





## 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	18/11/2019 15:59
Date Of Accident	16/11/2019 14:50
Exact Location Of Accident	CHOA CHU KANG WAY TURNING TO BT BATOK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6176U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TENG JIE RU ERIC
NRIC No	S8813652G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86022338
Alternative Phone No	OFFICE-86022338

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5100616685-01
Cover Note Number	

### Driver

Name of Driver	TENG JIE RU ERIC
NRIC No	S8813652G
Date Of Birth	29/04/1988
Occupation	INDOOR
Date Of Driving Pass	07/10/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86022338
Fax Number	
Contact Number	OFFICE-86022338
Email Address	NOEMAIL

Address	BLK 17 TECK WHYE LANE #07-155
Postcode	680017
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191116/7026

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP796G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TENG JIE RU ERIC

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKG6176U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode




## SKETCH PLAN


### IMPORTANT NOTICE


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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.

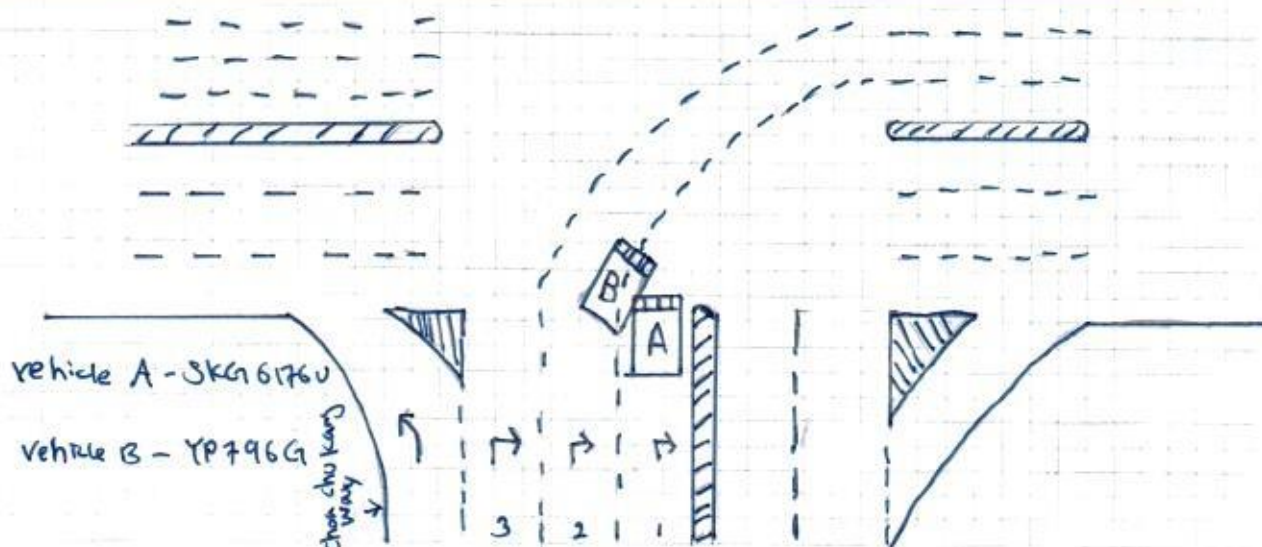
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Bukit Batok Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/2019116/7026

## 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.:



<b>Vehicle No.</b>	SKG 6176 U	<b>Model / Make</b>	Volkswagen Scirocco
<b>Date of Accident</b>	16/11/2016		
<b>Time of Accident</b>	14:50 pm	<b>HRS</b>	
<b>Location of Accident</b>	Chuan Peng chuan chuan keng Wang chuan into Ruit Park Rd		
<b>Exact purpose use during accident</b>	Pte use		
<b>Name of Owner</b>	TENG JIE RU, ERIC		
<b>Telephone No.</b>	H/P : 86022338	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S8813652 G		
<b>Address</b>	B1K17 TECK WHIE LANE, #07-155 S(GRA17)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>			
<b>Name of Driver</b>	<b>As Above</b> If No,		
<b>NRIC</b>	Any Passengers : Nil		
<b>Date of birth</b>			
<b>Occupation</b>	Outdoor	/	<b>Indoor</b>
<b>Driving License Pass Date</b>	07/10/2016		
<b>Gender</b>	<b>Male</b>	/	Female
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	<b>Clear</b>	Raining	Other
<b>Road Surface</b>	<b>Dry</b>	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who? TENG JIE RU, ERIC	
<b>Name And Contact No.</b>	86022338		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	<b>If Yes, Where?</b>	online
<b>Vehicle B No.</b>	YP 746 G	<b>Any Passengers :</b>	N/C
<b>Name of Driver</b>			
<b>Vehicle C No.</b>	Any Passengers :		
<b>Vehicle D No.</b>	Any Passengers :		
<b>Vehicle E no.</b>	Any Passengers :		
<b>Vehicle F No.</b>	Any Passengers :		
<b>Vehicle G No.</b>	Any Passengers :		
<b>Witness Name</b>	<b>Witness Contact :</b>		
<b>Accident Portion</b>	Left Portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	ERIC.TENG88@HOTMAIL.COM		
<b>PARTICULAR WORKSHOP</b>	NSI Automotive P/L		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Z.759		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@nsi.com.sg		





# SINGAPORE POLICE FORCE



T/20191116/7026

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191116/7026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2019 21:13	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: TENG JIE RU, ERIC		Address: APT BLK 17 TECK WHYE LANE #07-155 SINGAPORE 680017	
ID Type / ID No.: NRIC NO / S8813652G		Contact No.: Home/Office: Mobile: 86022338	
Nationality: SINGAPORE CITIZEN		Email: ERICTENG88@HOTMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 29/04/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retail/Shop sales manager		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2019 14:50	Type of Location: T-Junction
Location: CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG6176U	Car	VOLKSWAGO N		Black	Seriously Damaged	0
YP796G	Lorry	MITSUBISHI		White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20191116/7026

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20191116/7026

**CONTINUATION OF REPORT**

Driver			
Name	TENG JIE RU, ERIC	ID No.	S8813652G
Related Vehicle	SKG6176U (Car)	Contact No.	86022338
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/11/2019	Date Discharge	16/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

My vehicle (SKG6176U) was travelling along straight choa chu kang way on the extreme right lane , upon reaching the junction of choa chu kang way turning to bukit batok road ,as i was making a right turn at the said junction, suddenly this Lorry (YP796G) from my left which is lane 2 make a right sharp turn and encroached into my lane and bang onto my left front portion of my vehicle ( SKG6176U). I felt unwell and i went to intermedicial clinic to see the doctor and i was given 3 days Mc, i wish to state that i have a in car camera to show the whole accident.



**SINGAPORE  
POLICE FORCE**



T/20191116/7026

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191116/7026

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/11/2019 21:13

Classification Of Case:





### 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: 3100616685-01

Cover : drive CLASSIC

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKG6176U          |
| Chassis Number                                   | : WWWZZZ18ZAV447398 |
| 2. Name of Policyholder                          | : TENG JIE RU ERIC  |
| 3. Effective Date of Insurance                   | : 30 Jul 2019       |
| 4. Expiry Date of Insurance                      | : 29 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TENG JIE RU ERIC
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
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 : KENSO LEASING PTE LTD (00000573553)  
Date of Issue : 31 Jul 2019 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

## Claim Handling

Accident MT/1071857

Policy No.	5100616685-01	Vehicle No.	SKG6176U	GST Registration No.	
Certificate No.					
Policyholder Name	TENG JIE RU ERIC			Policyholder NRIC	S8813652G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86022338	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## ▼ Accident Details

Report Date	18/11/2019 16:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/11/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHOA CHU KANG WAY TURNING TO BT BATOK RD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED DD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 17 #07-156	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680017
Address 4		Address Type	Singapore address	Post Code	680017
Unit No.	07-156	Related Policy Number	5100616685-01		

## ▼ OI Driver Info

Driver Name	TENG JIE RU ERIC	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8813652G	Driver DOB	29/04/1986
Register Date of Driver License	07/10/2008	Driver Age	31	Driving Experience	11
Contact No.(Mobile)	86022338	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 17 #07-156	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680017
Address 4		Address Type	Singapore address	Post Code	680017
Unit No.	07-156				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	TENG JIE RU ERIC	Insured NRIC	S8813652G
Contact No.(Mobile)	86022338	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI	SKG6176U	TP	YP796G
Claim Description	SKG6176U / YP796G ON 16 Nov 2019			Vehicle Number	
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Preferred Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	18/11/2019 16:17	Date Received	18/11/2019
Report Taken By	LIEW SHAN HUI				

✓ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1071857	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/11/2019 16:18
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO
Attachment List			



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