

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	25/11/2019 17:36
Date Of Accident	24/11/2019 21:40
Exact Location Of Accident	SOMERSET RD INFRONT 313
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4712Y
Insured/Policyholder	
Name Of Registered Owner	TAY BOON ENG
NRIC No	S0653369H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91997234
Alternative Phone No	OFFICE-64493147

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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?	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	5107771054
Cover Note Number	

Driver

Name of Driver	TAN SHENG KANG DAWN
NRIC No	S9501922F
Date Of Birth	16/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91997234
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 851 TAMPINES ST 83 #12-196
Postcode	520851
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GRANDSON
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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

REFER TO STATEMENT.

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	SML8281K
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)

Vehicle No.	SKS A712 Y.	Model / Make	Hyundai Elantra.
Date of Accident	24/11/19		
Time of Accident	2140 HRS		
Location of Accident	Somerset Road infront of 313.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	TAY BOON ENG.		
Telephone No.	H/P:	Home:	6449 3147 . Office:
NRIC	S 06533694		
Address	BLK 851 Tampines St 83 #12-196 (S) 520851.		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NFUC.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5107771054		
Name of Driver	As Above If No,	TAN SHENG KANG DAWN.	
NRIC	S 9501922F.	Any Passengers:	02 (i'm) (i.f).
Date of birth	16/01/1995.		
Occupation	Outdoor / Indoor		
Driving License Pass Date	04/02/2016.		
Gender	Male / Female		
Contact No.	H/P: 9199 7234.	Home:	Office:
Address	BLK 851 Tampines St 83 #12-196 (S) 520851.		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	Grandson.
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SML 8281K.	Any Passengers:	Not sure.
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N-A-	Witness Contact:	N-A.
Accident Portion	Front left portion.		
Camera Recorder	Yes/No		
Email Address	dawntan95@gmail.com.		
PARTICULAR WORKSHOP	Tuen car.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tung.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

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:



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

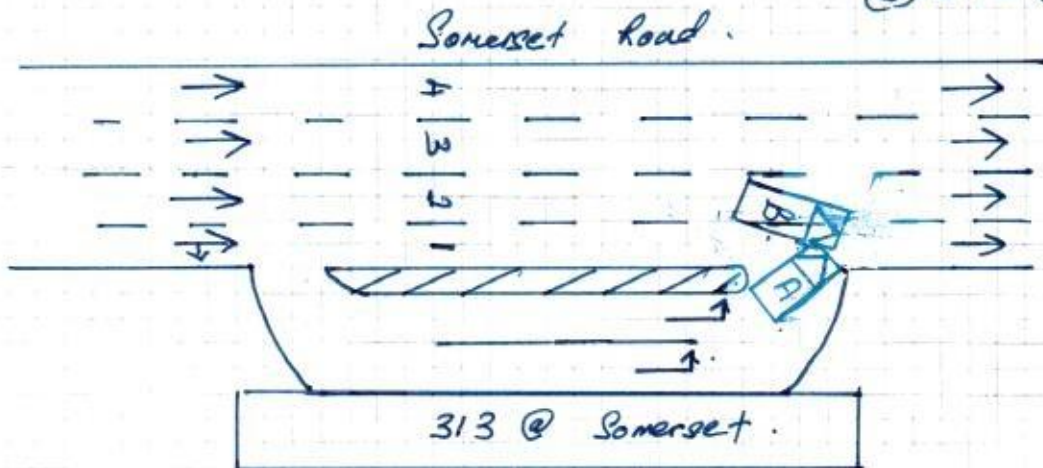


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) SKS 4712 Y.

(B) SML 8281 K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/19 at @2140 hrs, I was driving in my vehicle (SKS 4712 Y) after picking up my passenger at 313 @ Somerset pick-up point. I stopped my vehicle to check for traffic on the main road. After checking clear, I moved forward to exit into Somerset road. Suddenly, a car (SML 8281 K) travelling at a high speed from Lane 2 cut into my path and collided onto the front left portion of my vehicle.

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.:



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: 5107771054

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle
 Chassis Number

: **SKS4712Y**
 : KMMDH41CMFU410278

2. Name of Policyholder

: TAY BOON ENG

3. Effective Date of Insurance

: 26 Feb 2019

4. Expiry Date of Insurance

: 16 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

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: TAY BOON ENG

NAMED DRIVER (1)

: TAN SHENG KANG DAWN

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 : AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue : 26 Feb 2019 14:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1072901








Policy No.	5107771054	Vehicle No.	SKS4712Y	GST Registration No.	
Certificate No.					
Policyholder Name	TAY BOON ENG	Cover Type	drive CLASSIC	Policyholder NRIC	S0653365H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	64493147	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	25/11/2019 18:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	24/11/2019	Time of Accident hh:mm	21:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SOMERSET RD INFRONT 313				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VIED OD Excess	0.00	VIED 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	BLK 851 #12-196	Address 2	TAMPINES STREET 83	Address 3	TAMPINES VILLE
Address 4	SINGAPORE S20851	Address Type	Singapore address	Post Code	520851
Unit No.		Related Policy Number	5107771054		
OT Driver Info					
Driver Name	TAN SHENG KANG DAWN	Driver Type	Named Driver	Driver DOB	16/01/1995
Unnamed driver Name		Driver NRIC	S9501922F	Driving Experience	3
Register Date of Driver License	04/02/2016	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	91997234	Contact No.(Office)		Address 3	TAMPINES VILLE
Address 1	BLK 851 #12-196	Address 2	TAMPINES STREET 83	Post Code	520851
Address 4	SINGAPORE S20851	Address Type	Singapore address		
Unit No.	12-196				
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 *	OD-MX	Insured Name	TAY BOON ENG	Insured NRIC	S0653365H
Contact No.(Mobile)		Contact No. (Home)	64493147	Contact No. (Office)	
Email Address		CI	SKS4712Y	TP Vehicle Number	SML82
Claim Description	SKS4712Y / SML82R1X ON 24 Nov 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				25/11/2019 18:18	Claim Close Date
Report Taken By				LIEW SHAN HUI	Date Received
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1072901	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/11/2019 18:19
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:19	SAS	Normal	SAS 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:19	Photos	Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:19	Photos	Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:18	Photos	Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:18	Photos	Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:18	Photos	Normal	Photos 2019-11-25
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:18	Photos	Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 18:18	Photos	Normal	Photos 2019-11-25

Video List

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