

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	28/02/2020 14:21
Date Of Accident	27/02/2020 21:00
Exact Location Of Accident	SLIP RD FROM SIMS WAY TOWARDS SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7385M
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBILE PTE LTD
Co Reg No	2XXXXX566N
Email Address	CLIVEZ8328@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91885018
Alternative Phone No	OFFICE-91885018

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108443719
Cover Note Number	

Driver

Name of Driver	TAN JUI YEOW CHARLIE
NRIC No	SXXXX641I
Date Of Birth	21/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91885018
Fax Number	
Contact Number	OTHERS-91885018
EMail Address	CLIVEZ8328@YAHOO.COM

Address	BLK 60 GEYLANG BAHRU #02-3313
Postcode	330060
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	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)	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	SJV5339G
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YOON WEI LUM
NRIC/Passport Number	SXXXX902C
Contact Number	82995677
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:

Driver's Signature

(If driver is not the policyholder)

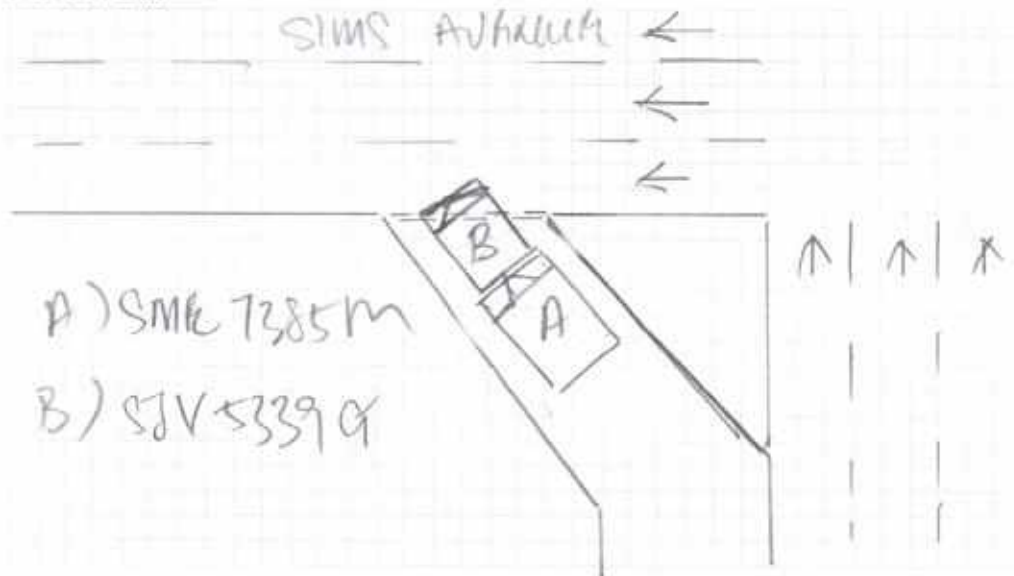
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SIMS WAY

A) was trying to turn towards SIMS AVENUE. B) stopped in front of A). There was no vehicle at SIMS AVENUE but B) stopped his vehicle without turning out as i thought he was going to turn out. A) just kissed into B) bumper. There was no damages to A) bumper. B) bumper was only slightly damage. B) bumper was already damaged before the accident. Please investigate. Thank you.

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/EIN No.:

28/01/2020
Kesh
Worth

ACCIDENT STATEMENT

ACCIDENT DATE: 27/02/2020 (DD/MM/YYYY) TIME: 21:00 (HHMM)

LOCATION: SLIP ROAD FROM SIMS WAY TOWARDS SIMS AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 735M
 b) INSURANCE COMPANY: MAC
 c) POLICY NUMBER: 208445709
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE
 e) MAKE & MODEL: FORD Focus
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SALOON
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ANOMUSIAH PH (17) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN JIN YUEN CHARLIS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91885018
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

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

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

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJV 5339G MODEL: Toyota ALTIS
 b) DRIVER'S NAME: YONG WEI LUM
 c) NRIC/FIN/PASSPORT: 59310902C CONTACT: 82995617

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

email: clivez8328@yahoo.com
 VIDEO

Claim Handling

Accident HT/1086238

Policy No.	5158443739	Vehicle No.	SME7385M	GST Registration No.	
Certificate No.	5108443739-000002			Policyholder NRIC	201020389H
Policyholder Name	AUTOMOBILE PTE LTD			Loading	0
Product Code	FLEET MASTER INSURANCE	Cover Type	Third CLASSIC	Contact No.(Home)	
Contact No.(Mobile)	61855018	Contact No.(Office)		eCode	No *
Email Address		Special Remark		eCode Search	
WVC	- No Yes	TCA	- No Yes	Apply WVC	Yes
NCD Privileges	No	NCD Entitlement(%)	0		

Accident Details

Report Date	28/02/2020 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	27/02/2020	Time of Accident (hh:mm)	22:03	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	SLP RD FROM GPS WAY TOWARDS SIPS WAY				

Total Excess Applicable

Excess Type	Per Accident	Wooden Excess	100.00		
GD Standard Excess	2,000.00	TP Standard Excess	1,000.00	Driver is Covered?	Covered
VED GD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0				
Total GD Excess Applicable	2000.00	Total TP Excess Applicable	1,100.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status (Vehicle)	Yes
Modification History			

Policyholder Mailing Address

Address 1	221 QUEENSWAY	Address 2	#09-11 V12 AT HOLLAND	Address 3	SINGAPORE 238750
Address 4		Address Type	Singapore address	Post Code	238750
Unit No.		Related Policy Number	513754363		

GT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/12/1974
Unnamed driver Name	TAN JUI HOON CHARLIE	Driver NRIC	SKEKH6411	Driving Experience	12
Register Date of Driver License	18/03/2006	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	91845018	Contact No.(Office)		Address 1	SINGAPORE 330048
Address 1	221 QUEENSWAY	Address 2	09/11 V12 AT HOLLAND	Post Code	238750
Address 4		Address Type	Foreign address		
Unit No.	01-2513			Driver Insurer Company	NTUC
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	SME7385M		

Declaration			
Insured/insured or third party	0 mg	Any injury?	Yes - No

Modification History

Claim 001: [View](#)

Claim Type *	GD-MX	Insured Name	AUTOMOBILE PTE LTD	Insured NRIC	201020389H
Contact No.(Mobile)	67683328	Contact No.(Home)		Contact No.(Office)	
Email Address		CU	SME7385M	TP	51/51395
Claim Description	SME7385M / S/V5328Q ON 27 Feb 2020				
Insured/insured/insured	Insured Liability	Fully at fault	GIA report	Received	
Date Registered	28/02/2020 16:17	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	BOBIE WONG				

Print as PDF

[Save](#) [Submit](#)

Attachment

Accident No.	HT/1086238	Claim No.	501
Left Out Received	Yes - No	Upload Date	28/02/2020 16:26
Page *		Category *	Confidential
Choose File: No file chosen		Urgency *	Normal
Choose File: No file chosen		Description *	
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 16:26	Photo	Normal	Photo 2020-2-28		Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 16:26	Photo	Normal	Photo 2020-2-28		Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 16:26	Photo	Normal	Photo 2020-2-28		Edit

Claim Handling(accident reporting - Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	NRSC Driving License	Y	NRSC Driving License 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 18:26	SAS	Normal	SAS 2020-2-28	Edit

Video List

Uploaded by/Date	Folder Date	File Name	Source	Action
		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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S108443719-000003

Cover : driva CLASSIC

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SME7385M |
| Chassis Number | : WF0KXXGCBKM87670 |
| 2. Name of Policyholder | : AUTOMOBILE PTE LTD |
| 3. Effective Date of Insurance | : 25 Mar 2019 |
| 4. Expiry Date of Insurance | : 24 Mar 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : KINETIC INSURANCE AGENCY (00000573090)
Date of Issue : 25 Mar 2019 12:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5108443719"/>	Date of Accident	<input type="text" value="27/02/2020 14:01"/>
Vehicle No. (For Motor)	<input type="text" value="SME7385M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5108443719	5108443719-000003	AUTOMOBILE PTE LTD	201020566N	GFM	drive CLASSIC	SME7385M	SME7385M	25/03/2019	24/03/2020
<input type="button" value="Continue"/>										