

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 15:11
Date Of Accident	17/11/2019 15:40
Exact Location Of Accident	JUNC OF BEDOK NORTH RD & BEDOK NORTH AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG8389S
Insured/Policyholder	
Name Of Registered Owner	NG THENG CHUAN
NRIC No	S1302949J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96717217
Alternative Phone No	OFFICE-96717217

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099663827-01
Cover Note Number	

Driver

Name of Driver	NG THENG CHUAN
NRIC No	S1302949J
Date Of Birth	29/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96717217
Fax Number	
Contact Number	OFFICE-96717217
Email Address	NOEMAIL

Address	781 UPPER CHANGI RD EAST #03-07
Postcode	486069
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	COLLISION - HEAD TO REAR
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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191118/2042

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	SLW5262P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICK PEH CHENG HOON
NRIC/Passport Number	S1518849I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG THENG CHUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SDG8389S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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:



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

Bedok North Rd

Bedok North Ave 2

A = SDG 83895
B = SLW 52621

A = 50G 8389S
B = 5LW 5262P.

Refer to police Report T/2019118/2042.

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



SINGAPORE POLICE FORCE



T/20191118/2042

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No. T/20191118/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 11:38		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: NG THENG CHUAN			Address: 781 UPPER CHANGI ROAD EAST #03-07 SINGAPORE 486069		
ID Type / ID No.: NRIC NO / S1302949J			Contact No.: Home/Office: Mobile: 96717217		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 29/06/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GO JEK DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2019 15:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH ROAD BEDOK NORTH AVENUE 2 CROSS JUNCTION OF BEDOK NORTH ROAD AND BEDOK NORTH AVE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDG8389S	Car	TOYOTA	VIOS	Black	Slightly Damaged	0
SLW5262P	Car	BYD		White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDG8389S	NTUC Income Insurance Co-Operative Limited	MR2B23F35011116 416	16/04/2019	15/04/2020



SINGAPORE POLICE FORCE



T/20191118/2042

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191118/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG THENG CHUAN	ID No.	S1302949J
Related Vehicle	SDG8389S (Car)	Contact No.	96717217
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	18/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	PATRICK PEH CHENG HOON	ID No.	S1518849I
Related Vehicle	SLW5262P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/11/2019 at around 1540hrs, I was driving my black colored Toyota Vios car bearing the registration plate number SDG8389S along Bedok North Avenue 2 and making a right turn into the Bedok North Road. The traffic light was green and the pedestrian crossing was green man. When I was approaching the pedestrian crossing along Bedok North Road, I spotted one male pedestrian that was crossing the road, hence I applied brake to give way to the pedestrian. Subsequently, I felt an impact coming from the rear of my car. I then alighted and make a check and discovered that one white BYD car bearing the registration plate number SLW5262P had collided onto my car rear left portion with his car front right portion.

We then exchanged particulars after ensuring that no one is injured. We then drove off to prevent obstruction to the traffic. I have an in car camera installed in my car and was recording the front portion at that point of time.

Due to the accident, my car rear left portion suffered heavy scratches and dents and the bumper came off. The rear left lights also suffered cracks and the car boot cannot be closed fully.

Due to the accident, I felt strains at my neck and back area.

The car is my personal vehicle.



**SINGAPORE
POLICE FORCE**



T/20191118/2042

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191118/2042

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191118/2042

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20191118/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 ALVIN TAY MING WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

18/11/2019 11:38

Classification Of Case:

Authentication Stamp

NP168

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: 5099663827-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SDG8389S**
 Chassis Number : MR2B23F3501116416
2. Name of Policyholder : NG THENG CHUAN
3. Effective Date of Insurance : 16 Apr 2019
4. Expiry Date of Insurance : 15 Apr 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 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG THENG CHUAN
NAMED DRIVER (1)	: DIONG SIEW GEOK
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 : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 11 Apr 2019 14:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1071884

Policy No.	5099663827-01	Vehicle No.	SDG8389S	GST Registration No.	
Certificate No.					
Policyholder Name	NG THENG CHUAN	Cover Type	drive PREMIUM	Policyholder NRIC	S1302949J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96717217	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes
Accident Details					
Report Date	18/11/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/11/2019	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BEDOK NORTH RD & BEDOK NORTH AVE 2				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	781 UPPER CHANGI ROAD EAST	Address 2	#03-07 SUNHAVEN	Address 3	SINGAPORE 486069
Address 4		Address Type	Singapore address	Post Code	486069
Unit No.		Related Policy Number	5099663827-01		
OI Driver Info					
Driver Name	NG THENG CHUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1302949J	Driver DOB	29/06/1958
Register Date of Driver License	01/01/1978	Driver Age	61	Driving Experience	41
Contact No.(Mobile)	96717217	Contact No.(Office)		Contact No.(Home)	
Address 1	781 UPPER CHANGI ROAD EAST	Address 2	#03-07 SUNHAVEN	Address 3	SINGAPORE 486069
Address 4		Address Type	Singapore address	Post Code	486069
Unit No.					
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		

Modification History

Claim 001 New

Claim Type *	DD-MD	Insured Name	NG THENG CHUAN	Insured NRIC	S1302949J
Contact No.(Mobile)	96717217	Contact No.(Home)	65833373	Contact No.(Office)	
Email Address		Vehicle Number	SDG8389S	TP	SLWS2
Claim Description	SDG8389S / SLWS262P ON 17 Nov 2019				
Preferred Workshop	65311188	Insured Liability	Not at Fault	Name of Preferred Workshop	TOYOTA
Finalisation	Yes	Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered		Claim Close Date	18/11/2019 17:20	Date Received	18/11/2019
Report Taken By	JIEW SHAN HUI				
Print AK letter					OD Excess Collected by Workshop

Save Submit

Attachment

Accident No.	MT/1071884	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/11/2019 17:22
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:22	SAS		Normal	SAS 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:22	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:22	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:22	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:22	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:20	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:20	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:20	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:20	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:20	Photos		Normal	Photos 2019-11-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 17:20	Photos		Normal	Photos 2019-11-18

Video List

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

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Monday, 18 November 2019 5:30 PM
To: 'ODsupport'
Subject: FW: SDG 8389S MT/1071884-001 OD-DRIVO PREMIUM
Attachments: SDG8389S_17112019.PDF

Hi

Dear All,

Name of Registered	: NG THENG CHUAN
NRIC No	: S1302949J
Name of Driver	: NG THENG CHUAN
NRIC	: S1302949J
Mobile No	: 96717217
Own Damage Excess	: \$2000
Unnamed Driver Excess	: N/A
Name of Workshop	: TOYOTA UBI SERVICE CENTRE
Contact No	: 66311188
Remarks	: N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)