

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	13/06/2019 10:47
Date Of Accident	12/06/2019 15:00
Exact Location Of Accident	FAR EAST PLAZA CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4760B
Insured/Policyholder	
Name Of Registered Owner	MM LIMO
Co Reg No	53352320J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90629515

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD FL
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	5097775404-01
Cover Note Number	-

Driver

Name of Driver	KALOS KELVIN MOEY
NRIC No	S8023872Z
Date Of Birth	06/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90629515
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 870 YISHUN ST 81 #02-107
Postcode	760870
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)	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	GBE9463M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALFIAN BIN SAHIDOEN
NRIC/Passport Number	S7939437H
Contact Number	
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:

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

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

Far East Plaza

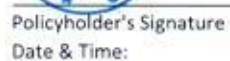
A = SKF 4760 B

B = GBE 9463 M

Scott's Rd

Please refer to statement

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



THERE WAS TWO LANE EXIT FROM THE FAR EAST PLAZA TO THE SCOTTS RD, MY VEH WAS ON THE LEFT LANE AND VEH B WAS ON THE RIGHT LANE, WHEN I SLOWLY INCHED OUT AND STOP TO CHECK THE TRAFFIC BEFORE TURNING OUT TO THE MAIN ROAD, SUDDENLY VEH B TURNING INTO MY LANE AND HIT ONTO MY VEH RIGHT FRONT PORTION, I WISH TO STATE, VEH B SHOULD TURN INTO THE OUTER LANE INSTEAD OF TURNING INTO THE INNER LANE THERE I WAS TURNING.

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 6 / 19) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: Far East Plaza Carpark Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF 4760B
b) INSURANCE COMPANY: _____
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: Commercial
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: MM Limo (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9062 9515
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kalos Kelvin Moey (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9062 9515
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: Hirer.

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: G8E 9463 M MODEL: _____
b) DRIVER'S NAME: Alfran Bin Sahidoeu
c) NRIC/FIN/PASSPORT: S7939437 H. CONTACT: _____

9. THIRD PARTY VEHICLE

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

waiting chop.

Email = hwmoey@gmail.com

fax =

VIDEO = No.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8023872Z



Name

KALOS KELVIN MOEY

梅 汉 威

Race

CHINESE

Date of birth

06-08-1980

Country/Place of birth

SINGAPORE

Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8023872Z

Name

MOEY HON WYE KELVIN
KALOS
(MEI HANWEI)

Birth Date: 06 Aug 1980

Issue Date: 18 Dec 2014



Land Transport Authority



VOCATIONAL LICENCE

Licence No: S8023872Z

Name: MOEY HON WYE KELVIN
KALOS

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

For LKK/NAC Use Only

6122041



NRIC No: S8023872Z



Date of issue

12-02-2019

Address

APT BLK 870 YISHUN STREET 81
#02-107
SINGAPORE 760870

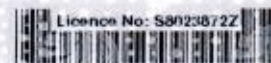
For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	02 Aug 2001
Class 2A	Motorcycles between 201 cc and 400 cc	01 Oct 2002
Class 2	Motorcycles > 400 cc	06 Jan 2004
Class 3	Motor Cnrs <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	26 Nov 2003

NP 428A



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
13	PRIVATE HIRE CAR VL	23/08/2018

For LKK/NAC Use Only



Hello, NAC_PAYA_UBI_800601

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

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/06/2019 16:52"/>							
Vehicle No.(For Motor)	<input type="text" value="SKF4760B"/>	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 type="radio"/>	5097775404-01		MM LIMO	53352320J	GFT	drive CLASSIC	SKF4760B	SKF4760B	22/01/2019	
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5097775404-01	Policyholder Name	MM LIMO	Policyholder NRIC	53352320J
Certificate No.					
Address	1 BUKIT BATOK CRESCENT #02-16 WCEGA PLAZA SINGAPORE 658064				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/01/2019	Effective Date	22/01/2019 00:00	Expiry Date	21/01/2020 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	1 BUKIT BATOK CRESCENT	Address 2	#02-16 WCEGA PLAZA	Address 3	SINGAPORE 658064
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.		Related Policy Number	5097775404-01		

► Insured Object: SKF4760B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/01/2019 00:00	Basic Information Endorsement	000001287041003	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLV4875H 16-03-2019 \$1,695.73 In view of this amendment, a refund of \$1,695.73 (inclusive of GST) will be adjusted against the outstanding premium.
2	29/04/2019 00:00	Basic Information Endorsement	000001287058226	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJY5477A 29-04-2019 \$1,114.13 In view of this amendment, an additional premium of \$1,114.13 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also

Claim Handling

Accident MT/1048906

Policy No.	509775404-01	Vehicle No.	SKF4760B	GST Registration No.	
Certificate No.					
Policyholder Name	MM LIMO			Policyholder NRIC	53352
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90629515	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	13/06/2019 15:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	12/06/2019	Time of Accident hh:mm	15:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	FAR EAST PLAZA CARPARK EXIT				
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	Yes	GST Registration Date	01/03/2015		
GST Registration No.	M90369878J	GST Status Verified	Yes		
Modification History	13/06/2019 15:26:45 System changed GST Registered from No to Yes 13/06/2019 15:26:45 System changed GST Registration No. from null to M90369878J 13/06/2019 15:26:45 System changed GST Registration Date from null to 01/03/2015				
Policyholder Mailing Address					
Address 1	1 BUKIT BATOK CRESCENT	Address 2	#02-16 WCEGA PLAZA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	65806
Unit No.		Related Policy Number	509775404-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/08/
Unnamed driver Name	KALOS KELVIN MOEY	Driver NRIC	S8023872Z	Driving Experience	15
Register Date of Driver License	26/11/2003	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	90629515	Contact No.(Office)		Address 3.	SINGA
Address 1	BLK 870 #02-107	Address 2	YISHUN STREET 81	Post Code	760871
Address 4		Address Type	Singapore address		
Unit No.	02-107				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MM LIMO
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SKF4760B
Claim Description	SKF4760B / GBE9463M ON 12 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/06/2019 15:29
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1048906

Claim No. 001

6/13/2019

Claim Handling(accident reporting Claim Task)

Last Doc. Received

Yes No

Upload Date

13/06/2019 15:30

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 *

Please Select

Confidential

Urgency *

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:30	SAS	Normal	SAS 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:30	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:30	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:30	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:30	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:29	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:29	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:29	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:29	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:29	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:29	Photos	Normal	Photos 2019-6-13

Video List

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

Scan and uploading