification History			

<input type="checkbox"/> Policyholder Mailing Address		Address 1	16 JALAN LENGKOK SEMBAWAN	Address 2	SEMBAWANG PARK	Address 3	SINGAPORE 759206
		Address 4		Address Type	Singapore address	Post Code	759206
		Unit No.		Related Policy Number	5096309451-01		

<input type="checkbox"/> Of Driver Info		Driver Name	MARCUS CHAN ZHI HAO	Driver Type	Main Driver	Driver DOB	14/04/1994
		Unnamed driver Name		Driver NRIC	S94134121	Driving Experience	4
		Register Date of Driver License	16/01/2015	Driver Age	25	Contact No.(Home)	
		Contact No.(Mobile)	83836243	Contact No.(Office)		Address 3	SINGAPORE 759206
		Address 1	16 JALAN LENGKOK SEMBAWAN	Address 2	SEMBAWANG PARK	Post Code	759206
		Address 4		Address Type	Singapore address		
		Unit No.					
		Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SLU6446E	Driver Insurer Company	NTUC

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Modification History

Claim 001

Claim Type *	OO-MD	Insured Name	CHAN ZHI HAO MARCUS	Insured NRIC	S94134121
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OS	SLU6446E	TP	SMH5643R
Claim Description	SLU6446E / SMH5643R ON 16 Apr 2019			Vehicle Number	SMH5643R
Preferred Workshop	M1165200 (CHUA)	Insured Liability	Fully at Fault	Name of Preferred Workshop	PERFORMANCE MOTOR
Contact No.	Yes <input type="checkbox"/>	Preferred Repair Option	Preferred Workshop (refer below)		
Date Registered		GEA report	Received		
Report Taken By		Claim Close Date	17/04/2019 17:38	Date Received	17/04/2019 00:00
			ROSLI WAHAB		
<input type="checkbox"/> Print AK letter					OO Excess Collected by Workshop

Save Submit

Attachment	
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Accident No.	MT/1040653	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/04/2019 17:47
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List		Send Message	
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:47		NRIC/ Driving License	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:47		SAS	Normal
		Description	Msg Sent? (CD)
		NRIC/ Driving License 2019-4-17	A
		SAS 2019-4-17	



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:39	Photos	Normal	Photos 2019-4-17
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:39	Photos	Normal	Photos 2019-4-17
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Apr 2019 17:38	Photos	Normal	Photos 2019-4-17

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: (19 : 45) (HH:MM)

LOCATION: CTE (SLE) BEFORE AMK AVE 1 EXIT LANE 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV6446E
 b) INSURANCE COMPANY: NTUL 2N60ME
 c) POLICY NUMBER: 5096309451-01
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 116D
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING HOME
 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: MARCUS CHAN ZHI HAO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 594134121 CONTACT: 83836243
 c) ADDRESS: 16 JALAN LENGGOK SEMBAWANG SINGAPORE 759206

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (14 / 01 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/01/2015

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: SMH 5643R MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 9221 2213

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (Including driver)
 (1)

* No of passengers
 (Including driver)
 ()

* No of passengers
 (Including driver)
 ()

CHIA KUK HIN EMAIL
 91165200

email = marcuschanzh@gmail.com

VIDEO

4th KUK SIN @ SIMPOREBY
 com SG

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S94134121



Name

MARCUS CHAN ZHI HAO

曾 治 皓

Race

CHINESE

Date of birth

14-04-1994

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Marcus Chan Zhi Hao

Licence Number S94134121

Name

MARCUS CHAN ZHI HAO

Birth Date 14 Apr 1994

Issue Date 16 Jan 2015

Barcode: 002385651D

SG 50



4434183

NRIC No. S94134121



Date of issue

20-07-2009

16 JALAN LENGKOK SEMBAWANG
SINGAPORE 759206

NRIC No: S94134121

Date: 10/08/2010

No: 6588615

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 16 Jan 2015

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: 5096309451-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLU6446E**
Chassis Number : WBA1V720705G87136
2. Name of Policyholder : CHAN ZHI HAO MARCUS
3. Effective Date of Insurance : 11 Dec 2018
4. Expiry Date of Insurance : 10 Dec 2019
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)	: N/A
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	: YES
PRIMARY DRIVER	: MARCUS CHAN ZHI HAO
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 : KINETIC INSURANCE AGENCY (00000573090)
Date of Issue : 28 Nov 2018 11:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive