

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	03/02/2020 14:43
Date Of Accident	31/01/2020 22:20
Exact Location Of Accident	ALONG CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN9637A
Insured/Policyholder	
Name Of Registered Owner	TAN SAI AN
NRIC No	SXXXX263B
Email Address	LENARDCHUA85@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98357923
Alternative Phone No	OTHERS-98357923

Vehicle Particulars

Manufacturer	BMW
Model	523i
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107737221
Cover Note Number	

Driver

Name of Driver	CHUA JIA HONG
NRIC No	SXXXX670D
Date Of Birth	02/05/1985
Occupation	INDOOR
Date Of Driving Pass	09/10/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98357923
Fax Number	
Contact Number	OTHERS-98357923
Email Address	LENARDCHUA85@GMAIL.COM

Address	92B YUK TONG AVENUE
Postcode	596438
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON 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	CHAIN 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	3
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	SJM4105T
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO LI JIE
NRIC/Passport Number	SXXXX392G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB8514D
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEE TEIKM YEOW

NRIC/Passport Number

SXXXX241Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Veh A: SKN 9637A

Veh B: SJM 4105 T

Veh C: SLB 8514D

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01-02-2020

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

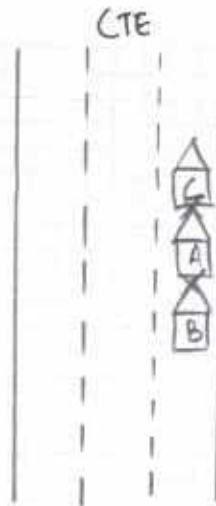
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SKETCH PLAN

Veh A: SKN 9637 A

Veh B: SJM 4105T

Veh C: SLB 8514 D

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

While i travelling along CTE, Vehicle in front of me make e-brake to complete stop, i followed. However Vehicle B behind me Can't stop in time and collided to my vehicle and my vehicle moved forward to collided to vehicle C.

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: 01-02-2020Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

1030

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 31 Jan 2020

*Accident Location: CTE

*Time of Accident: 2220

Vehicle Details

*Vehicle Number: SKN 9637 A

*Make & Model: BMW 523i

Insured / Policyholder

*Owner Name: TAN SAI AN

*NRIC: S2168263B

*Address: B1K 450 JURONG WEST ST 42 #06-50 S(640450)

*Email: -

*HP: 98357923

*Occupation: (Indoor / Outdoor) *Tel / H / Other:

Driver () same as above

*Driver Name: CHUA JIA HAN

*NRIC: S8513670D

*Address: 92B YUK TONG AVE S(596438)

*Date of Birth: 02 05 1985

*Driving Pass Date: 09 10 2013

*HP: 98357923

*Email: Lenardchua85@gmail.com

*Gender: Male / Female

*Occupation: (Indoor / Outdoor) *Tel / H / Other:

*Driver an employee: Yes / No (If no, what is relationship with the policyholder: SON-IN-LAW)

Passengers Details

*P/Name: (Male/Female) *P/Name: (Male/Female)
*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SJM 4105 T

Make & Model: MAZDA

Vehicle Category:

Name of Driver: KHOO LI JIE

NRIC: S9346392 G

HP:

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.: SLB 8514 D

Make & Model:

Vehicle Category:

Name of Driver: SEE TEIK YEON

NRIC: S74712412

HP:

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: chain

*Weather conditions: Clear / Raining / others:

*Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name:

NRIC:

HP:

*Accident reported to police: Yes / No

*Summon against whom:

*Injured party: Yes / No

*No. of passengers (include driver):

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1082637

Policy No.	5107737221	Vehicle No.	SKN9637A	GST Registration No.
Certificate No.				
Policyholder Name	TAN SAI AN	Cover Type	drive CLASSIC	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading
Contact No.(Mobile)	98357923	Special Remark		Contact No.(Home)
Email Address				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(%)	20	Private Hire
▼ Accident Details				
Report Date	03/02/2020 14:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/01/2020	Time of Accident hh:mm	22:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CENTRAL EXPRESSWAY			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00	

▼ Benefits	
▼ GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

▼ Policyholder Mailing Address			
Address 1	BLK 450 #06-50	Address 2	JURONG WEST STREET 42
Address 4		Address Type	Singapore address
Unit No.	06-50	Related Policy Number	5107737221
		Address 3	
		Post Code	

▼ OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	CHUA JIA HONG	Driver NRIC	SXXXX57ED
Register Date of Driver License	09/10/2013	Driver Age	24
Contact No.(Mobile)	98357923	Contact No.(Office)	
Address 1	92B # YUK TONG AVENUE	Address 2	SINGAPORE 396438
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKN9637A
			Driver Insurer Company

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

Modification History

Claim 001 **New**

Claim Type *	CG-MX	Insured Name	TAN SAI AN
Contact No.(Mobile)		Contact No.	
Email Address		Contact No.(Home)	
Claim Description	SKN9637A / SJM4105T ON 31 Jan 2020		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	03/02/2020 15:04
			ROSLI WAHAB
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1082637	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/02/2020 15:05

Path *

Category *

Confidential

Urgency *

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

Choose File No file chosen

Message Read

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Please Select

NO

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Abstract

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NO.

Microsoft


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1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:05	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:05	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	Photos	Normal	Photos 2020-2-3
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:04	SAS	Normal	SAS 2020-2-3

▼ Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		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: 5107737221

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKN9637A**
 Chassis Number : **WBAFP32040C866932**
2. Name of Policyholder : **TAN SAI AN**
3. Effective Date of Insurance : **27 Feb 2019**
4. Expiry Date of Insurance : **14 Jun 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 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	: TAN SAI AN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : INSUREMYCAR.COM.SG (00000615275)
 Date of Issue : 27 Feb 2019 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive