

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	25/09/2019 18:32
Date Of Accident	25/09/2019 10:35
Exact Location Of Accident	DEPOT ROAD INFRONT OF INTERLACE CONDOMINIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ810H
Insured/Policyholder	
Name Of Registered Owner	LENNY GUNADI
Co Reg No	R2687503
Email Address	JTANMIZI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93241380
Alternative Phone No	OFFICE-93241380

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200K
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5066631404-05
Cover Note Number	

Driver

Name of Driver	LENNY GUNADI
Passport No/FIN	X162775
Date Of Birth	08/10/1962
Occupation	INDOOR
Date Of Driving Pass	08/10/1992
Driving Experience	26 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93241380
Fax Number	
Contact Number	OFFICE-93241380
Email Address	JTANMIZI@GMAIL.COM

Address	1 HOLT ROAD #09-04
Postcode	249441
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5588C
Vehicle Make/Model/Colour	VOLVO FM
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PARAMASIVAN A/L RAJU
NRIC/Passport Number	G7024702Q
Contact Number	
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: 25/09/2019
14.15

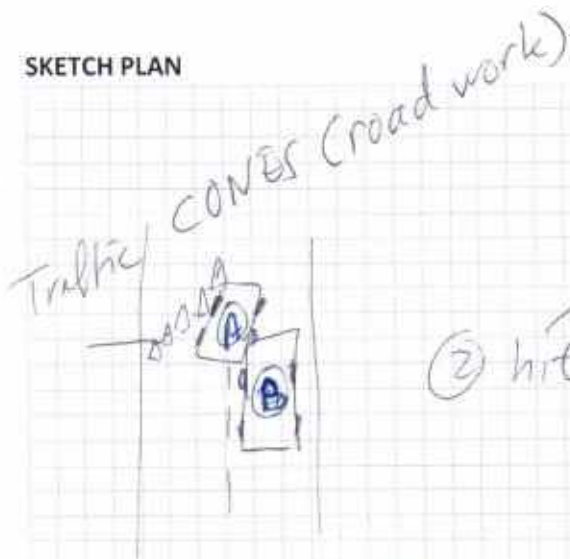
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



A) SJS 8104

B) YE 5588C

② hit rear driver side
(above the wheel and the rear door)

DEPOT ROAD Intersection of INTERLACE condominium

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At Depot Road near The Interlace condominium, I was at the left lane of a 2-lane road when I saw the roadworks in front of my car, ^{as my lane was blocked} so I signalled right to change lane. My lane was blocked by cones. I checked my mirror, it was clear so I slowly moved to the right lane. Suddenly, my rear right side of the car was hit by a truck. The wheel well was pushed inside and the door couldn't be opened easily.

DECLARATION

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

Policyholder's Signature

Date & Time: 25/09/2019

14:15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

25/09/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1064040

Policy No.	006621404-03	Vehicle No.	BJB10H	GST Registration No.	NA
Certificate No.					
Policyholder Name	LENNY GUNADI			Policyholder NRIC	R2687503
Product Code	PRIVATE CAR INSURANCE	Cover Type	Driver CLASSIC	Leading	0
Contact No. (Mobile)	93241380	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	NA
KPI	Yes	TCA	Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	25/09/2019 18:51	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/09/2019	Time of Accident (hr:min)	18:51	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DEPOT ROAD IN FRONT OF INTERLACE CONDOMINIUM				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	NA	GST Status Verified	NA
Notification History	25/09/2019 18:53:04 System auto update fail. The format of the UEN is incorrect or UEN is invalid.		

Policyholder Mailing Address

Address 1	1 HOLT ROAD	Address 2	#09-04 THE HORIZON	Address 3	SINGAPORE 249441
Address 4		Address Type	Singapore address	Post Code	249441
Unit No.	#09-04	Related Policy Number	006621404-03		

Q1 Driver Info

Driver Name	LENNY GUNADI	Driver Type	Main Driver	Driver DOB	06/10/1983
Uninsured driver Name		Driver NRIC	R2687503	Driving Experience	11
Register Date of Driver License	14/03/1998	Driver Age	36	Contact No. (Home)	
Contact No. (Mobile)	93241380	Contact No. (Office)		Address 1	SINGAPORE 249441
Address 1	1 HOLT ROAD	Address 2	#09-04 THE HORIZON	Address 3	SINGAPORE 249441
Address 4		Address Type	Singapore address	Post Code	249441
Unit No.	#09-04				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	BJB10H	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Notification History

Claim 001 [New](#)

Claim Type *	OD-MK	Insured Name	LENNY GUNADI	Insured NRIC	R2687503
Contact No. (Mobile)	93241380	Contact No. (Home)		Contact No. (Office)	
Email Address		GT	BJB10H	TP	XP358BC
Claim Description	BJB10H / XP358BC ON 25 Sept 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault			
Assess No. Finalization	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Reported			25/09/2019 18:53	Claim Close Date	
Report Taken By			ROSLI WAHAB	Date Received	25/09/2019 00:00

[Print AK letter](#)














[Save](#) [Submit](#)


Attachment

Accident No.	MT/1064040	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	25/09/2019 18:55
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			
Choose File: No file chosen			
Message Read			

[Send Message](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) at 25 Sep 2019 18:55	Photos	Normal	Photo 2019-9-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) at 25 Sep 2019 18:55	Photos	Normal	Photo 2019-9-25	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	Photos	Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 18:54	SAS	Normal	SAS 2019-9-25

 Video List

Uploaded By/Date	Folder Path	File Name	Source	Action
Display in New Window Scan and uploading				

ACCIDENT STATEMENT

ACCIDENT DATE: (25/09/2019) (DD/MM/YYYY), TIME: (10:35) (HH:MM)

LOCATION: Depot Road, in front of Interlace at the roadworks

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJI 810 H
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5066631404-05
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz C200K
 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: Lenny Gunadi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: X162775 CONTACT: 93241330
 c) ADDRESS: 1 Holt Rd, #09-04, Singapore 249441

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (08/10/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: same person

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: XE 5588C MODEL: Volvo FM
 b) DRIVER'S NAME: Paramasiva A/L Raju
 c) NRIC/FIN/PASSPORT: G7024702Q CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

email = jtanmizi@gmail.com
 VIDEO

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: 5066631404-05

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJJ810H**
Chassis Number : WDD2040412A169674
2. Name of Policyholder : **LENNY GUNADI**
3. Effective Date of Insurance : **29 Jul 2019**
4. Expiry Date of Insurance : **28 Jul 2020**
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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LENNY GUNADI
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 : **ONG SIONG AN (00000585199)**

Date of Issue : **25 Jun 2019 21:11 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="25/09/2019 18:30"/>
Vehicle No. (For Motor)	<input type="text" value="SJJB10H"/>	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"/>	5065631404-05		LENNY GUNADI	R2687503	GPC	drive CLASSIC	SJJB10H	SJJB10H	29/07/2019	28/07/2020