



## 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	02/03/2020 15:14
Date Of Accident	29/02/2020 20:05
Exact Location Of Accident	ALONG ANGULLIA PARK OSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2466M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO XIN YI MARISSA (FU XINYI)
NRIC No	SXXXX431Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92271936
Alternative Phone No	OFFICE-92271936

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	5110865645
Cover Note Number	

### Driver

Name of Driver	LEE ZHEN HUI JEREMY (LI ZHENHUI)
NRIC No	SXXXX258B
Date Of Birth	17/08/1986
Occupation	INDOOR
Date Of Driving Pass	08/06/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97285287
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 70B TELOK BLANGAH HEIGHTS #25-529
Postcode	102070
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ8644G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90600265
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**



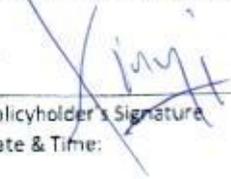
Veh A : SLW2466M  
Veh B : SJQ8644G

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On above date & time, I was driving my vehicle A (SLW2466M) traveling along Angullia Park Open space car park. Somewhere at the gantry of the car park, I noticed the rear vehicle B (SJQ8644G) was tailgating. My vehicle was stopped before the stop line to give way for the oncoming vehicle. Out of sudden, vehicle B come from rear and collided directly onto the rear portion of my vehicle.

**DECLARATION**

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

2  
  
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.:

<b>Vehicle No.</b>	SLW2466M	Model / Make	Honda Fit
Date of Accident	29 / 02 / 2020		
Time of Accident	2005	HRS	
Location of Accident	Along Angullia Park OSCP		
Exact purpose use during accident	Private use		
<b>Name of Owner</b>	Foo Xin Yi Marissa		
Telephone No.	H/P : 9227 1936	Home :	Office :
NRIC	S8636431Z		
Address	BLK 708 Telok Blangah Heights #25-529 S(102070)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110865645		
<b>Name of Driver</b>	As Above If No, Lee Zhen Hui, Jeremy		
NRIC	S8622258B	Any Passengers : 2	
Date of birth	17/8/1986		
Occupation	Outdoor	Indoor	
Driving License Pass Date	8/6/2009		
Gender	Male	Female	
Contact No.	H/P : 9728 5287	Home :	Office :
Address	BLK 708 Telok Blangah Heights #25-529 S(102070)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state Spouse	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
<b>Vehicle B No.</b>	SJQ8644G	Any Passengers :	1
Name of Driver		Contact No. :	9060 0265
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	Rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	JEREMY LZH@GMAIL.COM		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		

### 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:** 5110865645

**Cover :** drivo CLASSIC

- |   |                      |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLW2466M           |
| Chassis Number  | : JHMGE685095220309  |
| 2. Name of Policyholder   | : FOO XIN YI MARISSA |
| 3. Effective Date of Insurance  | : 07 Jul 2019        |
| 4. Expiry Date of Insurance   | : 06 Jul 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	: FOO XIN YI MARISSA
NAMED DRIVER (1)	: JEREMY LEE ZHEN HUI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
Date of Issue : 04 Jul 2019 15:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**Claim Handling**

Accident MT/1086546

Policy No.	5110865645	Vehicle No.	SLW2466M	GST Registration No.	
Certificate No.					
Policyholder Name	FOO XIN YI MARISSA (FU XINYI)	Cover Type	drive CLASSIC	Policyholder NRIC	S8636431Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92271936	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	02/03/2020 18:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/02/2020	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ANGULLIA PARK OSCP				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
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	BLK 70B #25-529	Address 2	TELOK BLANGAH HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIE
Address 4	SINGAPORE 102070	Address Type	Singapore address	Post Code	102070
Unit No.	25-529	Related Policy Number	5110865645		

**O1 Driver Info**

Driver Name	JEREMY LEE ZHEN HUI	Driver Type	Named Driver	Driver DOB	17/08/1986
Unnamed driver Name		Driver NRIC	S8622258B	Driving Experience	10
Register Date of Driver License	08/06/2009	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	97285287	Contact No.(Office)		Address 3	TELOK BLANGAH RIDGEVIE
Address 1	BLK 70B #25-529	Address 2	TELOK BLANGAH HEIGHTS	Post Code	102070
Address 4	SINGAPORE 102070	Address Type	Singapore address		
Unit No.	25-529			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser 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 **New**

Claim Type *	OO-MX	Insured Name	FOO XIN YI MARISSA (FU XINYI)	Insured NRIC	S8636431Z	
Contact No.(Mobile)	92271936	Contact No.(Home)		Contact No.(Office)		
Email Address	applepiexin@gmail.com	O1 Vehicle Number	SLW2466M	TP Vehicle Number	SJQB644G	
Claim Description	SLW2466M / SJQB644G DN 29 Feb 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Basinet No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	02/03/2020 18:11	Date Received	02/03/2020	
Report Taken By	LJEW SHAN HUI					

Print AK letter

**Attachment**

Accident No.	MT/1086546	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2020 18:11
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Urgency *
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Normal
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select	Normal

**Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	SAS		Normal	SAS 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:11	Photos		Normal	Photos 2020-3-2

Video List

Uploaded By/Date	Folder Date	File Name		Source
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