

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	09/07/2019 16:15
Date Of Accident	08/07/2019 15:15
Exact Location Of Accident	EU TONG SEN ST TWDS RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5219B
Insured/Policyholder	
Name Of Registered Owner	SIM JIA LIANG
NRIC No	S8615484F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98199940
Alternative Phone No	OFFICE-98199940

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5106918811
Cover Note Number	

Driver

Name of Driver	MAX SIM JIA LIANG
NRIC No	S8615484F
Date Of Birth	14/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98199940
Fax Number	
Contact Number	OFFICE-98199940
Email Address	NOEMAIL

Address	BLK 602 ANG MO KIO AVENUE 5 #05-2645
Postcode	560602
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	CHAIN COLLISION
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	4
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: : LIN LIYING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190709/7013.

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	SMF7783S
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD2763Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE863B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 MAX SIM JIA LIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLU5219B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIN LIYING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLU5219B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

SKETCH PLAN

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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:

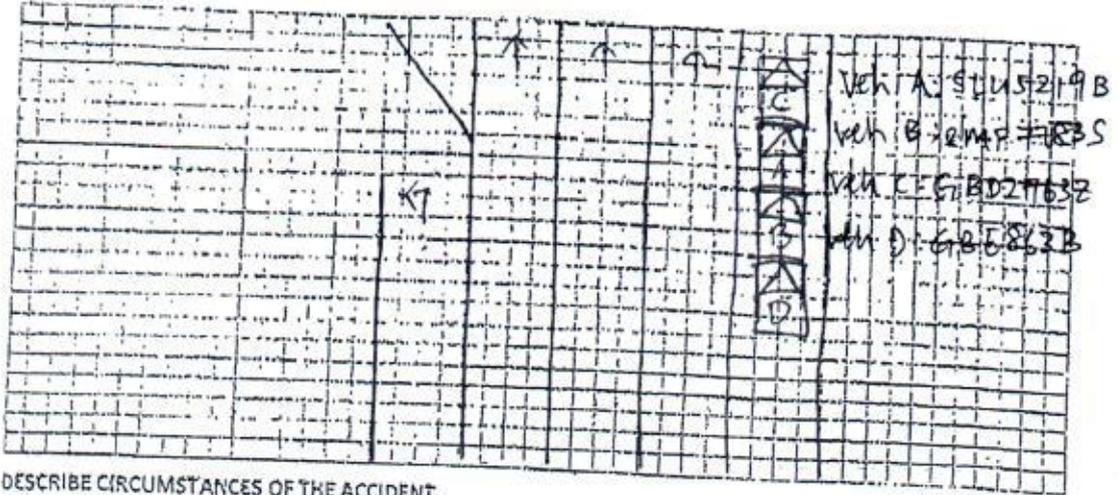
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "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 situated 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:
NRUC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

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.:

Date of Accident : 8 July 2019 Accident Time: 3:15pm (24-HR-Format)
 Accident Place : Eu tong Sen st > River valley Road
 Vehicle Reg. No. (Car Plate No.) : SLU 5219B
 Vehicle Make/Model : Toyota Vios
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Max Sim Jia Liang 88615484F
 Owner or Company Contact No. : 98199940 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Max Sim Jia Liang 88615484F
 DRIVER'S Date Of Birth : 14 June 1986 DRIVER'S License Pass Date 17 Apr 2014
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 602 Ang mo kio Ave 5 #05-2645 s' (560602)
 DRIVER'S Contact No / Alt No. : 1) 98199940 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@MyCar-Sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 2

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SMF 7783S</u>	Vehicle Reg. No: <u>GBD 2763Z</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

GBE 863B


**SINGAPORE
POLICE FORCE**


T/20190709/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190709/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU5219B	NTUC Income Insurance Co-Operative Limited	5106918811	18/01/2019	17/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIN LI YING		ID No.	S8978465D
Related Vehicle	SLU5219B (Car)		Contact No.	91289336
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2019		Date Discharge	08/07/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	MAX SIM JIA LIANG		ID No.	S8615484F
Related Vehicle	SLU5219B (Car)		Contact No.	98199940
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2019		Date Discharge	08/07/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On the stated time and date, I was travelling on vehicle bearing carplate number SLU5219B along Eu Tong Sen Street towards River Valley Road. I stopped my vehicle while waiting for it to turn green at the junction when suddenly I felt a really huge impact from my rear. I alighted my vehicle and came to realise that vehicle B bearing carplate number SMF7783S had collided head to rear of my vehicle which caused me to propell and hit vehicle A bearing carplate number GBD2763Z who was also stationary in front of me. I alighted from my vehicle and came to realise that it also involves vehicle D bearing carplate number GBE863B who happened to be the last car of the chain collision. Police & 2 ambulance were at the scene where other persons involved were conveyed. Me and my wife suffered pain after the accident and consulted a doctor which we were both given a 3-Days MC.

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**SINGAPORE
POLICE FORCE**



T/20190709/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20190709/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
09/07/2019 12:43

Officer In Charge Of Case:
TP / TPIB /
NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8978465D

9367136



NRIC No. S8978465D



Nationality
CHINESE

Date of issue
14-04-2015

Address
APT BLK 602 ANG MO KIO AVENUE 6
#05-2645
SINGAPORE 660602



Name
LIN LIVING

林 利 英



Sex
F

Race
CHINESE

Date of Birth
26-11-1989

Country/Place of Birth
CHINA

S8978465D

L


 NRIC No: S8615484F 

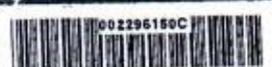
 Date of issue: 25-06-2011
For LKK/NAC Use Only
 Address:
 APT 7 BLK 802 ANG MO KIO AVENUE 5
 #05-2645
 SINGAPORE 660602

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Vehicle Description	Effective Date
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	17 Apr 2014

For LKK/NAC Use Only
 License No: S8615484F 
 NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE
 License No: S8615484F
 Name: MAX SIM JIA LIANG

For LKK/NAC Use Only
 Date of birth: 14 Jun 1986
 Issue date: 17 Apr 2014
 002296180C

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S8615484F 
 Name: MAX SIM JIA LIANG

For LKK/NAC Use Only
 Race: CHINESE
 Date of birth: 14-05-1986 Sex: M
 Country of birth: SINGAPORE 

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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"/>	5106918811		SIM JIA LIANG	S8615484F	GPC	drive CLASSIC	SLU5219B	SLU5219B	18/01/2019	17/01/2020

Continue

Policy Information

Policy No.	5106918811	Policyholder Name	SIM JIA LIANG	Policyholder NRIC	S8615484F
Certificate No.					
Address	22 SIN MING LANE MIDVIEW CITY SINGAPORE 573969				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/01/2019	Effective Date	18/01/2019 00:00	Expiry Date	17/01/2020 23:59
Excess Type		All Claims Excess			
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		Young/Inexperience Driver Excess
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	BLK 602 #05-2645	Address 2	ANG MO KIO AVENUE 5	Address 3	YIO CHU KANG GREEN
Address 4	SINGAPORE 560602	Address Type	Singapore address	Post Code	560602
Unit No.	05-2645	Related Policy Number	5106918811		

Insured Object: SLUS219B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Jun 2019, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward. 2. An excess of S\$2,000.00 is imposed under Section 1 of this policy. 3. An excess of S\$1,500.00 is imposed under Section 2 of this policy 4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. In view of this amendment, an additional premium of \$383.27 (inclusive of GST) is payable under your policy.
2	26/06/2019 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 26 Jun 2019, the Excess under Section 1 of this policy is amended as follows: EXCESS (SECT 1): \$2,000.00 In view of this amendment, an additional premium of \$383.27 (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

Claim Handling

Exit

Accident MT/1052600

Policy No.	S106918811	Vehicle No.	SLU52198	GST Registration No.	
Certificate No.					
Policyholder Name	SIM JIA LIANG	Cover Type	drive CLASSIC	Policyholder NRIC	S8615484F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98199940	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	09/07/2019 10:43	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	08/07/2019	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BU TONG SEN ST TWDS RIVER VALLEY RD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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			

Policyholder Mailing Address

Address 1	BLK 602 #05-2645	Address 2	ANG MO KIO AVENUE 5	Address 3	YIO CHU KANG GREEN
Address 4	SINGAPORE 560602	Address Type	Singapore address	Post Code	560602
Unit No.	05-2645	Related Policy Number	S106918811		

DI Driver Info

Driver Name	MAX SIM JIA LIANG	Driver Type	Main Driver	Driver NRIC	S8615484F	Driver DOB	14/06/1986
Unnamed driver Name		Driver NRIC		Driver Age	33	Driving Experience	5
Register Date of Driver License	17/04/2014	Driver Age		Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	98199940	Contact No.(Office)	0	Address 1	BLK 602	Address 2	ANG MO KIO AVENUE 5
Address 1	BLK 602	Address 2	ANG MO KIO AVENUE 5	Address 3	YIO CHU KANG GREEN	Post Code	560602
Address 4	SINGAPORE 560602	Address Type	Singapore address				
Unit No.	05-2645						
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SIM JIA LIANG	Insured NRIC	S8615484F
Contact No.(Mobile)	98199940	Contact No.(Home)	64400220	Contact No.(Office)	
Email Address		DI Vehicle Number	SLU52198	TP Vehicle Number	SMF77835
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLU52198 / SMF77835 ON 8 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	09/07/2019 16:44	Claim Close Date		Date Received	09/07/2019 00:00
Report Taken By	Jackson				

Attachment

Accident No.	MT/1052600	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2019 16:46

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

