

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	10/03/2020 13:48
Date Of Accident	10/03/2020 11:45
Exact Location Of Accident	JUNC OF GRANGE RD & LEONIE HILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6781J
Insured/Policyholder	
Name Of Registered Owner	CHNG TIONG KIAT
NRIC No	SXXXX129I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98534475
Alternative Phone No	OFFICE-98534475

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER XT
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	5116517988
Cover Note Number	

Driver

Name of Driver	CHNG TIONG KIAT
NRIC No	SXXXX129I
Date Of Birth	26/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1990
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98534475
Fax Number	
Contact Number	OFFICE-98534475
EMail Address	NOEMAIL

Address	BLK 624 BUKIT BATOK CENTRAL #04-660
Postcode	650624
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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

I WAS TRAVELLING ALONG GRANGE RD, WHILE APPROACHING LEONIE HILL, SUDDENLY VEH B FAIL TO STOP AT THE STOP LINE AND DASHED OUT FROM THE LEONIE HILL AND STOP AT THE MIDDLE OF THE ROAD, I MANAGE TO BRAKE BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B FRONT PORTION, AFTER THE ACCIDENT, I FELT UNCOMFORTABLE ON MY NECK & SHOULDER

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	SLF5962S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHNG TIONG KIAT
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SLL6781J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



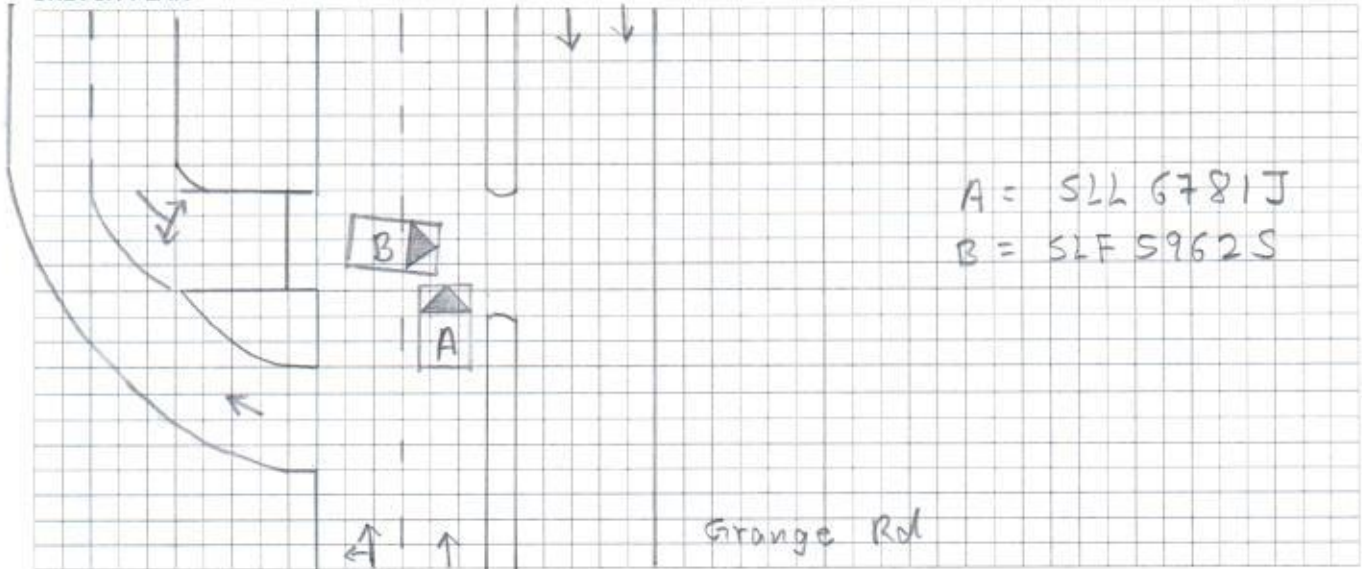
Policyholder's Signature
Date & Time:

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



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

Leonie Hill



Refer to Statement

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



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



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 : MNA120030601 Vehicle Registration No: SLL6781J
Name(as shown in NRIC) : CHNG TIONG KIAT NRIC/FIN/Passport No : SXXXX129I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98534475
Email Address : _____
Date of Accident : 10/03/2020 Time of Accident : 11:45
Place of Accident : JUNC OF GRANGE RD & LEONIE HILL
Insurance Company: NTUC

(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 CIRCUMSTANCES OF ACCIDENT.



Policyholder / Driver's Signature
Date:



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

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: 5116517988

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLL6781J**
Chassis Number : JF1SJGK85GG083014
2. Name of Policyholder : CHNG TIONG KIAT
3. Effective Date of Insurance : 06 Mar 2020
4. Expiry Date of Insurance : 05 Mar 2021
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	: CHNG TIONG KIAT
NAMED DRIVER (1)	: CHNG JING HSUAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : MAH YEE WEI (00000585767)
Date of Issue : 03 Mar 2020 11:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1087625

Policy No.	5116517988	Vehicle No.	SLL67813	GST Registration No.	
Certificate No.					
Policyholder Name	CHNG TIONG KIAT	Cover Type	drive CLASSIC	Policyholder NRIC	S70141291
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98534475	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(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date

10/03/2020 14:17

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Major Minor Ro

Date of Accident

10/03/2020

Time of Accident hh:mm

11:45

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

JUNC OF GRANGE RD & LEONIE HILL

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

600.00

TP Standard Excess

0.00

YJED OD Excess

0.00

YJED TP Excess

0.00

Driver is Covered?

Covered

Additional Excess

0.00

Total OD Excess Applicable

600.00

Total TP Excess Applicable

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

BLK 624 #04-660

Address 2

BUKIT BATOK CENTRAL

Address 3

SINGAPORE 650624

Address 4

Address Type

Singapore address

Post Code

650624

Unit No.

Related Policy Number

5116517988

OI Driver Info

Driver Name

Chng Tiong Kiat

Driver Type

Main Driver

Driver NRIC

S70141291

Driver DOB

26/04/1970

Register Date of Driver License

01/02/1990

Driver Age

49

Driving Experience

30

Contact No.(Mobile)

98534475

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 624 #04-660

Address 2

BUKIT BATOK CENTRAL

Address 3

SINGAPORE 650624

Address 4

Address Type

Singapore address

Post Code

650624

Unit No.

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyzer or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHNG TIONG KIAT	Insured NRIC	S701	
Contact No.(Mobile)	98534475	Contact No. (Home)	NIL	Contact No. (Office)		
Email Address	raistlinec@gmail.com	OI Vehicle Number	SLL67813	TP Vehicle Number	SLF5	
Claim Description	SLL67813 / SLF59625 ON 10 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Preferred Repair Option	Yes	Preferred Workshop, Name unknown				
Date Registered		Claim Close Date	10/03/2020 14:19	Date Received	10/0	
Report Taken By		Workshop Repairer	LIEW SHAN HUI	Total Loss but Repaired		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1087625	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/03/2020 15:10

Path *

Choose File

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Message Read

Category *

Confidential

Urgency *

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Please Select

NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 15:10	SAS	Normal	SAS 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:22	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:21	Photos	Normal	Photos 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:21	Photos	Normal	Photos 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:21	Photos	Normal	Photos 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:21	Photos	Normal	Photos 2020-3-10
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:21	Photos	Normal	Photos 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:19	Photos	Normal	Photos 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:19	Photos	Normal	Photos 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:19	Photos	Normal	Photos 2020-3-10
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:19	Photos	Normal	Photos 2020-3-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2020 14:19	Photos	Normal	Photos 2020-3-10

Video List

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