





## 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	21/11/2019 16:32
Date Of Accident	20/11/2019 22:50
Exact Location Of Accident	TAMPINES AVE 8 TWDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6591J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAVID CHONG YUEN SIN
NRIC No	S1288047B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98620002
Alternative Phone No	OFFICE-98620002

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100709005-01
Cover Note Number	

### Driver

Name of Driver	JACK YAP PENG CHIU
NRIC No	S8114400A
Date Of Birth	12/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93388825
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 25 JLN BERSEH #13-138
Postcode	200025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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/20191121/7017

#### 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	SLZ3493L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 JACK YAP PENG CHIU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKF6591J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN


### 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. 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

TAMPINES AVE 8 TOWARDS TAMPINES AVE 1.

VEH. A - SKF 6591J

VEH. B - SLZ 3493L




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

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.:



Date of Accident : 20/11/2019 Accident Time: 2250 (24-HR-Format)  
Accident Place : TAMPINES AVE 8 TOWARDS TAMPINES AVE 1  
Vehicle No. (Car Plate No.) : SKF6591J Make/Model: MERCEDES  
Insurance Company : NTUC Policy No: \_\_\_\_\_  
Owner or Company Name / IC No. : DAVID CHONG YUEN SIN 51288047B  
Owner or Company Contact No. : 98620002 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : JACK YAP PENG CHIU 58114400A  
DRIVER'S Date Of Birth : 12/05/1981 DRIVER'S License Pass Date 18/02/2014  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others FRIEND  
DRIVER'S Address : BLK 25 JALAN BERSEH #13-138 S200025  
DRIVER'S Contact No./ Alt No. : (1) 93388825 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 02  
Was there any video Captured by car camera: NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle No: <u>(B) SLZ 3493L</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

PASSENGER - MALE



# SINGAPORE POLICE FORCE



T/20191121/7017

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

1 of 3

Report No. T/20191121/7017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2019 15:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JACK YAP PENG CHIU			Address: APT BLK 25 JALAN BERSEH #13-138 SINGAPORE 200025		
ID Type / ID No.: NRIC NO / S8114400A			Contact No.: Home/Office: Mobile: 93388825		
Nationality: SINGAPORE CITIZEN			Email: jackpc81@gmail.com		
Sex: Male	Age: 38	Date of Birth: 12/05/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			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: 20/11/2019 22:50	Type of Location: Straight Road
Location: TAMPINES AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF6591J	Car					0
SLZ3493L	Car					0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20191121/7017

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

2 of 3

Report No. T/20191121/7017

**CONTINUATION OF REPORT**

<b>Passenger</b>				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SKF6591J (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	JACK YAP PENG CHIU		ID No.	S8114400A
Related Vehicle	SKF6591J (Car)		Contact No.	93388825
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2019		Date Discharge	21/11/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On the stated date and time, I vehicle SKF6591J was travelling straight on the stated venue. Suddenly, vehicle SLZ3493L swerved abruptly to the left and bang onto my vehicle right rear portion. My vehicle swerved violently due to the impact but I eventually managed to maintain control. The next morning, I woke up and felt pain on my neck shoulder back and wrist areas. I then went to Unihealth Clinic at toa payoh to seek medical treatment. And was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20191121/7017

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

3 of 3

Report No. T/20191121/7017

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
21/11/2019 15:46

Classification Of Case:

Authentication Stamp

NP168



Hello, NAC\_PAYA\_UBI\_800601

[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="20/11/2019 16:31"/>
Vehicle No.(For Motor)	<input type="text" value="SKF6591J"/>	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"/>	S100709005-01		DAVID CHONG YUEN SIN	S1288047B	GPC	drivo CLASSIC	SKF6591J	SKF6591J	25/06/2019	24/06/2020

## Claim Handling

## Accident MT/1072417

Policy No.	S100709005-01	Vehicle No.	SKF65913	GST Registration No.	
Certificate No.					
Policyholder Name	DAVID CHONG YUEN SIN			Policyholder NRIC	S12880478
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98620002	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	21/11/2019 16:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross L
Date of Accident	20/11/2019	Time of Accident hh:mm	22:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 8 TWDS TAMPINES AVE 1				

## 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	500.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	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	BLK 85 #17-373	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100086
Address 4		Address Type	Singapore address	Post Code	100086
Unit No.	17-373	Related Policy Number	S100709005-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JACK YAP PENG CHIU	Driver NRIC	S8114400A	Driver DOB	12/05/1981
Register Date of Driver License	18/02/2014	Driver Age	38	Driving Experience	5
Contact No.(Mobile)	93388825	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 25 #13-138	Address 2	JALAN BERSEH	Address 3	KELANTAN COURT
Address 4	SINGAPORE 200025	Address Type	Singapore address	Post Code	200025
Unit No.	13-138				
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?	No Yes
-------------------------------------	------	-------------	--------

## Modification history

Claim 001 New

Claim Type *	OD-MX	Insured Name	DAVID CHONG YUEN SIN	Insured NRIC	S12880
Contact No.(Mobile)	98620002	Contact No.(Home)	66041286	Contact No.(Office)	
Email Address		DI Vehicle Number	SKF65913	TP Vehicle Number	SLZ34
Claim Description	SKF65913 / SLZ3493L ON 20 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	21/11/2019 16:51	Date Received	21/11/
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1072417	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	21/11/2019 16:53
Path *		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
Choose File	No file chosen	Please Select	No
Message Read			

## Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:53	SAS		Normal	SAS 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:52	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:52	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:52	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:52	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:52	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:52	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:51	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:51	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:51	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:51	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:51	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:51	Photos		Normal	Photos 2019-11-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2019 16:51	Photos		Normal	Photos 2019-11-21

Video List

Uploaded By/Date:      Folder Date:      File Name:      Source: