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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 5. 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

Expression Company	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		
PROPERTY OF THE PARTY OF THE PA	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SDL8030A		
Insured/Policyholder			
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 a 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

CHOO KANG SIANG Name of Driver

S0019130B NRIC No 28/06/1953 Date Of Birth OUTDOOR Occupation 11/03/1977 Date Of Driving Pass

42 YEARS AND 4 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-81819999 Mobile Number

Fax Number

OTHERS-81185960 Contact Number

CHOOKANGSIANG@YAHOO.COM.SG EMail Address

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

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

NO

ambulance?

YES

Was any other material or property damaged?

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?

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)

#### 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.
- 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.
- 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.
- 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.
- 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:
  - 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

FP10 1 12011

12.12 W

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signat

Name:

NRIC/FIN No :

SKETCH PLAN P Neil Ad maximell road marusell 124 - MCE - 50L8030PT B-51N 662Z DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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rement I part heard a being and viole	LE SLN 662 Z front smagh on the real bumper
I get out of my variable and saw varia	ALL SELL ACA
The traffic condition was mederate , weath	((201, 1000 15)
There were no passinger in my which	and SINEBIL
Ho body was infared The driver of st	N662Z said he did not bring his ye with
him rand 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:

22/07/1019 15.25 hrs Driver's Signature (If driver is not the policyholder)

Date & Time:

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

NRIC/FIN No.:

Claim Handling Accident HT/1054555 651 Registration No. SOLBOTON Vehicle No. 5176558223-03 316325018 Policyholder HIKIC Certificate No. JOON SENG FATT Pulscyhulder Name drivy CLASSIC Cover Type PETVATE CAR INSURANCE Contact No.(Home) Product Code Custact Resignice) No \* Contact No.(Mobile) 61815968 eCode: Special flamory eCude Restor Email Address = No - Tes NCD Extitlement(%) NCS Principles Collision - Head to Rear To Accident Details Audident Type Accident Report William 24 hrs. Singapore 23/07/2019 10:43 Country of Accident Report Date 16:39 Time of Accident Minim ICH NO. Date of Accident. Orange Force Reporting Centre JUNCTION OF SHENTON WAY/MAXWELL RD TOWARDS NEIL NO. Auctident Location Windscreen Excess 100.00 w Excess Applicated Excess 606.00 Own damage Excess 600.00 Cutaide Singapure CO Excess Unnamed Driver Excess 0.00 Ducaste Singapore TP Excess Therd Party Excess - Benefits Sum Sneured Coverage Accessory ⇒ 65T Registered Information GST Registration Date 705 GST Status Verified GST Registration No. Hedification History → Policyholder Hailing Address SINGAPORE 169278 #36-06 TWIN REGENCY 28 KIM TIAN KOAD 189275 Address 1 Singapore address Address Type Address 4 5076558223-03 Heisted Folicy Number = OI Driver linfo Universed Driver Driver Type 79/06/1953 Unnamed Oriver Driver DOS Driver Name 500191308 Dinne NATO CHOO KANG SLANG Driving Experience Unnamed driver hame Driver Age 11/03/1977 Register Date of Driver License Contact No.(Hone) cuntact No.(Office) COMMONWEALTH GREEN BURITAGE Address 7 Contact No. (Mobile) COMMONWEALTH DRIVE Appress 2 140065 BLK 65 #05-303 Post Code Foreign address Antress Type SINGAPORE 140065 Address 4 05-303 NTUC Driver Insurer Company tinit No. 510,8030A Driver Vehicle fin-Dura he own a Singepore Registered Sar? - Yes at No. Declaration - 781 + 761 Breathalyser or Blood Text Reading? Any injury? Modification History Claim 001 New \* Insured POON SENG EATT 518121015 DO-MX Claim Type.\* ne. 81819999 Home) Comact No.(Mublis) SLNW22 itte SULBOIGA DOHNOVCASSET, COM Email Address SDC9030A / SLN652Z DN 19 3d 2010 Claim Description sured Liability | Not at Fault # GSA Received Date 23/07/2019 00:00 Coffee No. Yes Bapa'r Option 23/07/2019 10:31 Once Registered Report Taken By F Print AK letter Save Schmit Attachment 001 M1/1054551 Annders No. 23/07/2019 10:54 40 Year 17 No. Last Disc. Reserved + 7 110 Normal Please Select Ckrir ٠ Chacse File No file chosen \* NO Please Select Clear Choose File No file chasen \* Normal 7 MO Clear Pinasse Serect Choose File No Se chosen \* NO + Normal Please Select Cear Choose File. No file chosen 7 NO Normal Chiar Please Select • Chuose File No file chosen \* NO \* Sprmal Chor Please Select Choose File No file chosen Mousage Read May Sent? (CD) \* Attachment List Description Organizy Category Uplicaded By/Dete amschment Photos 3019-7-23 NAC\_BURIT\_HERAH\_BRO676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT HERAH)) on 23 Jul 2019 10:54 #hotos Printer 2019-7-23 NAC\_BUNIT\_HERAN, BODRYS; NATIONAL ASSESSMENT CENTRE SERVICE B (BURIT MERAN)) on 23 Jul 2019 19:54

		Claim Handling/acci	dent reporting Claim Task	<b>Y</b>	
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6	NAC BUKIT MERAN BUDE76; NATIONAL ASSESSMENT CENTRE BERVICE S (BUKIT MERAN)) 28 23 M 2019 L0:53	Photos	Normel	1000-200	
2	NAC_BURIT_MERAH, 8006761 NAYJONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 23 Jul 2019 10:53	Photos	Normal	Photos 2029-7-23	
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193	NAC, MUNIT, MEDIAN, BUGGTE, NATIONAL ADSESSMENT CENTRE STRUCK 5 (SUALT MERAH)) on 23 Jul 2019 10:52	E SAG	Normal	SAS 2019-7-23	

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# ACCIDENT STATEMENT

ACCIDENT DATE: 19 07, 2019 (DD/MM/YYY), TIME: 16:30 (HH:MM)
LOCATION: Shenton way junction with Maxwell Read towards Neil i
T. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SDL 8030 A
DINSURANCE COMPANY: INIONA
C)POLICY NUMBER: 5078958213-03
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
()TYPE:(SALOON / GOUPE (MPV) VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
TO STAND AT ALL DENT TIME.
VARE TOU CLAIMING UNDER YOUR OWN INCIDENTAL
TO THE CONTROL OF THE CONTROL OF THE CONTROL OF THE
TOUR THOUSE
Alname: Poon sens fat (Deceased) (MALE/FEMALE)
CONTACT: 918329018 CONTACT: 91019999
CIADDRESS: MIK 28 IN IN Regency \$36-06
· course
No of passongs DRIVER DRIVER ALSO POLICY HOLDER
Cincluding de a DiNAME: Choo Kang Siana
(MALE / FEMALE)
CONTACT: CONTACT:
705-303 140065
*d) DATE OF BIRTH: ( 28 / 06 / 1953 UDD/MM 00001
e)OCCUPATION: HNDOOR / OUTDOOR)
DON'TE OF DRIVING PACE (1955 2
4. WAS DRIVER AN EMPLOYEE OF THE INSURED COMPANY ATTENTION
THE DRIVER WITH INCLINED.
OVERTHER CONDITION: (CLEAR) / PAINTING / OTHERS
DIROAD SURFACE: IDRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES /NO)
7. a) REPORTED TO POLICE (YES /NO)
B. THIRD PARTY VEHICLE
ne of passanger of VEHICLE NULLERS SIN 6627
Including driver) b) DRIVER'S NAME: Tongthon Hang Shang
(0) NRIC/FIN/PASSPORT: S8612749 E CONTROL S601, 1272
7. THIRD PARTY VEHICLE
No of passanger d) VEHICLE NUMBER: MODEL:
Including deliver ) DRIVER'S NAME:
( CONTACT:CONTACT:

email = chooking sing @ yahoo.com.sg VIDBO yes.



SINGAPORE



5955393



For LKK/NAC Use Only

81185960

Authors

APT BLK 65 COMMONWEALTH DRIVE #05-303 SINGAPORE 140065 YOU ARE LICENSED TO MINE VEHICLES IN THE FULLOWING CLASSIES!

PASS DATE

Clair 2

Matter says on 3000 kg with on 7 passengars, exchange of the driver, and immer irrationary relations on 2566 kg.

3. Mar 1977

For LKK/NAC Use Only

509(7913HB

5 / No.9000280581

NH 420A

Licence No: 500 1913/10



#### 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
- the Conditions and General Exclusions of this Policy, and
- 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)

: \$\$967.37

Interest Insured

Cover Type Primary Driver

: drivo CLASSIC

Named Driver (1)

: POON SENG FATT

Named Driver (2)

: N/A

: 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

: 5\$600

Insure with COE NCD Entitlement

: Yes : 50%

Excess (Section 1) Excess (Section 2)

: N/A

NCD Protection

: Yes(Free)

Windscreen Excess

: S\$100

Loyalty Discount

5%

Additional Excess Unnamed Driver Excess : N/A

: Please refer to Terms and Conditions

Hire Purchase Company

Optional Cover

UNITED OVERSEAS BANK LIMITED

Transport Allowance Excess Waiver

: No : No Accessories

553,000,00

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