

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 21:19
Date Of Accident	26/01/2020 18:40
Exact Location Of Accident	ESSO TANJONG KATONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD3550E
Insured/Policyholder	
Name Of Registered Owner	CHU SIEW LAI
NRIC No	SXXXX665E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98554351
Alternative Phone No	OFFICE-98554351

Vehicle Particulars

Manufacturer	BMW
Model	328i
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097326741
Cover Note Number	

Driver

Name of Driver	POON WAI KONG
NRIC No	SXXXX915D
Date Of Birth	13/01/1989
Occupation	INDOOR
Date Of Driving Pass	20/02/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98554351
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	60H TANJONG KATONG ROAD
Postcode	436954
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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: : UNKNOWN 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

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB226B
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/1/2020

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

Sketch Plan #2

SKETCH PLAN

Along 189 Tanjong
Katon Rd



A = SGD 3550 E

B = SMB 226B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/1/2020, 18:40pm, I was stationary along 189 Tanjong Katon Rd, as there is a car in front of me picking up a passenger, I have to stop and wait to turn into the petrol kiosk. Suddenly, I felt an impact from behind and realised that the SMART Bus has hit into my rear portion.

(SMB226B)

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:

28/1/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: 26/01/2020 (DD/MM/YYYY), TIME: 18:40 (HH:MM)

LOCATION: Esso Tanjung Katang B (189 Tanjung Katang Rd 543699)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 3550 E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5091326141
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 320i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: purchasing at petrol kiosk
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: Chen Siew Lai (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2505665E CONTACT: 98554351
c) ADDRESS: 1 Butterworth Lane #12-03 5439444

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Poon Wai Kong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2900915D CONTACT: 98554351
c) ADDRESS: 60H Tanjung Katang Rd 5436154

*d) DATE OF BIRTH: 13/01/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 years 11 months

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Family member

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: SMB226B 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: _____

Email = panweiguang11@gmail.com

fax =

VIDEO =

SKETCH PLAN

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 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
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- (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
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 - (ii) for complying with requirements under any regulations, laws or court orders.

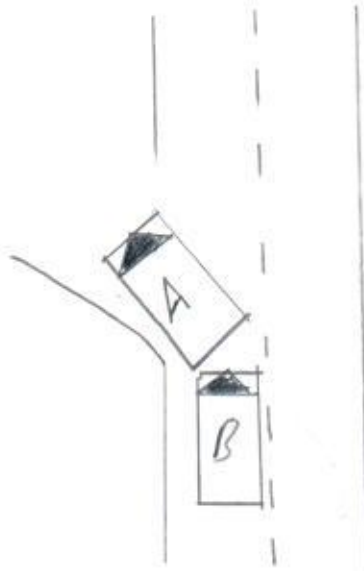
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/1/2020

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

SKETCH PLAN

Along 189 Tanjong
Kertong Rd



A = SGD 3550 E
B = SMB 226B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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(SMB226B)

DECLARATION

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Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/1/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



MT/RB/PNLOCL/002

28 Dec 2018 *Quart*

CHU SIEW LAI
1 BUTTERWORTH LANE
#12-03 DAWN VILLE
SINGAPORE 439444

Dear Policyholder

RENEWAL NOTICE FOR PRIVATE CAR INSURANCE
POLICY NUMBER: 5097326741

Thank you for giving us the opportunity to serve you.

We are pleased to offer you renewal of your policy based on the renewal details below. For your convenience, you can also pay and renew your policy online at www.income.com.sg.

If you have any queries, please call your agent or our hotline at 6788 6616. We would be most happy to assist you.

Yours sincerely

Peh Chee Keong
Vice President & Head
Motor Insurance

Renewal Details:

Period of Insurance	: 15 Feb 2019 to 14 Feb 2020	Premium	: S\$625.38
Policy Coverage	: drive CLASSIC	GST 7%	: S\$43.78
Transport Allowance	: No	Total Premium Payable	: S\$669.16 ^A
Excess Waiver	: No		
Vehicle Model	: BMW 320i		
Vehicle Number	: SGD3550E		
Primary Driver	: CHU SIEW LAI	Windscreen excess	: S\$100
Named Driver (1)	: POON FEI MENG KENNY	Excess (Sect 1)	: S\$600
Named Driver (2)	: POON WAI KONG		
Hire Purchase Company	: N/A		

Memo A. N/A

Agency: SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)
Contact Number: 62810777

^A The Total Premium Payable is after 50% No Claim Discount, 5% Loyalty Discount and with Free NCD Protection Cover.

Claim Handling

Accident MT/1082107

Policy No.	5097326741-01	Vehicle No.	SGD3550E	GST Registration No.	
Certificate No.					
Policyholder Name	CHU SIEW LAI			Policyholder NRIC	S250566SE
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98554351	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date

29/01/2020 20:56

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head to Rear

Date of Accident

26/01/2020

Time of Accident (hh:mm)

18:40

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ESSO TANJONG KATONG RD

Excess

Own damage Excess

600.00

Additional Excess

0

Windscreen Excess

100.00

Unnamed Driver Excess

0.00

Outside Singapore OD Excess

600.00

Third Party Excess

0.00

Outside Singapore TP Excess

0.00

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Status Verified

Yes

GST Registration No.

Modification History

Policyholder Mailing Address

Address 1

1 BUTTERWORTH LANE

Address 2

#12-03 DAWN VILLE

Address 3

SINGAPORE 439444

Address 4

Address Type

Singapore address

Post Code

439444

Unit No.

12-03

Related Policy Number

5097326741-01

Q1 Driver Info

Driver Name

POON WAI KONG

Driver Type

Named Driver

Driver NRIC

S8900915D

Driver DOB

13/01/1989

Unnamed driver Name

Driver Age

31

Driving Experience

9

Register Date of Driver License

20/02/2010

Contact No.(Mobile)

98554351

Contact No.(Office)

Contact No.(Home)

Address 1

60H TANJONG KATONG ROAD

Address 2

SINGAPORE 436954

Address 3

Address 4

Post Code

436954

Unit No.

60H

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?

Yes No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHU SIEW LAI	Insured NRIC	S250
Contact No.(Mobile)	93859961	Contact No.(Home)	67498073	Contact No.(Office)	
Email Address		Q1 Vehicle Number	SGD3550E	TP Vehicle Number	SMB
Claim Description	SGD3550E / SMB2268 ON 26 Jan 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	GSA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	29/01/2020 21:00	Date Received	29/0
Report Taken By	BEH SWEI YANG SHERWIN			Workshop Repairer	Total Loss but Repaired

Print AK letter

Save Submit

Attachment

Accident No.	MT/1082107	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/01/2020 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Message Read

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	NRIC/ Driving License	Y	NRIC/ Driving License 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	SAS	Normal	SAS 2020-1-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

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 : MNA120012551-01 Vehicle Registration No: SGD3550E

Name(as shown in NRIC) : POON WAI KONG NRIC/FIN/Passport No : SXXXX915D

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 60H TANJONG KATONG ROAD Singapore(436954)

Contact (Tel) : 98554351 Mobile No. : 98554351

Email Address : NO EMAIL

Date of Accident : 26/01/2020 Time of Accident : 18:40

Place of Accident : ESSO TANJONG KATONG RD

Insurance Company: NTUC Income Insurance Co-operative 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 ADD PHOTOS

SHERWIN

Policyholder / Driver's Signature
Date:

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