

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 23/04/2019 10:09
 Date Of Accident 22/04/2019 13:50
 Exact Location Of Accident BLK 271 JURONG WEST ST 24 MSCP
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME4263B
Insured/Policyholder
 Name Of Registered Owner SENG SWEE KIM
 Co Reg No 53351690X
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-90092730

Vehicle Particulars

Manufacturer HYUNDAI
 Model ELANTRA AD 1.6 GLS AT (AMS)
 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5104656023
 Cover Note Number -

Driver

Name of Driver SENG SWEE KIM
 NRIC No S1331184F
 Date Of Birth 26/12/1958
 Occupation OUTDOOR
 Date Of Driving Pass 21/08/1979
 Driving Experience 39 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90092730
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 272A JURONG WEST ST 24 #12-82
Postcode	641272
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 - MAJOR/MINOR RD
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?	
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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4386A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ROSNITA
NRIC/Passport Number	S7411566G
Contact Number	82224810
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.

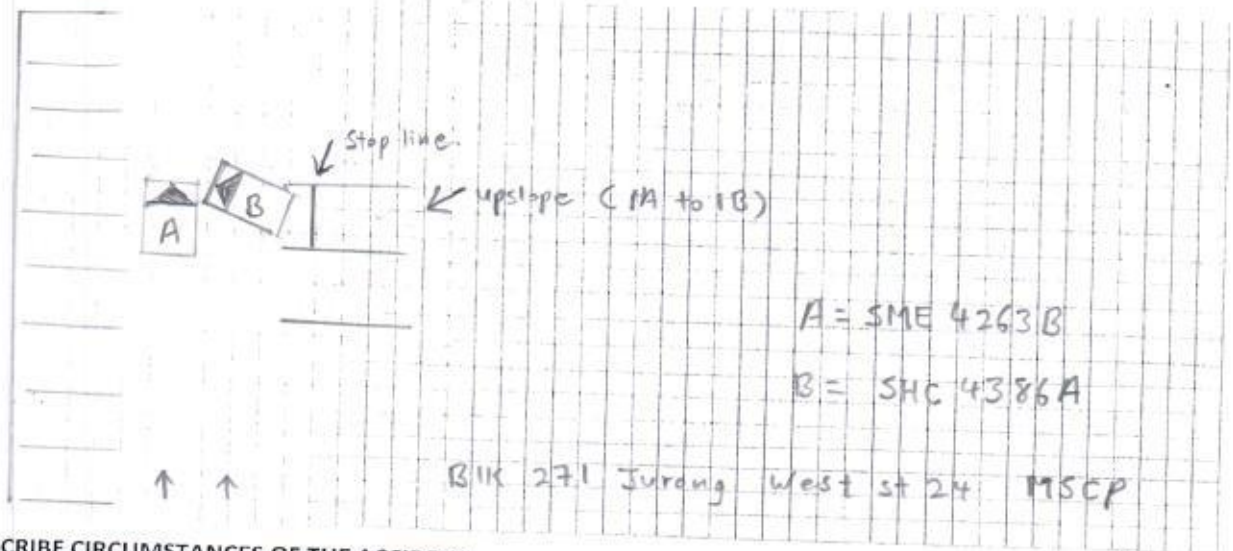
SENG SWEE KIM
Co Reg No: 53351690X

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

SENG SWEE KIM
Co Reg No: 53351690X

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.:

WHILE TRAVELLING STRAIGHT INSIDE THE BLK 271 JURONG WEST ST 24
MSCP, SUDDENLY VEH B COMING FROM THE UPSLOPE WITHOUT
STOPPING AT THE STOP LINE AND HIT ONTO MY VEH RIGHT FRONT
PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (22/4/19) (DD/MM/YYYY), TIME: (12:50) (HH:MM)

LOCATION: B11 271 Jurong West St 24 mscp

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG 4263B
 b) INSURANCE COMPANY: INC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 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: Seng Swee Kim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 90092730
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Seng Swee Kim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: SHC 4386A MODEL:
 b) DRIVER'S NAME: Rosnita
 c) NRIC/FIN/PASSPORT: S7411566G CONTACT: 82224810

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = SweeKimSeng@gmail.com

fax =

VIDEO = Yes

waiting chop.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1331184F



Name

SENG SWEE KIM

盛瑞欽

Race

CHINESE

Date of birth

26-12-1958

Sex

M

Country of birth

SINGAPORE

S1331184F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1331184F

Name

SENG SWEE KIM

Birth Date 26 Dec 1958

Issue Date 15 Dec 2008



001666514F



4331380



NRIC No. S1331184F

Date of issue

15-12-2008

Address

APT BLK 272A JURONG WEST STREET 24
#12-82
SINGAPORE 641272

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

Class 2B
Class 3

Motorcycles \leq 200 cc

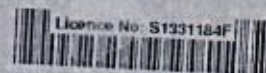
Motor Cars \leq 3500kg with \leq 7 passengers, exclusive
of the driver, and other motor vehicles \leq 2500kg

PASS DATE

21 Sep 1981

21 Aug 1979

NP 428A



Licence No. S1331184F

Land Transport Authority

VOCATIONAL LICENCE

Licence No : S1331184F

Name : SENG SWEE KIM

Issue Date : 23/6/2005


Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TDVL
33 888 88888
285115



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	21/07/1992



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: 5104656023

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SME4263B**
Chassis Number : **KMHD841CMJU755371**
2. Name of Policyholder : **SENG SWEE KIM**
3. Effective Date of Insurance : **28 Sep 2018**
4. Expiry Date of Insurance : **27 Sep 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 15 Oct 2018 11:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1041347

Policy No.	5104656023	Vehicle No.	SME42638	GST Registration No.	
Certificate No.					
Policyholder Name	SENG SWEE KIM			Policyholder NRIC	533511
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90092730	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	23/04/2019 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	22/04/2019	Time of Accident hh:mm	13:50	Country of Accident	Singap.
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 271 JURONG WEST ST 24 MSCP				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History	23/04/2019 14:13:16 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 272A #12-82	Address 2	JURONG WEST STREET 24	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	64127
Unit No.	12-82	Related Policy Number	5104656023		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SENG SWEE KIM	Driver NRIC	S1331184F	Driver DOB	26/12/
Register Date of Driver License	21/08/1979	Driver Age	60	Driving Experience	39
Contact No.(Mobile)	90092730	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 272A #12-82	Address 2	JURONG WEST STREET 24	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	64127
Unit No.	12-82				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	SENG SWEE KIM
90092730	Contact No.	
	(Home)	
	DI	
	Vehicle Number	SME42638

SME42638 / SHC4386A ON 22 Apr 2019

23/04/2019 14:23	Claim Close Date	
LIEW SHAN HUI		

Save Submit

Attachment

Accident No.	MT/1041347	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

23/04/2019 14:24

Path *

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

Clear

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	SAS	Normal	SAS 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	Photos	Normal	Photos 2019-4-23
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos	Normal	Photos 2019-4-23
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos	Normal	Photos 2019-4-23

Video List

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