

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	22/07/2019 16:39
Date Of Accident	21/07/2019 21:30
Exact Location Of Accident	SERANGOON CENTRAL OUTSIDE NEX SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK1404Z
Insured/Policyholder	
Name Of Registered Owner	STARTUP REMIX
Co Reg No	53291509K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96684998
Alternative Phone No	OFFICE-96684998

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200 BLUE EFFICIENCY
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	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	5102952068
Cover Note Number	

Driver

Name of Driver	KANG WEN JUN, JEREMY
NRIC No	S9647365F
Date Of Birth	29/12/1996
Occupation	INDOOR
Date Of Driving Pass	25/01/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684998
Fax Number	
Contact Number	OFFICE-96684998
Email Address	NOEMAIL

Address BLK 222 TAMPINES STREET 24
 #12-96
 Postcode 521222
 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? 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) 3
 Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190722/2005.

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 SLH416A
 Vehicle Make/Model/Colour TOYOTA PRIUS
 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 KANG WEN JUN, JEREMY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKK1404Z

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 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 (a) 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.

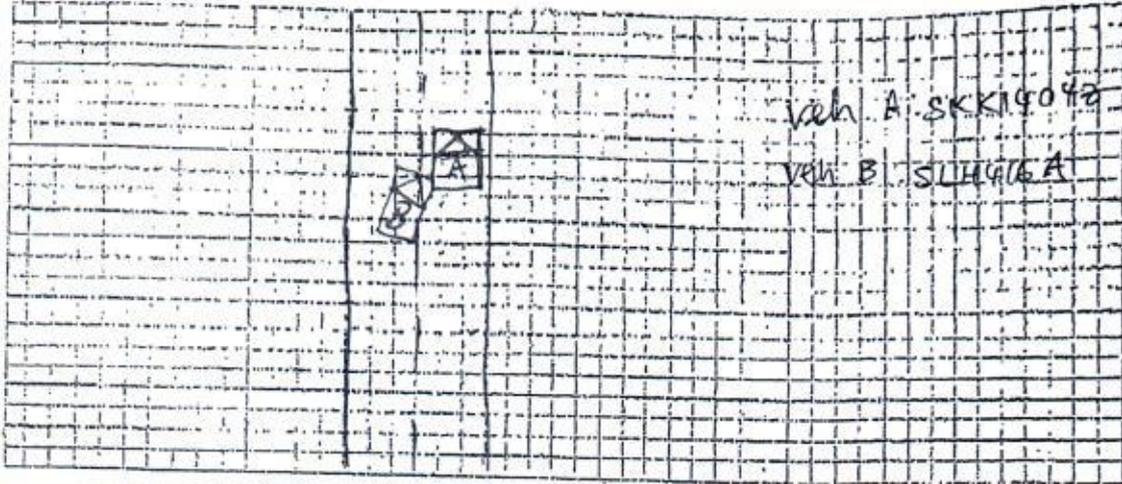
STARTUP REMIX

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

- Refer to police report -

DECLARATION

(We declare the foregoing particulars are true in every respect.)

STARTUP REMIX

Policyholder's Signature
Date & Time:

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

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

Date of Accident : 21 July 2019 Accident Time: 2130 (24-HR-Format)
 Accident Place : Serangoon Central outside NEX shopping mall
 Vehicle Reg. No. (Car Plate No.) : SKK1404Z
 Vehicle Make/Model : Merc Benz A200
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Startup remix 53291509K
 Owner or Company Contact No. : 91146899 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Kang Wen Jun, Jeremy 9647365F
 DRIVER'S Date Of Birth : 29 12 1996 DRIVER'S License Pass Date 25 Jan 2016
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 222 Tampines st 24 #12-96 s'(521222)
 DRIVER'S Contact No. / Alt No. : 1) 96684998 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): 3 (1 female, 1 male)

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>SLH416A</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Prins</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190722/2005

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Report No. T/20190722/2005

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 03:18		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: KANG WEN JUN, JEREMY			Address: APT BLK 222 TAMPINES STREET 24 #12-96 SINGAPORE 521222		
ID Type / ID No.: NRIC NO / S9647365F			Contact No.:		Mobile: 96684998
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 29/12/1996	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2019 21:30	Type of Location:
Location: Along Road 1 SERANGOON CENTRAL Along Serangoon central, outside NEX shopping mall				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK1404Z	Car					2
SLH416A	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver			
Name	KANG WEN JUN, JEREMY	ID No.	S9647365F
Related Vehicle	SKK1404Z (Car)	Contact No.	96684998
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHEW ENG SOON	ID No.	S1288454J
Related Vehicle	SLH416A (Car)	Contact No.	82981295
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/07/2019 at about 2130hrs, I was travelling along Serangoon central with two passengers in my car and when my car was outside NEX shopping mall, a car from my left wanted to change into my lane which then the front right side of the said car collided onto the rear left side of my car.

I then went down and exchange particulars with the said driver, during this accident police and ambulance did came to attend to us and the police gave me a report number F/20190721/0192 afterwhich we left the scene. On 22/07/2019, I was feeling unwell and had went to Mount Elizabeth hospital to seek medical attention which was then given a total of 5 days MC in regards to the pains I sustain from the accident.



**SINGAPORE
POLICE FORCE**



T/20190722/2005

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Report No. T/20190722/2005

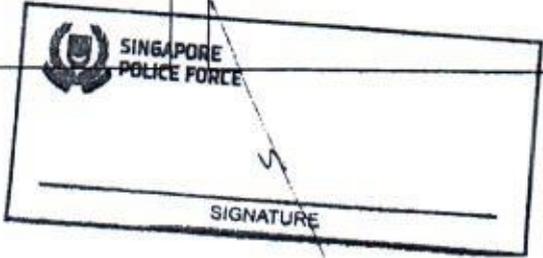
Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 NG JUNJIE, EDWIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 03:18
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9647365F



Name
KANG WEN JUN, JEREMY
江文俊

Race
CHINESE

Date of birth
29-12-1996

Sex
M

Country/Place of birth
SINGAPORE

69647365F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE
S9647365F



KANG WEN JUN, JEREMY

Exp. Date: 29 Dec 1996
Issue Date: 25 Jan 2016

002522313H

5412623



NRIC No. S9647365F



Date of issue
17-01-2015

Address
APT BLK 222 TAMPINES STREET 24
#12-05
SINGAPORE 521222

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE
25 Jan 2016

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

Licence No: S9647365F

NP 428A

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"/>	5102952068		STARTUP REMIX	53291509K	GPC	drive CLASSIC	SKK1404Z	SKK1404Z	10/08/2018	09/08/2019

Continue

Policy Information

Policy No.	5102952068	Policyholder Name	STARTUP REMIX	Policyholder NRIC	53291509K
Certificate No.					
Address	NIL				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/08/2018	Effective Date	10/08/2018 00:00	Expiry Date	09/08/2019 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	POH CHEE LENG	Agent Tel.	98585688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 222 #12-96	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 521222
Address 4		Address Type	Singapore address	Post Code	521222
Unit No.	12-96	Related Policy Number	5102952068-01		

Insured Object: SKK1404Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

• Exit

Claim Handling

Accident **HT/1054467**

Policy No.	5102952068	Vehicle No.	SKK1404Z	GST Registration No.	
Certificate No.					
Policyholder Name	STARTUP REMIX			Policyholder NRIC	S2291509K
Product Code	PRIVATE-CAR-INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96684998	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
4PK	<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	Yes
Accident Details					
Report Date	22/07/2019 16:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	21/07/2019	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Fork		ICM No.	
Accident Location	SERANGOON CENTRAL OUTSIDE NEX SHOPPING MALL				
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	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 222 #12-96	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 521222
Address 4		Address Type	Singapore address	Post Code	521222
Unit No.	12-96	Related Policy Number	5102952068-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/12/1995
Unnamed driver Name	KANG WEN JUN, JEREMY	Driver NRIC	S9647365F	Driving Experience	3
Register Date of Driver License	25/01/2016	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	96684998	Contact No.(Office)	0	Address 3	SINGAPORE 521222
Address 1	BLK 222	Address 2	TAMPINES STREET 24	Post Code	521222
Address 4		Address Type	Singapore address		
Unit No.	12-96				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	STARTUP REMIX	Insured NRIC	S2291509K
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKK1404Z	TP Vehicle Number	SLH416A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKK1404Z / SLH416A ON 21 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	GIA report	Received
Date Registered	22/07/2019 16:56	Claim Close Date		Date Received	22/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	HT/1054467	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/07/2019 16:57
Path *		Category *	
	Browse... Clear	Please Select	100 Normal
	Browse... Clear	Please Select	100 Normal
	Browse... Clear	Please Select	100 Normal
	Clear	Please Select	100 Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	SAS	Normal	SAS 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:56	Photos	Normal	Photos 2019-7-22		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action