

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	23/10/2019 12:50
Date Of Accident	22/10/2019 08:30
Exact Location Of Accident	SLIP RD CHO A CHU KANG WAY TO CHO A CHU KAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC4736A
Insured/Policyholder	
Name Of Registered Owner	KOH ENG TAT
NRIC No	S0122399B
Email Address	MIKEKOHET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91153499
Alternative Phone No	OTHERS-94877907

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	5097996172-01
Cover Note Number	

Driver

Name of Driver	KOH SHUN WEN, SAMUEL
NRIC No	S9247515H
Date Of Birth	03/12/1992
Occupation	INDOOR
Date Of Driving Pass	23/05/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94877907
Fax Number	
Contact Number	OTHERS-91153499
EMail Address	MIKEKOHET@GMAIL.COM

Address	BLK 413 CHOA CHU KANG AVENUE 3 #04-387
Postcode	680413
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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	SLN5512R
Vehicle Make/Model/Colour	HONDA ODESSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KIEN KEONG
NRIC/Passport Number	S1529070F
Contact Number	96214426
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

22/10/19
4 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4 pm 22/10/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/10/2019
Kul...
101013

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1/ Driving along Choa Chu Kang Way turning left toward Pedestrian (Zebra Crossing) and after stop at Zebra Crossing, a vehicle SLN 5512R, hit his car on my back right side of my vehicle damaging the right side bumper, right light and the back bonnet unable to "close" causing damage to the back cover bonnet.

2/ The vehicle SLN 5512R, hit my back vehicle at 8:30am on 22nd Oct. 2019.

3/ No ~~to~~ body injured in my car when the accident happens.

DECLARATION

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

Policyholder's Signature

Date & Time:

22/10/19 4pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/10/19
4pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/10/2019

Rafael Mubars

Claim Handling

Accident MT/1068302

Policy No.	5097996172-01	Vehicle No.	SJC4736A	GST Registrati
Certificate No.				
Policyholder Name	KOH ENG TAT			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91153499	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	24/10/2019 10:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/10/2019	Time of Accident hh:mm	08:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD CHOA CHU KANG WAY TO CHOA CHU KANG RD			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 413 #04-387	Address 2	CHOA CHU KANG AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097996172-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH SHUN WEN, SAMUEL	Driver NRIC	S9247515H	Driver DOB
Register Date of Driver License	23/05/2013	Driver Age	26	Driving Exper
Contact No.(Mobile)	948779	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 413 #04-387	Address 2	CHOA CHU KANG AVENUE 3	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	04-387			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SJC4736A	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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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 AK letter

OD-MX Insured Name KO

91153499 Contact No. (Home) 679

mikekohet@gmail.com OI Vehicle Number SJC

SJC4736A / SLN5512R ON 22 Oct 2019

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SJC4736A / SLN5512R ON 22 Oct 2019

SJC4736A / SLN5512R ON 22 Oct 2019

SJC4736A / SLN5512R ON 22 Oct 2019

Save Submit

Attachment

Accident No.	MT/1068302	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/10/2019 10:48

Path *		Category *		Confider
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Message Read		Clear	Please Select ▼	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:48	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:48	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:48	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:46	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:46	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:45	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:45	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:45	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:45	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:45	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Oct 2019 10:45	SAS		Normal	Si

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 22/10/2019 (DD/MM/YYYY), TIME: 8:30am (HH:MM)

LOCATION: CHOA CHU KANG AVE 1 WAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC 4736A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5097996172
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: NISSAN SYLPHY
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private used
 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: KOH ENG TAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0123991B CONTACT: 91153499
 c) ADDRESS: BLK 413 CHOA CHU KANG AVE 3
#04-387 SINGAPORE 680413

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH SHUN NEN, SANUEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9247515H CONTACT: 94877907
 c) ADDRESS: BLK 413 CHOA CHU KANG AVE 3
SINGAPORE 680413

* d) DATE OF BIRTH: 03/12/1992 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 23 May 2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling

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: N/A

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 5512R MODEL: HOLDEN
 b) DRIVER'S NAME: CHAN KEN KEONG
 c) NRIC/FIN/PASSPORT: S1529070F CONTACT: 96214426

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)
 (L)

* No of passenger
 (including driver)
 ()

email = mikekohet@gmail.com
 VIDEO

VEHICLE NUMBER SLN 5512R
HIT BEHIND THE BACK
OF
NISSAN SYHPY SJC 4736A
AT
TPEDESTRIAN ZEBRA CROSSING
AT
CHOA CHU KANG AVENUE ^{WAY} ~~1~~
WHEN SJC 4736A VEHICLE IS IN THE STOP
POSITION TURNING LEFT TO THE MAIN
ROAD.

DATE ACCIDENT HAPPENS:
TUESDAY 22ND OCTOBER 2019

LOCATION:
PEDESTRIAN CROSSING AT CHOA CHU
KANG AVENUE ~~1~~ ^{WAY}

TIME OF ACCIDENT:
8.30AM.

GU 28/10/2019



Photo show Pedestrian Crossing
(Zebra Crossing) at Chua Chu Kang
Way

23/10/2019



Photo show my vehicle SJC 4736A
and the vehicle SLN 5572R
"STOP" at

gn/ 23/10/2018



Photo show the ~~vehicle~~ vehicle
No: SLN 5512 R belong to:

MR. CHAN KIEN KEONG
I/C No: S1329070F
DRIVING LICENCE

gu 23/10/2019



Photo show front of vehicle
No: SLN 5512 R front
view damaged and part
of the bonnet that hit the
back of my vehicle SJ4736A

23/10/2019



Photo show side view of
vehicle No: SLN 5512R

23/10/2019



Photo show my vehicle No. 4736A
Damage on the:

- (1). Back Cover ~~bonnet~~ bonnet
unable to ~~be~~ "CLOSE".
- (2). Bumper dented badly and
came off.
- (3). Right light damaged.

gr 23/10/2019



Photo show Bumper damaged
on my vehicle STC 4736A

 10/22/2019

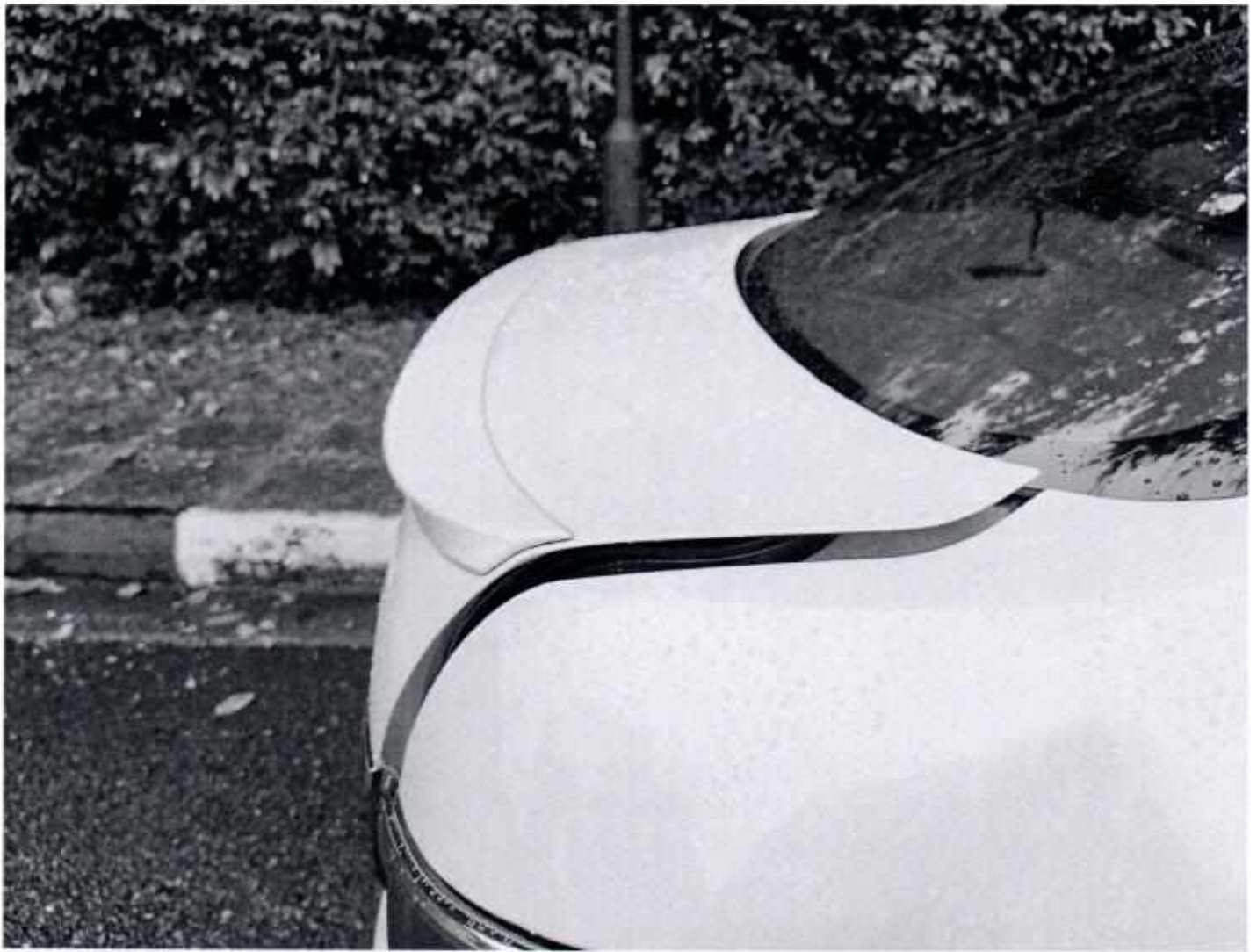


Photo show bonnet & bumper
unable to "close" and
damaged. on my vehicle
SJC 4736A

gr 23/10/2019



Photo show overall view of
my vehicle # ~~4~~ STC 4736A
Damaged.

gn/23/10/2018



gm/ 23/10/2019



gn/ 28 Jul 2019



an 23/10/2019

Policy Query

Policy No.
Vehicle No. (For Motor)
Date of Accident
Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5097996172-01		KOH ENG TAT	S0122399B	GPC	drivo CLASSJC	SJC4736A	SJC4736A	20/02/2019	19/02/2020