

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	24/12/2019 11:02
Date Of Accident	20/12/2019 00:05
Exact Location Of Accident	BUANGKOK DR JUNC WITH SENGKANG E DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7168Z
Insured/Policyholder	
Name Of Registered Owner	SINCERE RENTAL
Co Reg No	5XXXX089E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81888837
Vehicle Particulars	
Manufacturer	RENAULT
Model	FLUENCE 1.5 DCI 110 A/T SR
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	5098058420-01
Cover Note Number	
Driver	
Name of Driver	CHAN WEI JIE
NRIC No	SXXXX459J
Date Of Birth	15/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96468137
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 345 KANG CHING RD #16-97
Postcode	610345
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	YES
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191224/2032

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	SLH7243K
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)

DETAILS OF INJURED PERSON 1

Name CHAN WEI JIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKS7168Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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6. The 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 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:

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

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

SKETCH PLAN

Sengkang E Dr

A: SKS 7168 Z

B: SLH 7243 K


Buangkok Dr

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20191224 / 2032

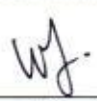
DECLARATION

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: (20 / 12 / 19) (DD/MM/YYYY). TIME: (00 : 05) (HH:MM)

LOCATION: Buangkok Drive Junc with Senglang E Dr.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 7168Z
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
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: Sincere Rental (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8188 8837
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: chan wei jie. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9646 8137
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver.

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) Pending.
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLH 7243K MODEL: _____
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: _____

1 PM
(2)
NUMBER OF
PASSENGER
INCLUDING DRIVER

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

* Police Report
1) EMAIL : chanweisie888@hotmail.com
2) VIDEO : Yes.



SINGAPORE POLICE FORCE



T/20191224/2032

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191224/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2019 10:58		Vide Report No.:		Station Diary No.: 15
Informant's Particulars				
Name of Informant: CHAN WEI JIE		Address: APT BLK 345 KANG CHING ROAD #16-97 SINGAPORE 610345		
ID Type / ID No.: NRIC NO / S9609459J		Contact No.: Home/Office: Mobile: 96468137		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 23	Date of Birth: 15/03/1996	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2019 00:05	Type of Location: X-Junction
Location: Along Road 1 BUANGKOK DRIVE UPPER SERANGOON ROAD Buangkok Drive turning right to Upper Serangoon Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS7168Z	Car				Slightly Damaged	1
SLH7243K	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191224/2032

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/201912

CONTINUATION OF REPORT

Brief Details.

On 20/12/2019 at about 0005hrs, I was driving my grab passenger in my grab rental vehicle SKS7168Z along Buangkok Drive heading towards Upper Serangoon Road. As the traffic was in red, I then stopped my vehicle at the most outer right lane as I want to turn right upon reaching the cross junction of Buangkok Drive and Upper Serangoon Road. Subsequently, while I was waiting for the traffic to turn green, my vehicle was being knocked onto by vehicle SLH7243K from the rear. The impact causes both of our vehicle bumper to crack and there was also damage on the person vehicle bonnet. we then came down from the vehicle and exchange particulars before we drove off. As I was not feeling unwell from the accident, I went to see the doctor on 20/12/2019 at Silver Cross Medical and was given 3 days MC from 20/12/2019 to 22/12/2019.

I wished to state that I did not notice the vehicle and do not know how did the accident happen. I also wished to state that the vehicle might be travelling at a fast speed as the impact was great and I wished to state that I do have front in car camera.



**SINGAPORE
POLICE FORCE**



T/20191224/2032

3 of 3

Report No. T/20191224/2032

Police Station Of Origin:
Greenstown N.P.C
Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
D /
Sgt 2 LIU FENGZHAN, GERRY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/12/2019 10:58

Classification Of Case:

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: 5098058420-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKS7168Z**
Chassis Number : VF1LZLF0E52455223
2. Name of Policyholder : SINCERE RENTAL
3. Effective Date of Insurance : 21 May 2019
4. Expiry Date of Insurance : 20 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 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: BENEFIT AUTO ENTERPRISE 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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 01 Feb 2019 10:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Exit

Accident MT/1076997

Policy No.	5099058420-01	Vehicle No.	SK57168Z	GST Registration No.	
Certificate No.					
Policyholder Name	SINCERE RENTAL			Policyholder NRIC	53376089E
Product Code	FLEET INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	91050537	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	24/12/2019 11:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/12/2019	Time of Accident (h:mm)	00:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUANGKOK DR JUNC WITH SENGKANG E DR				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 75 #12-174	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 460076
Address 4		Address Type	Singapore address	Post Code	460076
Unit No.	12-174	Related Policy Number	5112357939		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/03/1996
Unnamed Driver Name	CHAN WEI JIE	Driver NRIC	5XXXX459J	Driving Experience	5
Register Date of Driver License	23/07/2014	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	96468137	Contact No.(Office)		Address 3	SINGAPORE 610345
Address 1	BLK 345 #16-97	Address 2	KANG CHING ROAD	Post Code	610345
Address 4		Address Type	Singapore address		
Unit No.	16-97				
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?	No Yes		

Modification History

Claims 001 New

Claim Type *	OD-MX	Insured Name	SINCERE RENTAL	Insured NRIC	53376089E
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OT Vehicle Number	SK57168Z	TP Vehicle Number	SLH7243K
Claim Description	SK57168Z / SLH7243K ON 20 Dec 2019			Name of Preferred Workshop	
Preferred workshop		Insured Liability	Not at Fault		
Resquet No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/12/2019 11:23	Claim Close Date		Date Received	24/12/2019 00:00
Report Taken By	SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076997	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	24/12/2019 11:24
Choose File	No file chosen	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		
Message Read			
Attachment List		Send Message Upload	

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Dec 2019 11:24	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-24		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Dec 2019 11:23	SAS	Normal	SAS 2019-12-24		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Dec 2019 11:23	Photos	Normal	Photos 2019-12-24		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Dec 2019 11:23	Photos	Normal	Photos 2019-12-24		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Dec 2019 11:23	Photos	Normal	Photos 2019-12-24		Edit

S (BUKIT MERAH)) on 24 Dec 2019 11:23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 24 Dec 2019 11:23

Photos

Normal

Photos 2019-12-24

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 24 Dec 2019 11:23

Photos

Normal

Photos 2019-12-24

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S (BUKIT MERAH)) on 24 Dec 2019 11:23

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Photos 2019-12-24

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S (BUKIT MERAH)) on 24 Dec 2019 11:23

Photos

Normal

Photos 2019-12-24

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Uploaded By/Date

Folder Date

File Name



Source

Action

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