

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 03/12/2019 16:03
Date Of Accident 02/12/2019 17:05
Exact Location Of Accident CHOA CHU KANG EAST FLYOVER
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM4238T
Insured/Policyholder
Name Of Registered Owner KUA CHENG HWA
NRIC No S6809714B
Email Address KELVIN_323@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-98459911
Alternative Phone No OTHERS-98459911

Vehicle Particulars

Manufacturer TOYOTA
Model CAMRY
Exact Purpose for which vehicle was being used at time of accident ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken REPORTING ONLY
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 5078185855-03
Cover Note Number

Driver

Name of Driver KUA CHENG HWA
NRIC No S6809714B
Date Of Birth 24/02/1968
Occupation INDOOR
Date Of Driving Pass 05/08/1994
Driving Experience 25 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98459911
Fax Number
Contact Number OTHERS-98459911
EMail Address KELVIN_323@YAHOO.COM.SG

Address	BLK 542 CHOA CHU KANG STREET 52 #09-60
Postcode	680542
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	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	SLK3872E
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG TECK KENG
NRIC/Passport Number	S1427391C
Contact Number	92789176
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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:

3/12/19
1100hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/12/2019

Redmond

SKETCH PLAN

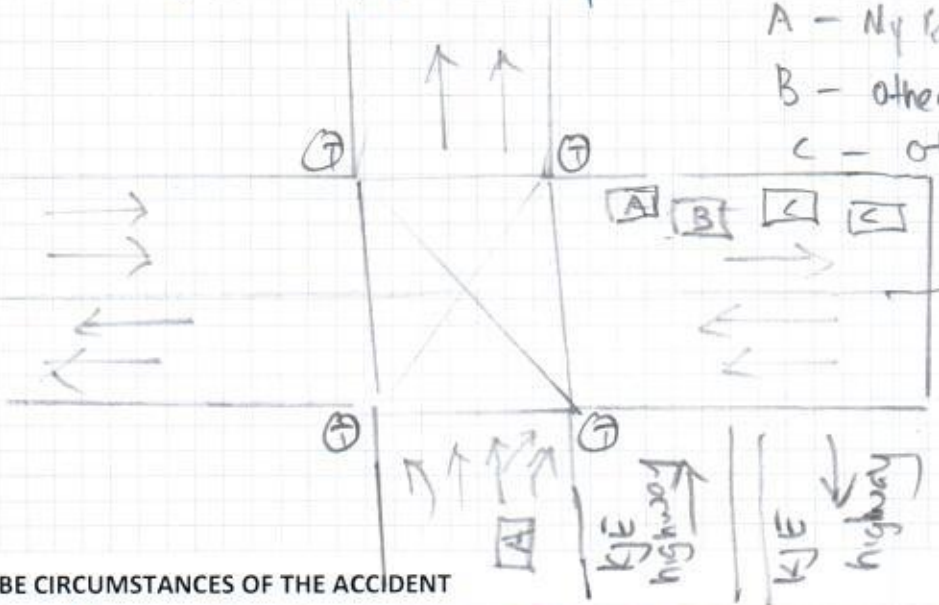
Chua Chu Bank East Flyover

① - traffic light

A - My car SJM4238T

B - other party car SLK3872J

C - other car



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See report attached

DECLARATION

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

Policyholder's Signature

Date & Time: 3/12/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/12/2019

Reported by: [Signature]

On 2 Dec 2019, Monday about 1704h, the weather condition was having dizzy rain. I was driving Toyota Camry, car plate no. SJM 4238T on the way to my home.

After exit from Kranji Expressway when make the right turn toward Choa Chu Kang East Flyover. I was unable to brake in time and light hit on the rear bumper of other car SLK3872E make Mitsubishi (Lancer) when both car trying to stop toward in front having red traffic light.

There was a sign of dented on the left of rear bumper and caused the left side of same bumper loosen from the mounting of other car SLK3872E after light hit.

My front right damper has a small dent too after hit.

The driver, Mr Pang Teck Keng, NRIC No. 391C (mobile no. 92789176) and myself exchanged the driving licence and contact no. and took some picture of the situation.

We both decided let the insurance company to further to follow up on both car incident.

After that we left the sight since none of driver and his passenger and myself were injured.

Thank you.

Regards,

Kelvin Kua

98459911 (mobile)

03/12/2019
Resh Norton



03/12/2028





ad 03/12/2018





gw 02/12/2018





ad 02/12/2019





aw 03/12/2019





on 03/12/2018



ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 13 / 19) (DD/MM/YYYY), TIME: (17 : 04) (HH:MM)

LOCATION: Choa chu East Flyer Over

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM4238T
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Camry
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: On the way home
 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: Kua Cheng Hua (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S669714B CONTACT: 98459911
 c) ADDRESS: Blk 542 Choa Chu Kang Street 52
S660542

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Pang Teck Keng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1427391C CONTACT: 92789176
 c) ADDRESS: _____

* d) DATE OF BIRTH: (23 / 02 / 1960) (DD/MM/YYYY) 24021968 X

e) OCCUPATION: (INDOOR / OUTDOOR) Both
 f) DATE OF DRIVING PASS: 05081994

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK3872E MODEL: Mitsubishi (Lancer)
 b) DRIVER'S NAME: Pang Teck Keng
 c) NRIC/FIN/PASSPORT: S1427391C CONTACT: 92789176

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
(2)

No of passengers
 (including driver)
()

email = kelvin_323@yahoo.com.sg
 VIDEO

Claim Handling

Accident MT/1074138

Policy No.	5078185855-03	Vehicle No.	SJM4238T	GST Registrati
Certificate No.				
Policyholder Name	KUA CHENG HWA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98459911	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<div>NoYes</div>	TCA	<div>NoYes</div>	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire

Accident Details

Report Date	03/12/2019 16:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	17:05	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CHOA CHU KANG EAST FLYOVER			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	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 542 #09-60	Address 2	CHOA CHU KANG STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5078185855-03	

OI Driver Info

Driver Name	KUA CHENG HWA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6809714B	Driver DOB
Register Date of Driver License	05/08/1994	Driver Age	51	Driving Experie
Contact No.(Mobile)	98459911	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 542 #09-60	Address 2	CHOA CHU KANG STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<div>YesNo</div>	Driver Vehicle No.	SJM4238T	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div>YesNo</div>
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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

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Insured Name

KU

Contact No. (Home)

676

OI Vehicle Number

SJM

Claim Close Date

OD-MX

98459911

kelvin_323@yahoo.com.sg

SJM4238T / SLK3872E ON 2 Dec 2019

03/12/2019 16:17

ROSLI WAHAB

Save Submit

Attachment

Accident No.

MT/1074138

Claim No.

001

Last Doc. Received

Yes No

Upload Date

03/12/2019 16:23

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:23	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:23	SAS		Normal	S
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:23	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:23	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:23	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:18	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:18	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:18	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 16:18	Photos		Normal	Ph

Video List

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

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

02/12/2019 16:03

Vehicle No.(For Motor)

SJM4238T

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078185855-03		KUA CHENG HWA	S68097148	GPC	drive CLASSIC	SJM4238T	SJM4238T	02/01/2019	01/01/2020

Continue