

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	29/12/2019 14:44
Date Of Accident	28/12/2019 16:35
Exact Location Of Accident	THOMSON RD TOWARDS UPP THOMSON RD BF MT PLEASANT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT618U
Insured/Policyholder	
Name Of Registered Owner	SIEW WAI LEEN
NRIC No	S2595193Z
Email Address	YRNGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96445368
Alternative Phone No	OFFICE-96445368

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPL0000854
Cover Note Number	

Driver

Name of Driver	NGOH YI RUI
NRIC No	S8907511D
Date Of Birth	02/03/1989
Occupation	INDOOR
Date Of Driving Pass	26/01/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91528079
Fax Number	
Contact Number	
Email Address	YRNGOH@GMAIL.COM

Address	BLK 231 ANG MO KIO AVENUE 3 #09-1236
Postcode	560231
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MOTHER IN LAW
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)	2
Passenger 1	NAME: : WIFE 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

PLEASE REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG9939C
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEOW SECK KAY
NRIC/Passport Number	S0658958H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

① SJT 6184
② SJG 9939C

BUS LANE



THOMSON ROAD, TOWARDS UPPER THOMSON RD
JUST BEFORE MT PLEASANT ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 December 2019, 4.34 pm
I was along Thomson Road, coming from Novena towards upper Thomson road. I stopped at the traffic light at the slip road to PIE (Changi Airport). I was on the 2nd lane.
Upon green light, I moved off, before hearing a loud thud as the car SJG 9939C on the 3rd lane hit my car SJT 618U.

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: S.P.C. CHENG
NRIC/FIN No.: 17202411C

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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: ERIC CHEN
NRIC/FIN No.: 1720241/C

Common Statement

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
28-12-2019	14:35pm	Thomson Road, towards Upper Thomson Rd, just before Mt Pleasant Rd

INSURED/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION	
Vehicle Registration Number	STT6184
Name of Policyholder	SIRW WAIL BEN
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S2595193Z
Address	11K SUNRISE TERRACE (S804534)
Contact Number	Tel: Hp: 96KFS368
Email Address	ymgoh@gmail.com

VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	VOLKSWAGEN GOLF
Type of Vehicle	<input checked="" type="radio"/> Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: THIRTY PARTY
Vehicle category	<input type="radio"/> Private Hire <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	INDIA INTERNATIONAL
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	DI9MPL0000854

DRIVER	
Name of Driver	NGOH YI RUI
NRIC/ FIN/ Passport	S8967511D
Date of Birth	02-03-1989
Occupation	IND COU
Driving Pass Date	26-01-2011
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp: 91528079
Address	B1/C231 ANG MO KIO AVE 3 #09-1236 (S560231)
Address	
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	
No. of Passenger in vehicle (including Driver)	(including Driver)
Please state:	Name: Gender:
	Name: Gender:
	Name: Gender:
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:

OTHER INFORMATION	
Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input type="radio"/> No <input checked="" type="radio"/> Yes

DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

Signature YRNGOH@GMAIL.COM

Common Statement

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION	
Vehicle Registration Number	STH 9939C
Make/ Model/ Others	RMW
Vehicle category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	SEOW SECK KAY 06589584

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

DETAILS OF WITNESS

Name	
Phone / Email Address	
NRIC/ FIN/ Passport	

DETAILS OF INJURED PERSON 1

Name	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2595193Z



Name
SIEW WAI LEEN

蕭 慧 蓮
Race
CHINESE

Date of Birth **10-01-1960** Sex **F**

Country of Birth
MALAYSIA



A0266240



NRIC No. **S2595193Z**



Blood Group **-** Date of issue **15-11-2002**

**114 SUNRISE TERRACE
SINGAPORE 804534**

NRIC No: **S2595193Z** Date: **08/10/2019**

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S0658958H**
Name: **SEOW SECK KAY**

Birth Date: **14 May 1943**
Issue Date: **22 Feb 2003**



 000226723K

NRIC & DRIVING LICENCE

6142711



NRIC No. S8907511D



Date of issue
09-03-2019

Address
APT BLK 231 ANG MO KIO AVENUE 3
#09-1236
SINGAPORE 560231

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 26 Jan 2011

NP 428A

Licence No: S8907511D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8907511D




NAME
NGOH YI RUI

吳毅叡

Race
CHINESE

Date of birth
02-03-1989

Country/Place of birth
SINGAPORE

Sex
M

S8907511D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8907511D

Name
NGOH YI RUI

Birth Date 02 Mar 1989

Issue Date 26 Jan 2011



001932677D



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

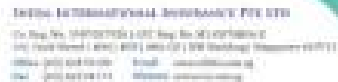


Accident Photo



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1. The first step is to identify the problem. In this case, the problem is that the company is not meeting its sales targets.

CERTIFICATE NO: DMMP/00000000		COVER: COMPREHENSIVE								
1. Make, Mark and Registration Number of Vehicle	: AUTOIRL									
Chassis No.	: M7VW8EAG11P400000									
2. Name of Policyholder	: OWEN TAN LEEEN									
3. Effective date of Insurance	: 14 Feb 2019									
4. Expiry date of Insurance	: 13 Feb 2020									
5. Persons or Classes of Persons entitled to drive*										
(a) The Policyholder										
The Policyholder may also drive a Motor Car not belonging to or hired under a hire purchase agreement or otherwise to himself or herself without or without permission.										
(b) Any other person who is driving under the Policyholder's order or with his/her permission										
Provided that the person driving is permitted to accompany with the licensing or other laws or regulations to drive the Motor Vehicle as he has to be appointed and is not charged that by order of a Court of Law or by reason of any enactment or regulation to be held from driving the Motor Vehicle.										
6. Limitation on use only*										
Use only for social, domestic and pleasure purposes and for the Policyholder's business.										
The Policy does not cover:										
(a) Use for hire or reward.										
(b) Use for racing, post-racing, reliability trial, speed-testing.										
(c) Use for the carriage of goods other than subject to contract with any trade or business.										
(d) Use for any purpose in connection with the Motor Trade.										
*Limitations rendered imperative by Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 184) and Section 94 of the Road Transport Act, 1987 (Malaysia), are not to be included unless these headings.										
<table border="0"> <tr> <td>Amount of Annual Excess (Under Part 1)</td> <td>: S\$25,000.00</td> </tr> <tr> <td>Unlimited Excess (Under Part 1)</td> <td>: S\$25,000.00</td> </tr> <tr> <td>Windscreen Excess</td> <td>: S\$25,000.00</td> </tr> <tr> <td>Summed Excess</td> <td>: S\$25,000.00</td> </tr> </table>			Amount of Annual Excess (Under Part 1)	: S\$25,000.00	Unlimited Excess (Under Part 1)	: S\$25,000.00	Windscreen Excess	: S\$25,000.00	Summed Excess	: S\$25,000.00
Amount of Annual Excess (Under Part 1)	: S\$25,000.00									
Unlimited Excess (Under Part 1)	: S\$25,000.00									
Windscreen Excess	: S\$25,000.00									
Summed Excess	: S\$25,000.00									
Hire Purchase Company : OWEN Bank Ltd										
FOR DRIVING BEHIND 21 YEARS OR ABOVE 21 YEARS OF AGE AND LESS THAN 2 YEARS SINGAPORE DRIVING LICENSE. ADDITIONAL POINTS OF SCORE ON SINGAPORE WILL BE APPLICABLE.										
We HEREBY CERTIFY that the Policy is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 184) and Part IV of the Road Transport Act, 1987 (Malaysia).										
Agent/Endorser : (9066) 61-0181 (067181) 61-0181 (067181) 61-0181		At: Asia International Insurance Pte Ltd								
Date of Issue : 14 FEB 2019 10:04:11										
MVA Ref no (for Renewal/Enquiry)										
										
		Authorized Signature								

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500100 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHA19170786 Vehicle Registration No: SJT618U
Name(as shown in NRIC) : NGOH YI RUI NRIC/FIN/Passport No : SXXXX511D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 231 ANG MO KIO AVENUE 3 #09-1236 Singapore 1560231
Contact (Tel) : _____ Mobile No. : 91528079
Email Address : yrgoh@gmail.com
Date of Accident : 28/12/2019 Time of Accident : 16:35
Place of Accident : THOMSON RD TOWARDS UPP THOMSON RD BF MT PLEASANT
Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ACCIDENT TIME, EMAIL ADDRESS AND RELATIONSHIP

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: **MOO WEN ZHENG**
NRIC/FIN No.: G2822081U
Date: 31/12/2019