

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	20/12/2019 12:01
Date Of Accident	19/12/2019 22:30
Exact Location Of Accident	WOODLANDS CROSSING TWDS SINGAPORE CUSTOM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML3190Y
Insured/Policyholder	
Name Of Registered Owner	CHONG SENG KIT
NRIC No	SXXXX617Z
Email Address	VINCENTCHONGSK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98512475
Alternative Phone No	OTHERS-98512475
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	5109920162
Cover Note Number	
Driver	
Name of Driver	CHONG SENG KIT
NRIC No	SXXXX617Z
Date Of Birth	24/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1996
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512475
Fax Number	
Contact Number	OTHERS-98512475
EMail Address	VINCENTCHONGSK@YAHOO.COM

Address	BLK 623 BEDOK RESERVOIR RD #12-1538
Postcode	470623
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	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?	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)	4
Passenger 1	NAME: : MOTHER-IN-LAW GENDER: : FEMALE
Passenger 2	NAME: : NIKOLIA GENDER: : FEMALE
Passenger 3	NAME: : JANEN ELLEN 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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJN7137B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM PANG SENG
NRIC/Passport Number	SXXXX614Z

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

20/12/19

Driver's Signature

(If driver is not the policyholder)

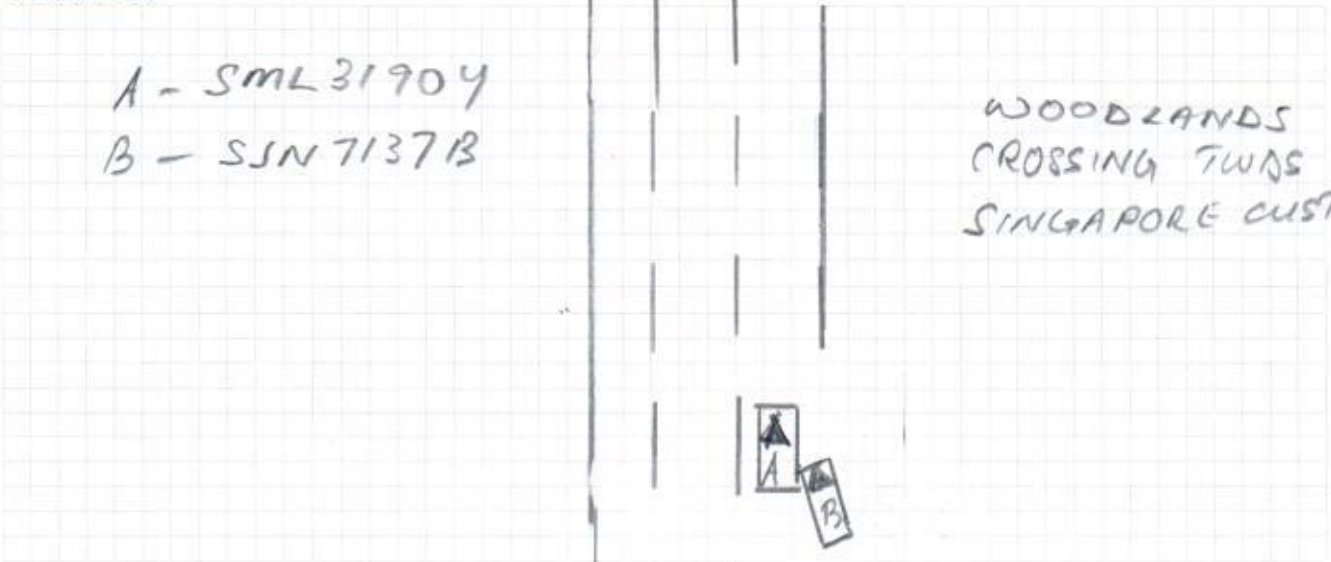
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

DECLARATION

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

Policyholder's Signature
Date & Time: 20/12/19

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

Reporting Centre Personnel's Signature
Name: 20/12/19
NRIC/FIN No.:

I WAS TRAVELLING FROM WOODLANDS CROSSING TWDS SINGAPORE CUSTOM.SUDDENLY VEH B FROM MY RIGHT CUT INTO MY LANE AND COLLIDED ONTO MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/19) (DD/MM/YYYY), TIME: (22:30) (HH:MM)

LOCATION: FROM CAUSEWAY TOWARDS SPORG CUSTOM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SML31904
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MAZDA 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE 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: CHONG SENG KIT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S75356172 CONTACT: 98512475
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 22/04/19

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

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJN7137B MODEL: _____
b) DRIVER'S NAME: LIM PANG SENG
c) NRIC/FIN/PASSPORT: S21796142 CONTACT: 98578223

9. THIRD PARTY VEHICLE

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

1) EMAIL :

2) VIDEO :

(4)
NUMBER OF
PASSENGER
INCLUDING DRIVER
mother in law (F)
NIKOLIA (F)
Janellen (F)

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

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: 5109920162

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SML3190Y**
Chassis Number : JM6BM44A8E0133666
2. Name of Policyholder : **CHONG SENG KIT**
3. Effective Date of Insurance : **30 May 2019**
4. Expiry Date of Insurance : **13 Jul 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	: CHONG SENG KIT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : HUA YANG CREDIT PTE LTD (00000613824)
Date of Issue : 30 May 2019 10:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident NT/1076561

Policy No.	5109920162	Vehicle No.	SPL3190Y	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG SENG KIT			Policyholder NRIC	S7535617Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98512475	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
MPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/12/2019 13:06	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/12/2019	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CROSSING TWDS SINGAPORE CUSTOM				

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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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 623 #12-1538	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470623
Address 4		Address Type	Singapore address	Post Code	470623
Unit No.		Related Policy Number	5109920162		

OI Driver Info

Driver Name	CHONG SENG KIT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7535617Z	Driver DOB	24/11/1975
Register Date of Driver License	22/04/1996	Driver Age	44	Driving Experience	23
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 623	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470623
Address 4		Address Type	Singapore address	Post Code	470623
Unit No.	#12-1538				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type +

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Registration

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

20/12/2019 13:18

Claim Close Date

20/12/2019 00:00

Report Taken By

ROSLINDA

Workshop Repainer

Total Loss but Repaired

Print AK letter

Save Submit

Attachment

Path +

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen
















Choose File No file chosen

Choose File No file chosen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Dec 2019 13:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-20	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Dec 2019 13:17	Photos		Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Dec 2019 13:17	Photos		Normal	Photos 2019-12-20	Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:17	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:17	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:17	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:16	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:16	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:16	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:16	Photos	Normal	Photos 2019-12-20	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:16	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:15	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:15	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:15	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:15	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:15	Photos	Normal	Photos 2019-12-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2019 13:15	Photos	Normal	Photos 2019-12-20	Edit

Video List

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