

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	26/08/2019 12:25
Date Of Accident	23/08/2019 14:50
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY9290U
Insured/Policyholder	
Name Of Registered Owner	CHENG MEI LING
NRIC No	S1451528C
Email Address	JIMMYSEOW8082@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91811079
Alternative Phone No	OTHERS-91811079

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR
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	REPORTING ONLY
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	5101367896
Cover Note Number	

Driver

Name of Driver	SEOW MIN HOO
NRIC No	S1431739B
Date Of Birth	05/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91811079
Fax Number	
Contact Number	OTHERS-91811079
Email Address	JIMMYSEOW8082@GMAIL.COM

Address	BLK 551 JURONG WEST STREET 42 #11-255
Postcode	640551
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG1750A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	WONG CHIN WEI
NRIC/Passport Number	G2143843Q
Contact Number	87155911
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:

23/8/2011

Reporting Centre Personnel's Signature

Name:

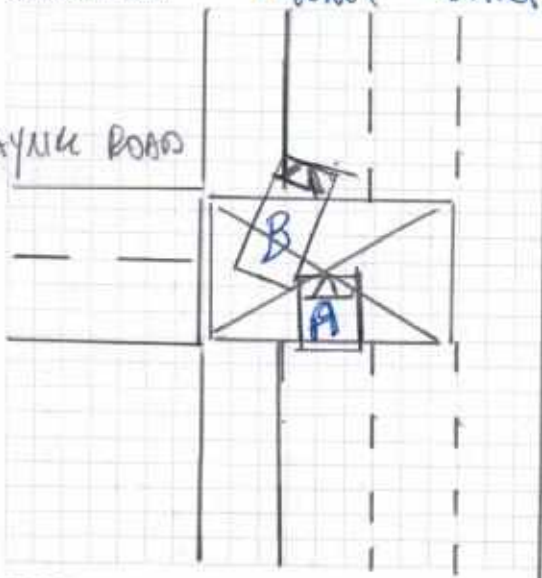
NRIC/FIN No.:

26/8/2011
Resh Loo

SKETCH PLAN

Along BUKIT TIMAH ROAD

MAYNIE ROAD



A) SJY 92904

B) SG17504

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/03/2019 AT ABOUT 14:50 HRS I WAS AT
 BT TIMAH NEAR TO MAYNIE ROAD & STOP AT THE
 YELLOW BOX SUDDENLY A BUS TRY TO SWITCH LANE &
 HIT THE LEFT FRONT OF MY WING MIRROR THAT ALL

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.:

Accident #MT/1059380

Policy No.	5101367866	Vehicle No.	5792900	GST Registration No.	
Certificate No.					
Policyholder Name	CHENG MEI LING				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NUIC	51451329C
Contact No.(Mobile)	91851079	Contact No.(Office)		Leading	U
Email Address		Special Remark		Contact No.(Home)	
API	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
ACD Protection	No	ACD Entitlement(%)	0	eCode Reason	
Accident Details					

Accident Details

Report Date	26/08/2019 14:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/08/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SUKUT TIMAH ROAD				

▼ **Explain**

Own damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore CD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information			
GST Registered	Yes	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	HLA SOL #11-205	Address 2	JUNDONG WEST STREET 42	Address 3	SINGAPORE 640111
Address 4		Address Type	Singapore address	Post Code	640551
Unit No.		Related Policy Number	G001367096		

UI Driver Info

Driver Name	SEOW MIN HO	Driver Type	Main Driver		
Uninsured Driver Name		Driver NRIC	S44317398	Driver DOB	05/03/1968
Register Date of Driver License	12/02/2007	Driver Age	39	Driving Experience	12
Contact No. (Mobile)	91811079	Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Post No.					
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	STY9290J	Driver Insurer Company	WHICH

Declaration

Respiratory or Blood Test Reading?	5 mg	Any injury?	Yes	No

Modification History

Claim 001 NEW	
Claim Type *	
Contact No. (Mobile)	Insured Name Contact No. (Home) GE Vehicle Number
Email Address	Insured Name Contact No. (Office) 1P Vehicle Number
Claim Description	Insured Name Contact No. (Office) 1P Vehicle Number
Preferred Workshop Insured Liability Repair No. / Date Registered	Insured Liability Repair No. / Date Registered
Preferred Workshop, Name unknown Repair Option Date Registered	Preferred Workshop, Name unknown Repair Option Date Registered
Report Taken By	Claim Date Date Received

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Attachment

[illegible]

 Attachment List

Attachment	Uploaded By/Date:	Category	Urgency	Description	Msg Sent? (G)	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2019 14:09	Photos	Normal	Photos 2019-8-28		
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2019 14:09	Photos	Normal	Photos 2019-8-28		
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Aug 2019 14:09	Photos	Normal	Photos 2019-8-28		

 **Visit List**

ACCIDENT STATEMENT

ACCIDENT DATE: (23/08/19) (DD/MM/YYYY), TIME: (14.50) (HH:MM)

LOCATION: Along Bukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SZY 9290U
 b) INSURANCE COMPANY: ANUL
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Proton
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: CHANG MAI LAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1451528 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SEOW MIN HOO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1451759B CONTACT: 91811076
 c) ADDRESS: _____

* d) DATE OF BIRTH: (05/03/1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/02/2007

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

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: S88 SG1750A MODEL: BUS
 b) DRIVER'S NAME: WONG CHAN NAI
 c) NRIC/FIN/PASSPORT: G2143436 CONTACT: 87155911

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
 ()


No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

email = JimmySeow8082@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1431739B

For LKK/NAC Use Only



Name: SEOW MIN HOO
 蕭明富
 Race: CHINESE
 Date of birth: 05-03-1960
 Sex: M
 Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LIC.

License Number: S1431739B

SEOW MIN HOO

For LKK/NAC Use Only

Birth Date: 05 Mar 1960
 Issue Date: 12 Feb 2007



5088764



NRIC No. S1431739B

For LKK/NAC Use Only



Date of issue: 24-07-2012

Address:
 APT BLK 551 JURONG WEST STREET 42
 #11-255
 SINGAPORE 640551

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Motor Cars < 3000kg with < 4 passengers, exclusive of the driver; and other motor vehicles < 2500kg

For LKK/NAC Use Only

NP 4384



Hello, NAC_BUKIT_MERAH_800676

[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="23/08/2019 16:58"/>							
Vehicle No.(For Motor)	<input type="text" value="SJY9290U"/>	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"/>	5101367896		CHENG MEI LING	S1451528C	GPC	drive CLASSIC	SJY9290U	SJY9290U	16/06/2018	13/10/2019
<input type="button" value="Continue"/>										