





## 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	19/09/2019 14:35
Date Of Accident	18/09/2019 21:15
Exact Location Of Accident	UPP BT TIMAH RD/HILLVIEW JUNCTION (BELOW FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ2509E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JSM AUTOMOTIVE PTE. LTD.
Co Reg No	201802541Z
Email Address	JAYRAM2575@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82681993
Alternative Phone No.	OFFICE-82681993
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CERATO FORTE
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097556838
Cover Note Number	
<b>Driver</b>	
Name of Driver	JAYRAM NAIDU S/O A SELVA RAJOO
NRIC No	S9336126A
Date Of Birth	25/09/1993
Occupation	INDOOR
Date Of Driving Pass	28/09/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82681993
Fax Number	
Contact Number	OTHERS-82681993
Email Address	JAYRAM2575@GMAIL.COM

Address	BLK 138 PETIR ROAD #01-400
Postcode	670138
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	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

#### 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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML8760U
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MA TIANJIA
NRIC/Passport Number	S9277170I

Contact Number	97963695
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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. 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 (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: 12/9/2019

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

# SKETCH PLAN

UPPER BUKIT TIMAH & HILLVIEW JUNCTION (BROWN FLYOVER)



B = Third Party SML 8760U  
A = My vehicle (SMJ23001E)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on a turning lane to turn right into Dairy Farm Road when suddenly I felt A hit on my left side of the car. He did not check his blindspot and decided to hit me. I sped up or hit in the video as I knew the traffic light was about to change. After the accident we both exchange particulars and he told me he prefer I claim insurance.

## 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: 19/09/2019

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

## Claim Handling

Accident HT/1063133

Policy No.	SD8735838	Vehicle No.	SM12509E	GST Registration No.	
Certificate No.					
Policyholder Name	ISM AUTOMOTIVE PTE. LTD.			Policyholder NRIC	2018025412
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	82681993	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFE	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	18/09/2019 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/09/2019	Time of Accident (H:M:S)	21:15	Country of Accident	Singapore
Reporting Centre		Strategic Force		ICN No.	
Accident Location	JPR ST TIAN RD/HILLVIEW JUNCTION (BELOW FLYOVER)				

## 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	48 SERANGOON ROAD	Address 2	#01-08	Address 3	SINGAPORE 217999
Address 4		Address Type	Singapore address	Post Code	217999
Unit No.	01-08	Related Policy Number	SD8735838		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/09/1993
Unnamed driver Name	JAYRAM NAIDU S/O A SELVA RA	Driver NRIC	88324126A	Driving Experience	E
Register Date of Driver License	28/09/2012	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	82681993	Contact No.(Office)		Address 1	SINGAPORE 670138
Address 1	BLK 138 #01-400	Address 2	PETIT ROAD	Post Code	670138
Address 4		Address Type	Foreign address		
Unit No.	01-400	Driver Vehicle No.	SM12509E	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

Print AX letter

OD-MV	Insured Name	ISM AUTOMOTIVE PTE. LTD.	Insured NRIC	2018025412
82681993	Contact No. (Home)		Contact No. (Office)	
	OI		TP	
	Vehicle Number	SM12509E	Vehicle Number	SHL8769J
SM12509E / SHL8769J DN 18 Sept 2019		Name of Preferred Workshop		
18/09/2019 14:51		Claim Close Date	Date Received	
ROSLI WAHAB				

Save Submit

## Attachment

Accident No.	HT/1063133	Claim No.	001
Lead Doc. Received	Yes No	Upload Date	19/09/2019 14:53
Path *			
Choose File	No file chosen	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		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 14:53	Photos	Normal	Photos 2019-9-19	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 14:53	Photos	Normal	Photos 2019-9-19	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 14:53	Photos	Normal	Photos 2019-9-19	



	Uploaded By/Dat	Folder Date	File Name	Source	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 14:53	Photos	Normal	Photos 2019-9-19	
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 14:52	Photos	Normal	Photos 2019-9-19	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 14:52	PHIC Driving License	V	Normal	PHIC Driving License 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 14:52	SAS	Normal	SAS 2019-9-19	

[Video List](#)



# ACCIDENT STATEMENT

ACCIDENT DATE: (18/09/2019) (DD/MM/YYYY), TIME: (21:14) (HH:MM)

LOCATION: Bukit Timan Road Hillview Junction (Below Ayer)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT 2509 E  
 b) INSURANCE COMPANY: NTW  
 c) POLICY NUMBER: 5097556838  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: KIA CERATO FORTE 09  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 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: JSM AUTOMOTIVE PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: 49 Seran

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

### DRIVER

- a) NAME: JATRAM NAIDU (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59336126A CONTACT: 92681993  
 c) ADDRESS: 138 PETTA ROAD 01-400 670138

\* d) DATE OF BIRTH: (25/09/1993) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 28 SEP 2012

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: SML 8760 U MODEL: CIVIC  
 b) DRIVER'S NAME: HA TIANG JIA  
 c) NRIC/FIN/PASSPORT: 59277701 CONTACT: 97963695

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
(4)

1 MALE  
 3 FEMALE

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = jayram35@gmail.com

VIDEO Jayram 2515@gmail.com

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5097556838

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMJ2509E**  
Chassis Number : **KNAFW411MAS156199**
2. Name of Policyholder : **JSM AUTOMOTIVE PTE. LTD.**
3. Effective Date of Insurance : **26 Jan 2018**
4. Expiry Date of Insurance : **23 Nov 2019**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)  
Date of Issue : 25 Jan 2018 16:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive