

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	28/01/2020 19:00
Date Of Accident	24/01/2020 18:20
Exact Location Of Accident	BLK 93 TELOK BLANGAH STREET 31 MSCP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL8399S
Insured/Policyholder	
Name Of Registered Owner	WONG ZHONG HAO, JASPER (HUANG ZHONGHAO, JASPER)
NRIC No	SXXXX117F
Email Address	JASPER.WONG1981@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96206662
Alternative Phone No	OTHERS-96206662
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PARKING
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	5115599173
Cover Note Number	
Driver	
Name of Driver	WONG ZHONG HAO, JASPER (HUANG ZHONGHAO, JASPER)
NRIC No	SXXXX117F
Date Of Birth	06/08/1981
Occupation	INDOOR
Date Of Driving Pass	19/06/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96206662
Fax Number	
Contact Number	OTHERS-96206662
EMail Address	JASPER.WONG1981@GMAIL.COM

Address	BLK 93B TELOK BLANGAH STREET 31 #17-177
Postcode	102093
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	COLLIDED INTO PARKED VEHICLE
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)	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	SMD3990Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98372077
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: 28/01/20
3:20pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

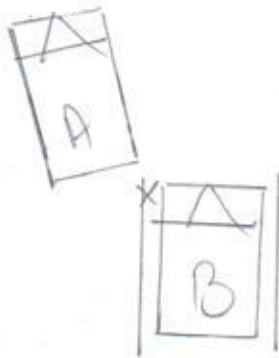
Name:
NRIC/FIN No.:

SKETCH PLAN

BK 93 JALOR BLANGAH ROAD MSCP

A) SLL 8399S

B) SMD 3990Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/01/2020 AT ABOUT 18:20 HRS WHILE I WAS REVERSING MY CAR SLL 8399S I ACCIDENTALLY HIT A CAR SMD 3990Y AT THE PASSENGER DOOR & WAS A SLIGHT DAMAGE ONLY.

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.:

28/01/2020
FOSL WONG

ACCIDENT STATEMENT

ACCIDENT DATE: 24/01/2020 (DD/MM/YYYY), TIME: 18:20 (HH:MM)
LOCATION: Q3 Telok Bingham Street 31

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLL 8399S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HILUX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: WONG CHONG HAO JASPER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S812317E CONTACT: 96206662
c) ADDRESS: Q3B Telok Bingham Street 31 #17-17

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 06/08/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19/06/2007

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: SMD 3990Y MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 98372077

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email: jasper.wong.1981@gmail.com
Video

Claim Handling

The premium on this policy has not been collected.
Accident MT/1081878

Policy No.	5115599173	Vehicle No.	SLL8399S	GST Registrati
Certificate No.				
Policyholder Name	WONG ZHONG HAO			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96206662	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	28/01/2020 19:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2020	Time of Accident hh:mm	18:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 93 TELOK BLANGAH STREET 31 MSCP			
▼ 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 Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	10 JALAN SENYUM	Address 2	SINGAPORE 416145	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115599173	
▼ OI Driver Info				
Driver Name	WONG ZHONG HAO JASPER	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8123117F	Driver DOB
Register Date of Driver License	19/06/2007	Driver Age	38	Driving Experie
Contact No.(Mobile)	96206662	Contact No.(Office)		Contact No.(Hi
Address 1	10 JALAN SENYUM	Address 2	SINGAPORE 416145	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLL8399S	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WC
Contact No.(Mobile)	96206662	Contact No. (Home)	NIL
Email Address		O1 Vehicle Number	SLL
Claim Description	SLL8399S / SMD8399S ON 24 Jan 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	28/01/2020 19:11	Claim Close Date	
Report Taken By	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1081878

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

28/01/2020 19:11

Path *

Category *

Confider

Choose File

No file chosen

Choose File

No file chosen

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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

Clear

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NO

Clear

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NO

Clear

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NO

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NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11	SAS		Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
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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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115599173

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLL8399S**
 Chassis Number : ANH208337329
2. Name of Policyholder : **WONG ZHONG HAO**
3. Effective Date of Insurance : **17 Jan 2020**
4. Expiry Date of Insurance : **23 Jan 2021**
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)	: S\$600
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG ZHONG HAO JASPER
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 : MY INSURANCE AGENCY PTE. LTD. (00000573772)
 Date of Issue : 17 Jan 2020 15:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

My Desktop
Notice of Loss

Policy Query

Policy No.
5115599173

Date of Accident
24/01/2020 15:27

Vehicle No.(For Motor)
SLL8399S

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115599173		WONG ZHONG HAO	S8123117F	GPC	drive CLASSIC	SLL8399S	SLL8399S	17/01/2020	23/01/2021

Continue