

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	16/05/2019 14:29
Date Of Accident	16/05/2019 10:15
Exact Location Of Accident	UPP SERANGOON RD SLIP RD INTO HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT1793A
Insured/Policyholder	
Name Of Registered Owner	PCSK SERVICE ENTERPRISE
Co Reg No	53151689W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96223268

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5 DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5049278967-08
Cover Note Number	-

Driver

Name of Driver	HOW KAI KONG
NRIC No	S1555234D
Date Of Birth	14/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1982
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96223268
Fax Number	
Contact Number	
Email Address	PATRICKHOW832@GMAIL.COM

Address	BLK 832 HOUGANG CENTRAL #17-544
Postcode	530832
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?	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9136S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR MARTINA ISMAIL
NRIC/Passport Number	S8824304H
Contact Number	82233034
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.

PCSK SERVICE ENTERPRISE

BLK 532 #17-544
HOUGANG CENTRAL
SINGAPORE 530052
TEL: 6322 3838
ROC No.: 53151689W

Policyholder's Signature
Date & Time:

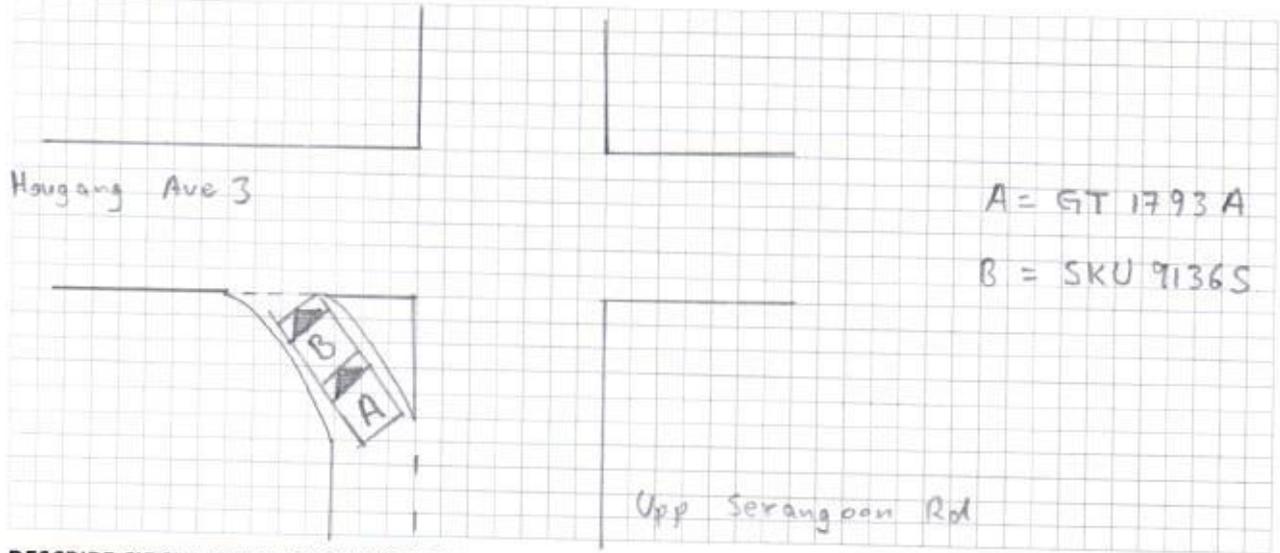


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

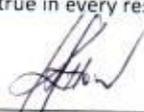
Please Refer to Statement

DECLARATION

PCSK SERVICE ENTERPRISE
BLK 832 #17-544
HOUCANG CENTRAL
SINGAPORE 530532
TEL: 6622 3269

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:


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

I WAS TRAVELLING ALONG UPPER SERANGOON RD AT THE SLIP RD
TURNING INTO HOUGANG AVE 3, VEH B WAS INFRONT OF ME.
SUDDENLY VEH B STOP AT THE SLIP RD, I MANAGE TO STOP BUT CANNOT
STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR
PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 5 / 19 (DD/MM/YYYY), TIME: 10 : 15 (HH:MM)

LOCATION: Upp Serangoon Rd Slip Rd into Hougang Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GT 1793A
b) INSURANCE COMPANY: IMC
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: Working
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: PCSK Service Enterprise (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 96223268
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: How Kai Kong (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: SKU 9136S MODEL: _____
b) DRIVER'S NAME: Nur martina Ismail
c) NRIC/FIN/PASSPORT: S 8824304H CONTACT: 82233034

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Waiting chop.

email = patrickhow832@gmail.com

fax =

video = no

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1555234D



Name
 HOW KAI KONG
 侯 啟 光

Race
 CHINESE

Date of birth
 14-03-1962

Sex
 M

Country/Place of birth
 SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo

License Number S1555234D

HOW KAI KONG

Birth Date 14 Mar 1962
 Issue Date 27 May 2003

000515337F



5805755



NRIC No. S1555234D



Date of issue
 26-09-2017

Address
 APT BLK 832 HOUGANG CENTRAL
 #17-544
 SINGAPORE 530832

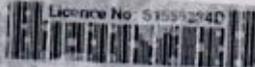
CLASS OF LICENSE TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 Jun 1992
Class 4	Heavy motor cars and motor tractors > 2500 kg	02 Nov 2009

S1555234D

S/No. 9000109868

License No. S1555234D



NC 428A

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 : 5049278967-08

Cover : Third Party

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : GT1793A |
| Chassis Number | : KR420047562 |
| 2. Name of Policyholder | : PCSK SERVICE ENTERPRISE |
| 3. Effective Date of Insurance | : 12 Mar 2019 |
| 4. Expiry Date of Insurance | : 11 Mar 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

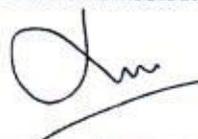
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : BIZFOLIO MOTOR TRADING (00000614894)
Date of Issue : 23 Feb 2019 15:01 hrs
Reprint : 23 Feb 2019 15:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

GT 1793A INSURANCE
12/3/19 - 11/3/20
ROAD TAX
4/3/19 - 3/9/19

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5049278967-08		PCSK SERVICE ENTERPRISE	53151689W	GCV	Third Party	GT1793A	GT1793A	12/03/2019	11/03/2020

Continue

Claim Handling

Accident MT/1044855

Policy No.	5049278967-08	Vehicle No.	GT1793A	GST Registration No.	NA
Certificate No.					
Policyholder Name	PCSK SERVICE ENTERPRISE	Cover Type	Third Party	Policyholder NRIC	531514
Product Code	COMMERCIAL VEHICLE INSURAF	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96223268	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
MCD Protection	No			Private Hire	No

Accident Details

Report Date	16/05/2019 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	16/05/2019	Time of Accident hh:mm	10:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP SERANGOON RD SLIP RD INTO HOUGANG AVE 3				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	16/05/2019 15:44:29 System changed GST Registered from Yes to No 16/05/2019 15:44:29 System changed GST Registration No. from NA to null 16/05/2019 15:44:29 System changed GST Registration Date from 01/01/2015 to null		

Policyholder Mailing Address

Address 1	BLK 832 #17-544	Address 2	HOUGANG CENTRAL	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53083
Unit No.	17-544	Related Policy Number	5049278967-08		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/03/
Unnamed driver Name	HOW KAI KONG	Driver NRIC	S1555234D	Driving Experience	36
Register Date of Driver License	21/06/1982	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	96223268	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 832 #17-544	Address 2	HOUGANG CENTRAL	Post Code	53083
Address 4		Address Type	Singapore address		
Unit No.	17-544				
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 *	OD-MX	Insured Name	PCSK SERVICE ENTERPRISE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OJ Vehicle Number	GT1793A
Claim Description	GT1793A / SKU9136S ON 16 May 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/05/2019 15:45
			JIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1044855	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

16/05/2019 15:45

Path *

- No file chosen
-

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	SAS	Normal	SAS 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:45	Photos	Normal	Photos 2019-5-16

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			