

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	31/01/2020 19:29
Date Of Accident	07/01/2020 08:50
Exact Location Of Accident	ALONG CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK9023Z
Insured/Policyholder	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	5XXXX329A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92395579
Alternative Phone No	OFFICE-92395579
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5115067925
Cover Note Number	
Driver	
Name of Driver	LOKE YUE KIN
NRIC No	SXXXX675Z
Date Of Birth	23/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90067335
Fax Number	
Contact Number	OFFICE-90067335
Email Address	NOEMAIL

Address	BLK 886 TAMPINES STREET 83 #09-372
Postcode	520886
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Crcumstances of Accident

REFER TO POLICE REPORT - T/20200131/2052.

Attachment(s)

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

SKETCH PLAN

IMPORTANT NOTICE

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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. 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.

X



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

No Sketch Plan Provided.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/20013/1/2052.

DECLARATION

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

X



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: 07 Jan 2020 (DD/MM/YYYY), TIME: 8:50 AM (HH:MM)

LOCATION: Along CTE

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJK 9023 Z
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 511506R25-000001
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Corolla altis 1.6 CVT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: Meng Ching Transport & Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53319329A CONTACT: 9239557
 c) ADDRESS: Blk 531A Upp M38 Street #04-113
Houli Lim Complex 51051531

* CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Wice Yuc lan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52716672 CONTACT: 96067335
 c) ADDRESS:

* d) DATE OF BIRTH: 23/01/1952 (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: None

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: W116020 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

email:

VIDEO X



SINGAPORE POLICE FORCE



T/20200131/2052

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20200131/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2020 13:21		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: LOKE YUE KIN			Address: APT BLK 886 TAMPINES STREET 83 #09-37 SINGAPORE 520886		
ID Type / ID No.: NRIC NO / S2716675Z			Contact No.: Home/Office: Mobile: 90067335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 23/01/1956	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/01/2020 08:50	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Unknown			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJK9023Z	Car	TOYOTA	ALTIS	White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200131/2052

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20200131/2052

CONTINUATION OF REPORT

Driver			
Name	LOKE YUE KIN	ID No.	S2716675Z
Related Vehicle	SJK9023Z (Car)	Contact No.	90067335
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I started to rent the car no. SJK9023Z(Toyota/White) from Meng Cheng Transport & Services from 20/12/2019. I was informed by the rental company that the car I was driving was involved in an accident on 07/01/2020 at about 0850hrs.

I wish to state that I did not recall that I was involved in any accident and there are no damages on my vehicle. I checked my GRAB app that on 07/01/2020 at about 0815hrs, I picked up an order from Blk 413 Yishun Ring Rd to The Treasury. I could not remember how many passengers were on my vehicle and did I travel along CTE at the time and date mentioned. I have in-vehicle camera on the front and I checked with my rental company which informed me that it was not recording.



**SINGAPORE
POLICE FORCE**



T/20200131/2052

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Report No. T/20200131/2052

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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:
G /
Sgt 2 TEO HAOLUN, MAURICE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/01/2020 13:21

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)

My Desktop:

Notice of Loss

Policy Query

Policy No. Date of Accident:

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115067925	5115067925-000601	MENG CHENG TRANSPORT & SERVICES	S3378329A	GPM	drive CLASSIC	SJH90232	SJH90232	20/12/2019	02/11/2020

Policy Information

Policy No.	5115067925	Policyholder Name	MENG CHENG TRANSPORT & SE	Policyholder NRIC	53378329A
Certificate No.	5115067925-000001				
Address	BLK 531A #04-113 UPPER CROSS STREET HONG LIM COMPLEX SINGAPORE 051531				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/12/2019	Effective Date	20/12/2019 00:00	Expiry Date	02/11/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1361.59		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5115615958		

Insured Object: 5115067925-000001

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident NT/1082454

Policy No.	EL15067905	Vehicle No.	EW00232	GET Registration No.	
Certificate No.	EL15067905-000001				
Policyholder Name	HENG CHENG TRANSPORT & SERVICES			Policyholder NRIC	933783296
Product Code	FLEET FASTER INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No (Mobile)	92295579	Contact No (Office)	0	Contact No (Home)	0
Timer Address		Special Remark		eCode	<input type="text"/>
SR	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCR	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Experience(Yr)	0	Private Hire	Yes

Accident Details

Report Date	31/01/2020 19:38	Accident Report Within 24 Hrs	Yes	Accident Type	No collision
Date of Accident	01/01/2020	Time of Accident (H:mm)	08:58	Country of Accident	Singapore
Reporting Centre		Orange Parts		ICM No.	
Accident Location	AUMG CTR				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	1,000.00	TP Standard Excess	1,300.00
NCD OD Excess	0.00	NCD TP Excess	
Additional Excess	0	Driver is Covered?	
Total OD Excess Applicable	1,000.00	Total TP Excess Applicable	

GET Registered Information

GET Registered	No	GET Registration Date	
GET Registration No.		GET Status Verified	Yes
Modification History	31/01/2020 19:38:22 System changed GET Status verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 533A, #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 291931	Address Type	Singapore address	Post Code	051331
Unit No.	04-113	Related Policy Number	EL15067905		

OT Driver Info

Driver Name	Uninsured Driver	Driver Type	Uninsured Driver	Driver DOB	25/01/1985
Uninsured driver Name	LOKE HYE KIN	Driver NRIC	S00006752	Driving Experience	5
Register Date of Driver License	28/03/2015	Driver Age	43	Contact No (Office)	0
Contact No (Mobile)	90081738	Contact No (Home)	0	Contact No (Home)	0
Address 1	BLK 386	Address 2	TAMPINES STREET 83	Address 3	TAMPINES STRONG
Address 4	SINGAPORE S20886	Address Type	Singapore address	Post Code	020886
Unit No.	05-372				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

Claim Type *	OD-Rx	Insured Name	HENG CHENG TRANSPORT & SE	Insured NRIC	933783296
Contact No (Mobile)	92295579	Contact No (Home)		Contact No (Office)	0
Email Address		OT vehicle Number	EW00232	TP excess Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	P.J.	Claimant NRIC *			
Claimant Address					
Claim Description	EW00232 ON 7 Jan 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Privatisation	Yes	Preferred Repair Station	Preferred Workshop, Name unknown	GPA report	Received
Date Registered	31/01/2020 19:40	Claim Close Date		Date Received	31/01/2020 00:00
Report Taken By	JoKian				

☐ Hide AX info

Attachment

Attachment

Accident No.	NT/1082454	Claim No.	001
Last Rec. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2020 19:40

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input checked="" type="checkbox"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input checked="" type="checkbox"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input checked="" type="checkbox"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input checked="" type="checkbox"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input checked="" type="checkbox"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input checked="" type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (C)
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	WICZ (Driving License)	1	Normal	WICZ Driving License 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	SAS		Normal	SAS 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31
	NAC_PAPA_URL_800811(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 19:40	Photos		Normal	Photos 2020-1-31

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Right and uploading				