





## 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 20:38
Date Of Accident	19/07/2019 16:30
Exact Location Of Accident	JUNCTION OF SHENTON WAY/MAXWELL RD TOWARDS NEIL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL8030A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POON SENG FATT
NRIC No	S1832501B
Email Address	CHOOKANGSIANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81819999
Alternative Phone No	OTHERS-81185960

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5078558223-03
Cover Note Number	

### Driver

Name of Driver	CHOO KANG SIANG
NRIC No	S0019130B
Date Of Birth	28/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1977
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81819999
Fax Number	
Contact Number	OTHERS-81185960
Email Address	CHOOKANGSIANG@YAHOO.COM.SG

Address BLK 65 COMMONWEALTH DRIVE  
#05-303  
Postcode 140065  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
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? 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) 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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: WITH OWNER  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN662Z  
Vehicle Make/Model/Colour TOYOTA PRIUS  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver JONATHAN HENG SHENG  
NRIC/Passport Number S8612769E  
Contact Number 86041332  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1



## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

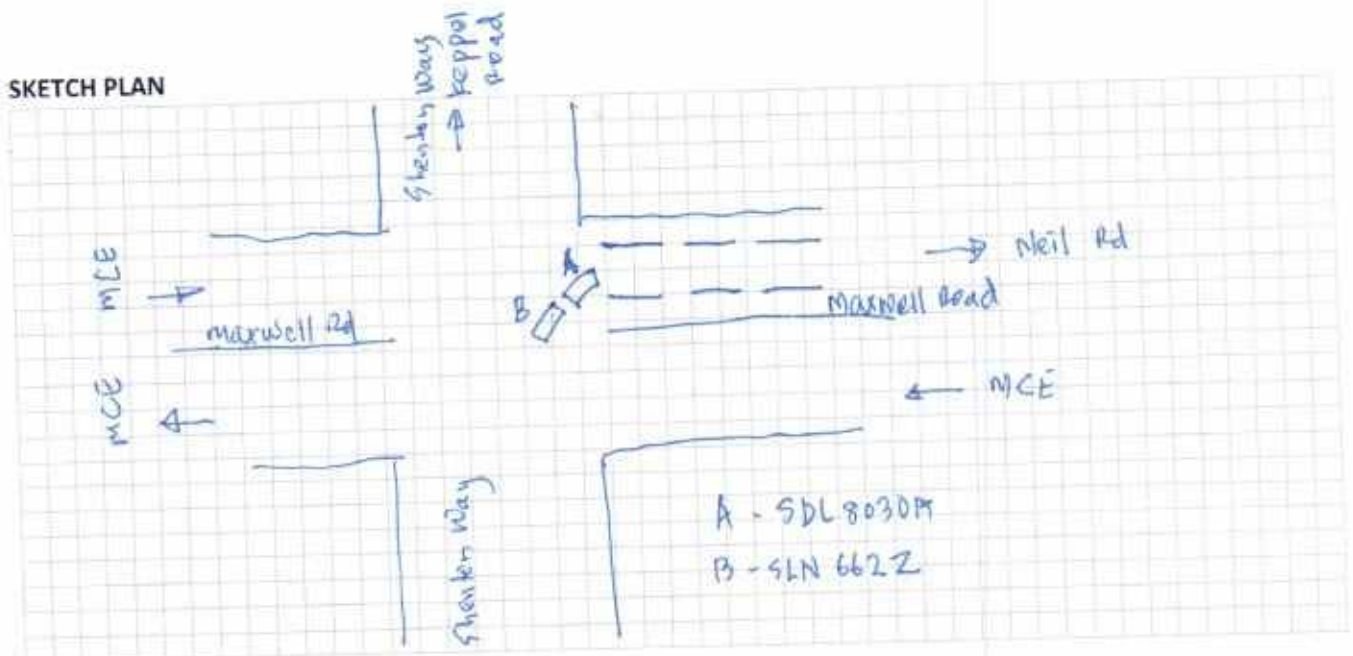
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 22/07/2019  
Driver's Signature 15.25 hrs  
(If driver is not the policyholder)  
Date & Time:

 20/07/2019  
Reporting Centre Personnel's Signature  
Name: Rosli Murtaza  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/07/2019 around 1630 hrs I was driving vehicle SDL8030M along Stenton Way turning right to Maxwell Rd towards Neil Rd. At the junction the pedestrian green man was on, and in front of me vehicles stop to let pedestrians to cross. When vehicle in front of me move forward I attempt to drive forward, but notice a lady pushing a pram tried to dash across the road. I made an immediate brake to let the lady cross. At this moment I ~~heard~~ heard a being and violent jerk on my vehicle. I got out of my vehicle and saw vehicle SLN 662Z front smash on the rear bumper of my vehicle. The traffic condition was moderate, weather clear, road dry. There were no passenger in my vehicle and SLN 662Z. No body was injured. The driver of SLN 662Z said he did not bring his i/c with him, and I only can record his driving license.

— and —

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*(Signature)* 22/07/2019  
Driver's Signature 16:25 hrs  
(If driver is not the policyholder)  
Date & Time:

*(Signature)* 20/07/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Claim Handling

Accident MT/1054355

Policy No.	5070558223-03	Vehicle No.	SOL8030A	GST Registration No.	
Certificate No.		Cover Type	drive CLASSIC	Policyholder NRIC	S1832501B
Policyholder Name	POON SENG FATT	Contact No.(Office)		Loading	0
Product Code	PRIVATE CAR INSURANCE	Special Remark		Contact No.(Home)	
Contact No.(Mobile)	81819988	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
Email Address		NCD Entitlement(%)	50	eCode Reason	
NTK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			Private Hire	No
NCD Protection	Yes				
<b>Accident Details</b>		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Report Date	23/07/2019 10:43	Time of Accident(hh:mm)	16:30	Country of Accident	Singapore
Date of Accident	19/07/2019	Orange Force		ICM No.	
Reporting Centre					
Accident Location	JUNCTION OF SHENTON WAY/MAXWELL RD TOWARDS NEIL RD				
<b>Excess</b>		Own Damage Excess	600.00	Additional Excess	0
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	600.00	Windscreen Excess	100.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefit</b>		Sum Insured	3000		
Coverage					
Accessory					
<b>GST Registered Information</b>		GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified		Yes	
Modification History					

## Policyholder Mailing Address

Address 1	28 KIM TIAN ROAD	Address 2	#36-05 TWIN REGENCY	Address 3	SINGAPORE 169278
Address 4		Address Type	Singapore address	Post Code	169278
Unit No.		Related Policy Number	3070558223-03		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/06/1953
Unnamed Driver Name	CHOO KANG SIANG	Driver NRIC	50019130B	Driving Experience	42
Register Date of Driver License	11/03/1977	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)	81819988	Contact No.(Office)		Address 3	COMMONWEALTH GREEN
Address 1	BLK 65 #05-303	Address 2	COMMONWEALTH DRIVE	Post Code	140065
Address 4	SINGAPORE 140065	Address Type	Foreign address		
Unit No.	05-303			Driver Insurer Company	NTUC
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SDU8030A		

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

Claim 001 **New**

## Claim Type \*

Contact No.(Mobile)

Email Address

## Claim Description

Preferred Workshop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Insured Liability	Not at Fault	GIA report	Received
Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered					
Report Taken By					

Insured Name	POON SENG FATT	Insured NRIC	S1832501B
Contact No.(Home)	NIL	Contact No.(Office)	
OT Vehicle Number	SOL8030A	TP Vehicle Number	SLN8432
SOL8030A / SLN8432 ON 19 Jul 2019		Name of Preferred Workshop	

Claim Close Date	23/07/2019 10:51	Date Received	23/07/2019 00:00
Reported By	ROSLI WAHAB		

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1054355	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	23/07/2019 10:54
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:54		Photos	Normal
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:54		Photos	Normal

[illegible]

# ACCIDENT STATEMENT

ACCIDENT DATE: (19/07/2019) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: Shenton Way junction with Maxwell Road towards Neil Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBL 8030 A  
 b) INSURANCE COMPANY: Inowiz  
 c) POLICY NUMBER: 5078958223-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Estima  
 f) TYPE: (SAEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Transporting  
 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: Poon Seng Fatt (Deceased) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S18325018 CONTACT: 81819999  
 c) ADDRESS: Blk 28 Twin Regency #36-06

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- d) NAME: Choo Kang Siang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S00191308 CONTACT: 81185960  
 c) ADDRESS: Blk 65 Commonwealth Drive  
 #05-203 140069

\* d) DATE OF BIRTH: (28/06/1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS CLASS 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SLN 6627 MODEL: Prius  
 b) DRIVER'S NAME: Tan Jonathan Heng Sheng  
 c) NRIC/FIN/PASSPORT: S8612769E CONTACT: 8604 1332

## 9. THIRD PARTY VEHICLE

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

No of passengers  
 (Including driver)  
 (01)

No of passengers  
 (Including driver)  
 (01)

No of passengers  
 (Including driver)  
 ( )

Email = chookangsiang@yahoo.com.sg

VIDEO yes



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0019130B



**For LKK/NAC Use Only**  
Name: CHOO KANG SIANG

81185960

朱江森  
Race: CHINESE  
Date of birth: 28-06-1953  
Country/Place of birth: SINGAPORE

Sex: M

Signature

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S0019130B

Signature

CHOO KANG SIANG

**For LKK/NAC Use Only**

Birth Date: 28 Jun 1953  
Issue Date: 10 Feb 2004

0011141296

5955393



ID Card No. S0019130B



**For LKK/NAC Use Only**

81185960

Address:  
APT BLK 65 COMMONWEALTH DRIVE  
#05-303  
SINGAPORE 140065

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

PAS DATE

Class 2 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

11 Mar 1977

**For LKK/NAC Use Only**

S0019130B

S / No. 9000280581

30P 4204



## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5078558223-03		
The Policyholder	: POON SENG FATT 28 KIM TIAN ROAD #36-06 TWIN REGENCY SINGAPORE 169278		
Period of Insurance	: 31 Mar 2019 To 30 Mar 2020		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (Inclusive GST)	: S\$967.37		
<b>Interest Insured</b>			
Cover Type	: drive CLASSIC		
Primary Driver	: POON SENG FATT		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/ESTIMA	Capacity	: 2400cc
Registration Number	: SDL8030A	Registration Year	: 2016
Chassis Number	: ACR500195114	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes(Free)
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		
<b>Optional Cover</b>			
Transport Allowance	: No	Accessories	: S\$3,000.00
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : M4

Agency : VINCAR PTE LTD (00000614250)  
Date of Issue : 07 Mar 2019 13:12 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive