

[wef 1 Jan'05]

19 MAY 91 03038

Done by

Toll:

This complete set was done by

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Injury:

Dine/Binge

Invoice #		Date	Ref No.	Vehicle Reg No.	Driver License No.	Insurer Name	Policy No.	Amount Paid	Balance Due
1) AR: Accident Reporting (\$30)									
2) DA: Damage Assessment (\$100)									
3) TP: Towing Fee	\$40/\$45								
4) PT: Follow-Through Survey	\$120								
5) PT: Follow-Through Survey (Resurvey)	\$30								
For claim by against INQ Only (w/ef 10 Jan 2003)									
6) TR: Re-inspection	\$75								
7) NI: Idao DA + SMRT Survey	\$160								
8) NTUC Additional Services:-									
ON:									
*N5: Courtesy Car / Tpl Allowance	\$3								
*N6: Repair Co-ordination	\$10								
*N7: Post Repair Inspection	\$25								
*N8: DV / Collect Losses Coordination	\$3								
TP (NI): TP (NI) INQ against INQ	\$25								
9) NI: Idao Mobile	\$30								
Invoice dated	Paid Charged								
Invoice dated	Paid Charged								

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	11/12/2019 14:23
Date Of Accident	11/12/2019 08:30
Exact Location Of Accident	BLK 47 OWEN ROAD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	E61Y
Insured/Policyholder	
Name Of Registered Owner	CHWEE HAN SIN
NRIC No	S0158115E
Email Address	CHWEES88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96180023
Alternative Phone No	OTHERS-96180023

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	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	5076468600-03
Cover Note Number	

Driver

Name of Driver	CHWEE HAN SIN
NRIC No	S0158115E
Date Of Birth	26/10/1952
Occupation	INDOOR
Date Of Driving Pass	17/04/1970
Driving Experience	49 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96180023
Fax Number	
Contact Number	OTHERS-96180023
EMail Address	CHWEES88@GMAIL.COM

Address	BLK 112 WHAMPOA ROAD #07-75
Postcode	321112
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	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	SJL6228P
Vehicle Make/Model/Colour	AUDI
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)	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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:

11/12/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

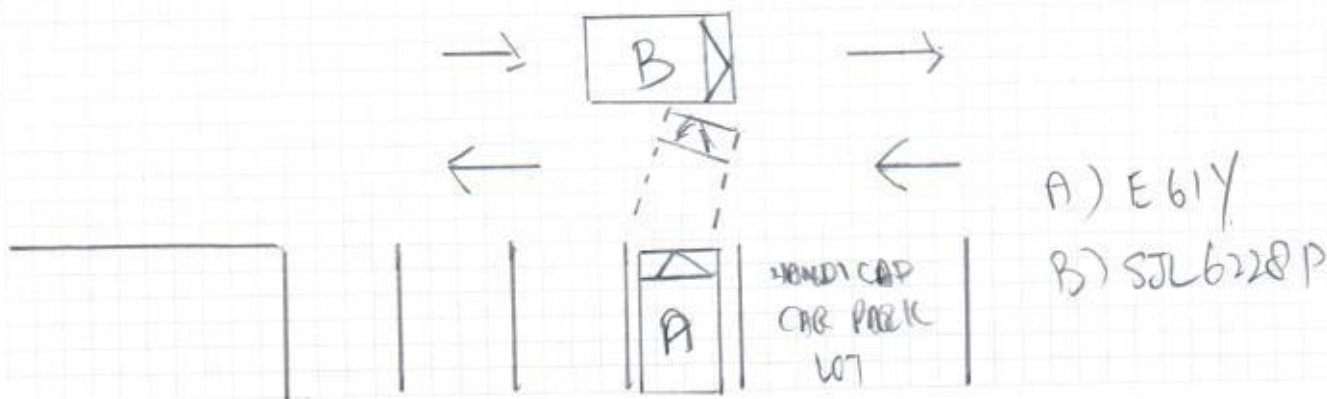
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BLK 47 outside both open CARPARK




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11th December 2019, I park my car in the parking lot in front of Block 47 open road. CHOB can park. I look to the right and left the traffic was clear. I then move my car and suddenly there was this car SJL 6228P suddenly appear. I saw no car but instead he appear. I knocked his car. weather was slightly raining.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (11/12/19) (DD/MM/YYYY), TIME: (8:30) (HH:MM) ^{am}

LOCATION: BIC 47 Owen Road ^{OPAL CORPARK}

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: E 611
 b) INSURANCE COMPANY: NTAC
 c) POLICY NUMBER: S 507 646 8600-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOURAN VW
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: for use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: CHWEE ANN SIN (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 5015811512 CONTACT: 96180023
 C) ADDRESS: 112 Whampoa Road
07-75 spore 321112

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABRAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (26/10/1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/04/19

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: 50L 628P MODEL: audi

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = CHWEESS@GMAIL
 VIDEO

Claim Handling

Accident MT/1075279

Policy No.	5076468600-03	Vehicle No.	E61Y	GST Registrati
Certificate No.				
Policyholder Name	CHWEE HAN SIN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96180023	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	11/12/2019 15:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/12/2019	Time of Accident hh:mm	08:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 47 OWEN ROAD OPEN CARPARK			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 112 #07-75	Address 2	WHAMPOA ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5076468600-03	

▼ OI Driver Info

Driver Name	CHWEE HAN SIN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S0158115E	Driving Experi
Register Date of Driver License	01/01/1970	Driver Age	67	Contact No.(Hi
Contact No.(Mobile)	96180023	Contact No.(Office)		Address 3
Address 1	BLK 112 #07-75	Address 2	WHAMPOA ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	E61Y	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CH
Contact No.(Mobile)	96180023	Contact No. (Home)	NIL
Email Address	atkinslaw88@gmail.com	O1 Vehicle Number	E61
Claim Description	E61Y / SJL6228P ON 11 Dec 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered	11/12/2019 15:09	Claim Close Date	
Report Taken By	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment









Accident No. MT/1075279 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/12/2019 15:10

Path *

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Category * Confider
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:10	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:10	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:10	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:10	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:09	NRIC/ Driving License	Y Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:09	SAS	Normal	S,

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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: 5076468600-03

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **E61Y**
Chassis Number : **WVGZZZ1TZCW116862**
2. Name of Policyholder : **CHWEE HAN SIN**
3. Effective Date of Insurance : **01 Feb 2019**
4. Expiry Date of Insurance : **31 Jan 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)	: N/A
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHWEE HAN SIN
NAMED DRIVER (1)	: TAY KIM IT
NAMED DRIVER (2)	: WONG PO CHU
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)

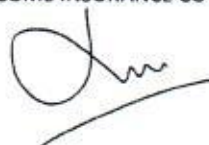
Agency : INCOME-BRANCH SERVICES (00000081333)
Date of Issue : 20 Dec 2018 17:52 hrs
Reprint : 20 Dec 2018 17:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive