

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	01/06/2019 17:08
Date Of Accident	01/06/2019 12:55
Exact Location Of Accident	WOODLANDS AVE 2 JUNC OF WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3284R
Insured/Policyholder	
Name Of Registered Owner	LOO BAN KOK
NRIC No	S7869994I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81279996
Alternative Phone No	OFFICE-81279996

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5107161969
Cover Note Number	-

Driver

Name of Driver	LOO BAN KOK
NRIC No	S7869994I
Date Of Birth	15/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81279996
Fax Number	
Contact Number	OFFICE-81279996
Email Address	NOEMAIL

Address	BLK 802B KEAT HONG CLOSE #08-91
Postcode	682802
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	RAINING
Road Surface	WET

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?	YES
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)	2
Passenger 1	NAME: : UNKNOWN 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 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	SJU7461C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOO BAN KOK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM3284R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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:

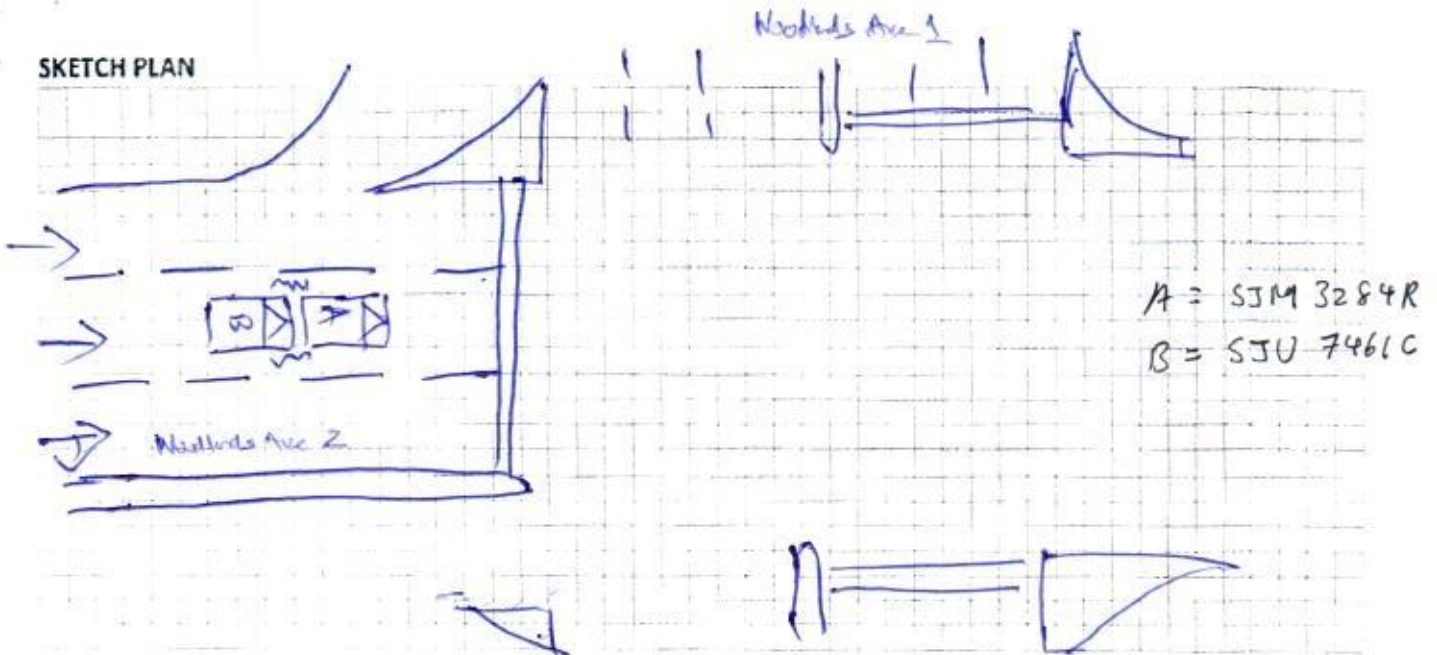
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Meadlands Ave 2 towards Meadlands Ave 1 on the center lane of a 3-lane road. Upon arriving the signalised x-junction of Meadlands Ave 2 by Meadlands Ave 1, I stopped at the 2nd vehicle before the stop-line as to comply traffic red light signals. After I stopped for about few seconds, Veh (B) came from the rear and collided directly onto the rear portion of my vehicle.

A - SJM 3284R

B - SJU 7461C

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:

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

Vehicle No.	SJM 3284R		Model / Make	Toyota Altis
Date of Accident	1/6/19			
Time of Accident	12.55pm HRS			
Location of Accident	Nearby Ave 2 Junction of Northlink Ave 1			
Exact purpose use during accident	Private Hire use			
Name of Owner	Leo Ben KOK			
Telephone No.	H/P : 8127986	Home :	Office :	
NRIC	S786994J			
Address	Blk 802B, Keat Hong Crt #08-91, 3682802			
Claim type	OD (THIRD PARTY) REPORTING ONLY			
Insurance Company	NAC			
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft	
Policy No.	510716R69			
Name of Driver	As Above If No,			
NRIC	Any Passengers : 01 (female)			
Date of birth				
Occupation	Outdoor / Indoor			
Driving License Pass Date				
Gender	Male / Female			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.	Leo Ben KOK			
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	STU 7461C		Any Passengers : Nil	
Name of Driver	Muhammad NorFaham S		Contact No. : 92220054	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	Ms Lee Pei Ee		Witness Contact : 82992786	
Accident Portion	Rear Bumper			
Camera Recorder	Yes / No No Cool Damaged			
Email Address	benkok78@gmail.com			
PARTICULAR WORKSHOP	Tutor Automotive etc			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	75783			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7869994I



Name

LOO BAN KOK

卢万国

Race

CHINESE

Date of birth

15-07-1978

Sex

M

S7869994I

Country/Place of birth

MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7869994I

Name

LOO BAN KOK

Birth Date: 15 Jul 1978

Issue Date: 24 May 2012



002070897K

5367397



NRIC No. S7869994I



Date of issue

07-10-2010

APT BLK 802B KEAT HONG CLOSE #08-91
SINGAPORE 682802

NRIC No: S7869994I

Date: 08/07/2017

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

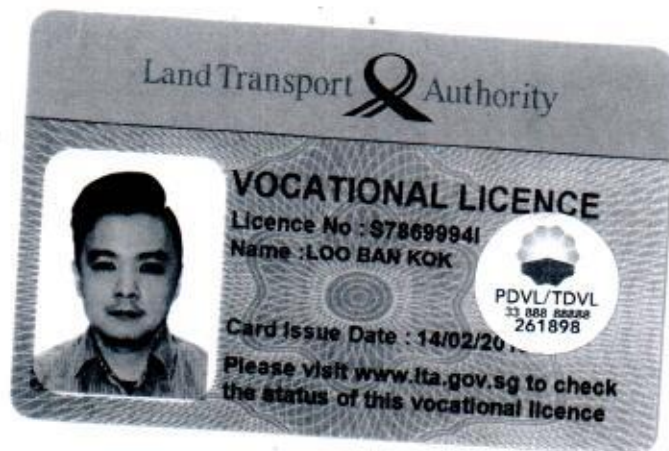
EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	29 Jun 2010
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 Jun 2010

NP 428A



Licence No. S7869994I



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
12	TAXI VL	14/02/2018



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: 5107161969

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM3284R**
 Chassis Number : **NZT2603037855**
2. Name of Policyholder : **LOO BAN KOK**
3. Effective Date of Insurance : **22 Jan 2019**
4. Expiry Date of Insurance : **21 Jan 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 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOO BAN KOK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: RICARDO CARS PTE 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 : B.A.S. INSURANCE AGENCY (00000573236)
 Date of Issue : 22 Jan 2019 12:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1047203

Policy No.	5107161969	Vehicle No.	SJM3284R	GST Registration No.	
Certificate No.					
Policyholder Name	LOO BAN KOK			Policyholder NRIC	5786994
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81279996	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

▼ Accident Details

Report Date	01/06/2019 17:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	01/06/2019	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 2 JUNC OF WOODLANDS AVE 1				

▼ 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?	Not Applicable
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					

▼ Policyholder Mailing Address

Address 1	BLK 802B #08-91	Address 2	KEAT HONG CLOSE	Address 3	KEAT HONG CLOSE
Address 4	SINGAPORE 682802	Address Type	Singapore address	Post Code	682802
Unit No.	08-91	Related Policy Number	5107161969		

▼ OI Driver Info

Driver Name	LOO BAN KOK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	57869994	Driver DOB	15/07/1979
Register Date of Driver License	29/06/2010	Driver Age	40	Driving Experience	8
Contact No.(Mobile)	81279996	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 802B #08-91	Address 2	KEAT HONG CLOSE	Address 3	KEAT HONG CLOSE
Address 4	SINGAPORE 682802	Address Type	Singapore address	Post Code	682802
Unit No.	08-91				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	+ Yes No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOO BAN KOK
Contact No.(Mobile)	81279996	Contact No. (Home)	68938548
Email Address	bankok78@yahoo.com.sg	Vehicle Number	SJM3284R
Claim Description	SJM3284R / SJU7461C ON 1 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Balance No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/06/2019 17:37
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1047203	Claim No.	001
Last Doc. Received	* Yes <input type="radio"/> No <input type="radio"/>	Upload Date	01/06/2019 17:38
Path *		Category * Confidential Urgency *	
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

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	SAS	Normal	SAS 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 17:38	Photos	Normal	Photos 2019-6-1

Video List

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