





## 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	09/05/2019 13:56
Date Of Accident	07/05/2019 08:00
Exact Location Of Accident	MALAYSIA CUSTOM TWDS MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3971K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91515465

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	5108503970
Cover Note Number	-

### Driver

Name of Driver	LEONG CHEOK CHIEN
NRIC No	S7673024E
Date Of Birth	25/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83898628
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 222 JURONG EAST ST 21 #02-905
Postcode	600222
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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

I WAS QUEUING INSIDE THE MALAYSIA CUSTOM TO THE IMMIGRATION COUNTER, SUDDENLY VEH B FROM THE RIGHT SIDE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

#### 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	SGG6268K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH SIONG HENG
NRIC/Passport Number	S1821902F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### 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. The 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 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:

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

# SKETCH PLAN

A = SJN 3971K  
B = SGG 6268K

Counter.

Malaysia Customs towards Malaysia

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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



9386754



NRIC No. S7673024E



Nationality

MALAYSIAN

Date of issue

04-11-2015

Address

APT BLK 222 JURONG EAST STREET 21  
#02-905  
SINGAPORE 600222

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	12 May 1997
Class 2A	Motorcycles between 201 cc and 400 cc	14 Mar 2000
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	12 May 1997



Licence No: S7673024E

NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7673024E



Name

LEONG CHEOK CHIEN

梁焯振

Race  
CHINESEDate of birth  
25-08-1976Country/Place of birth  
MALAYSIASex  
M

S7673024E



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7673024E

Name  
LEONG CHEOK CHIEN

Birth Date: 25 Aug 1976

Issue Date: 03 Nov 2015



002489807J

SG  
50

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text" value="5108503970"/>	Date of Accident	<input type="text" value="07/05/2019 13:53"/>
Vehicle No.(For Motor)	<input type="text" value="SJN3971K"/>	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 checked="" type="radio"/>	5108503970	5108503970-000005	H & H CAR RENTAL & LEASING	53331980C	GFM	drivo CLASSIC	SJN3971K	SJN3971K	28/03/2019	27/03/2020



## Claim Handling

Accident MT/1043727

Policy No.	5108503970	Vehicle No.	SJN3971K	GST Registration No.	
Certificate No.	5108503970-000005				
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	533311
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91515465	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<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	No

## ▼ Accident Details

Report Date	09/05/2019 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	07/05/2019	Time of Accident hh:mm	08:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	MALAYSIA CUSTOM TWDS MALAYSIA				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covere
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/05/2019 15:05:41 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5108503970		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEONG CHECK CHIEN	Driver NRIC	S7673024E	Driver DOB	25/08/
Register Date of Driver License	12/05/1997	Driver Age	42	Driving Experience	21
Contact No.(Mobile)	83898628	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 222 #02-905	Address 2	JURONG EAST STREET 21	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	600221
Unit No.	02-905				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	H & H CAR RENTAL & LEASING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SJN3971K
Claim Description	SJN3971K / SGG6268K ON 7 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	09/05/2019 15:06	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1043727	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2019 15:08

  

Choose File	No file chosen	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>	Category *	Confidential	Urgency *
Choose File	No file chosen		Please Select	NO	Normal
Choose File	No file chosen		Please Select	NO	Normal
Choose File	No file chosen		Please Select	NO	Normal
Choose File	No file chosen		Please Select	NO	Normal
Choose File	No file chosen		Please Select	NO	Normal
Choose File	No file chosen		Please Select	NO	Normal
Message Read					

  

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:08	SAS	Normal	SAS 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:08	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:08	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:08	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:08	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:08	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:07	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:07	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:07	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:07	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:06	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:06	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:06	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:06	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:06	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:06	Photos	Normal	Photos 2019-5-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2019 15:06	Photos	Normal	Photos 2019-5-9

  

Video List

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