



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	16/12/2019 09:20
Date Of Accident	13/12/2019 17:40
Exact Location Of Accident	ALONG GEYLANG EAST CENTRAL/ALJUNIED AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB6982S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MCE CONTRACT SERVICES PTE LTD
Co Reg No	201718611H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98473847
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107618481
Cover Note Number	
<b>Driver</b>	
Name of Driver	SHAKIL
Passport No/FIN	G8379726L
Date Of Birth	11/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93232057
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	460 MANDAI ROAD
Postcode	729760
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG3257X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHANMUGAM DEEPARRAJ
NRIC/Passport Number	
Contact Number	90445893
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

MCE CONTRACT  
SERVICES  
PTE LTD

Policyholder's Signature  
Date & Time:

*Sketch*

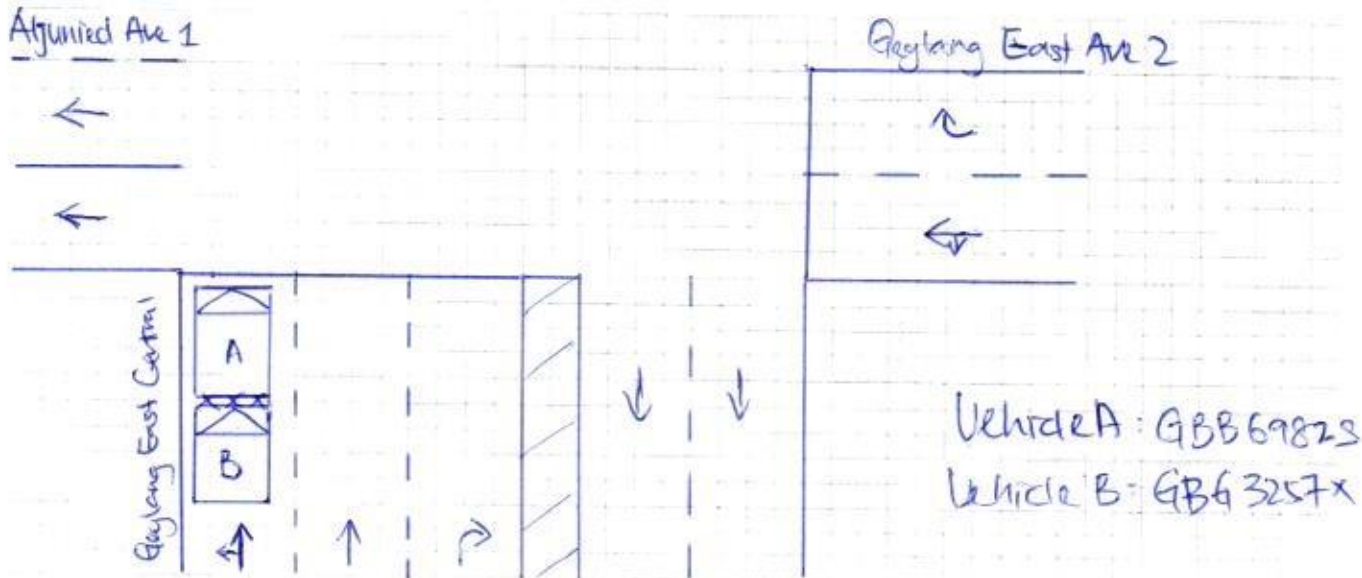
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*Shyur* 16/12/19

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

# SKETCH PLAN

Atjunied Ave 1



Vehicle A: GBB6982S

Vehicle B: GBG3257X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above said date & time, I was driving my vehicle A (GBB6982S) traveling along Gaylang East Central towards Paya Lebar Road on third line of a 3-lanes, two way road. Somewhere at the junction of Atjunied Avenue 1, the traffic light turn red, so I applied brake and stopped completely before the stop line. Out of sudden, vehicle B (GBG3257X) came from rear and collided directly onto the rear portion of my vehicle.

## DECLARATION

We declare the foregoing particulars are true in every respect.

MCE CONTRACT  
SERVICES  
PTE LTD

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.:

16/12/19

<b>Vehicle No.</b>	GBB 6982S		<b>Model / Make</b>	Nissan Cabstar
<b>Date of Accident</b>	13 <del>11</del> / 12 / 2019			
<b>Time of Accident</b>	1740		HRS	
<b>Location of Accident</b>	Along Geylang East Central / Aljunied Avenue 1			
<b>Exact purpose use during accident</b>	Work			
<b>Name of Owner</b>	MCE Construct Services Pte Ltd			
<b>Telephone No.</b>	H/P : 9847 3847		<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	201718611H			
<b>Address</b>	11 Yishun Industrial Street 1 #02-99 S(768089)			
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY			
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive Third Party Third Party / Fire / Theft			
<b>Policy No.</b>	5107618481			
<b>Name of Driver</b>	As Above If No, Shakil			
<b>NRIC</b>	G8379726L		Any Passengers : -	
<b>Date of birth</b>	11 / 11 / 1983			
<b>Occupation</b>	Outdoor / Indoor			
<b>Driving License Pass Date</b>	5 / 6 / 2017			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P : 9323 2057		<b>Home :</b>	<b>Office :</b>
<b>Address</b>	460 Mandai Road S(729760)			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee, If no, state			
<b>Weather condition</b>	Clear Raining Other			
<b>Road Surface</b>	Dry Wet Other			
<b>Any Injuries</b>	No, If Yes, Who?			
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	GBG 3257X		Any Passengers : 2	
<b>Name of Driver</b>	Sharmugam Deepanraj		Contact No. : 9044 5893	
<b>Vehicle C No.</b>	Any Passengers :			
<b>Vehicle D No.</b>	Any Passengers :			
<b>Vehicle E no.</b>	Any Passengers :			
<b>Vehicle F No.</b>	Any Passengers :			
<b>Vehicle G No.</b>	Any Passengers :			
<b>Witness Name</b>	Witness Contact :			
<b>Accident Portion</b>	Rear portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
check date of accident				
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

## 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 :** 5107618481

**Cover :** Comprehensive

- |                                                                                                                                                                                                                                                                                                               |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : <b>GBB6982S</b>               |
| Chassis Number                                                                                                                                                                                                                                                                                                | : JN1SC2F24Z0801236             |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : MCE CONTRACT SERVICES PTE LTD |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 26 Feb 2019                   |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 08 May 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.                                                                                                                                                                                           |                                 |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                                                                                                                                                                                                               |                                 |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
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 : ABWIN PTE LTD (00000614234)  
Date of Issue : 26 Feb 2019 08:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1075813

Policy No.	S107618483	Vehicle No.	GB869825	GST Registrat
Certificate No.				
Policyholder Name	MCE CONTRACT SERVICES PTE LTD			Policyholder I
Product Code	COMMERCIAL VEHICLE (INSURANCE)	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98473847	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	Yes	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	16/12/2019 12:19	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	13/12/2019	Time of Accident hh:mm	13:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG GEYLANG EMBANKMENT CENTRAL/ALUNED AVE 1			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date		Yes
GST Registration No.	2017186114	GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	RYUSHUN INDUSTRIAL STREET	Address 2	#04-03 NORTH VIEW BIZHUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-03	Related Policy Number	5113608419	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SHAKIL	Driver NRIC	G83797261	Driver DOB
Register Date of Driver License	05/06/2017	Driver Age	30	Driving Exper
Contact No.(Mobile)	912732057	Contact No.(Office)	0	Contact No.(I
Address 1	460 MANDAI ROAD	Address 2	MANDAI LODGE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insur
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	98473847	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	GB869825 / GBG3257X ON 13 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			

Save

Submit

Attachment

Accident No.

MT-1075813

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

16/12/2019 00:00

Path

Category

Confid.

Choose File

No file chosen

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Please Select

NO

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No file chosen

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NO

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Attachment List

Attachment

Uploaded By/Date

Category

Urgency

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2019 12:17

NRIC/ Driving License

Y

Normal

NRJC/ Dr

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2019 12:17

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Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading