

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	12/03/2020 14:15
Date Of Accident	11/03/2020 18:10
Exact Location Of Accident	THOMSON ROAD TOWARDS MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6597T
Insured/Policyholder	
Name Of Registered Owner	CHOW ZHIYONG
NRIC No	SXXXX485B
Email Address	ZHIYONGG89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82685949
Alternative Phone No	OTHERS-82685949

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	5108957236
Cover Note Number	

Driver

Name of Driver	CHOW ZHIYONG
NRIC No	SXXXX485B
Date Of Birth	24/11/1989
Occupation	INDOOR
Date Of Driving Pass	16/01/2014
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82685949
Fax Number	
Contact Number	OTHERS-82685949
Email Address	ZHIYONGG89@HOTMAIL.COM

Address	BLK 450B BUKIT BATOK WEST AVENUE #22-611
Postcode	652450
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : TEO YI LING GENDER: : FEMALE

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 AND ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME4135M
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: CHOW ZHIYONG

Approximate Age

Injures Sustain: BODY PAIN

Injured person in which vehicle? SMK6597T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

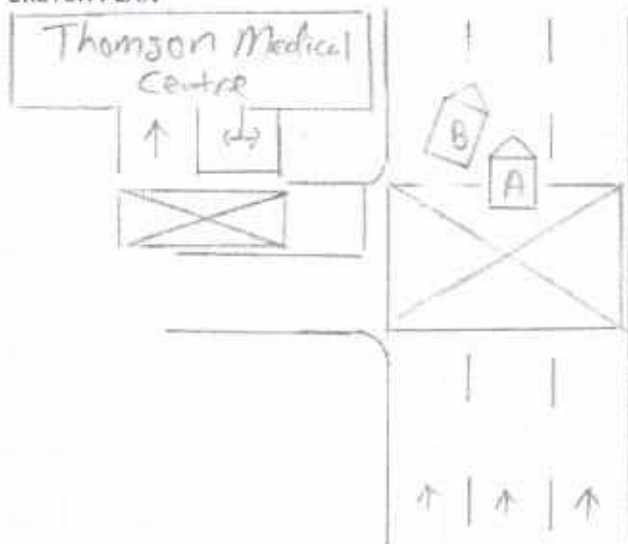
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

12/03/2020
Reporting Centre Personnel's Signature
Name: Resh. L. L. L.
NRIC/FIN No.:

SKETCH PLAN



A = SMK 6597T

B = SME 4135M

Thomson Road towards
Marymount Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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/FIN No.:

12/03/2020

Ref L. LAMAR

On 11.03.2020 at about 18:10 hours along Thomson Road towards Marymount Road (In front of Thomson Medical Centre). I was travelling straight on lane 2 and the traffic was moderate. Suddenly vehicle (B) from my left cut into my lane and collided onto front left hand side portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SMK 6597T

Vehicle (B): SME 4135M



an 12/03/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/03/2020		Time: 18:10		(hh:mm) 24 hr format	
Location Thomson Road towards Marymount Road					
Vehicle Number SMK 65977					
Insured Name Chong Zhiyong					
NRIC / FIN S8972485B		Contact Number 8268 5949			
Make Honda		Model Shuttle			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company NTUC					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 5108957236					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 24/11/1989					
Driving Pass Date 16/01/2014					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address Zhiyong89@hotmail.com () NO EMAIL					
Address of Driver BLK 450B Bukit Batok West Avenue 6					
#22-611 Singapore 652450					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No					
If yes, injured detail Chong Zhiyong Body Pain					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SME 4135M					
Veh C					
Veh D					
Veh E					
Veh F					

Passenger : Teo Yiling (F)

Claim Handling

Exit

Accident MT/1087935

Policy No.	5108957236	Vehicle No.	SMK633TT	GST Registration No.	
Certificate No.					
Policyholder Name	CHOW ZHIYONG	Driver Type	DRIVER CLASSIC	Policyholder NRIC	SM942483B
Product Code	PRIVATE CAR INSURANCE	Contact No (Office)		Leading	0
Contact No (Mobile)	82655949	Special Remarks		Contact No (Home)	
Email Address		TCA	No	pCode	No
KPI	No	NCD Entitlement(%)	0	wCode Reason	
NCD Protection	No			Private Key	No

Accident Details

Report Date	12/03/2020 19:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/03/2020	Time of Accident (Hh:mm)	18:10	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	PROPOSED ROAD TOWARDS PARKWAY 2042				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver Is Covered?	Covered
OD Standard Excess	800.00	TP Standard Excess	0.00		
VIO OD Excess	0.00	FWD TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	800.00				

Benefit

GST Registered Information

GST Registered	No	GST Registration No.		GST Registration Date	
Publication History				GST Status Verified	Yes

Policyholder Mailing Address

Address 1	BLK 543 #14-144	Address 2	SERANGOON NORTH AVENUE 3	Address 3	SINGAPORE 550543
Address 4		Address Type	Singapore address	Post Code	550543
Unit No.	14-144	Related Policy Number	5108957236		

GT Driver Info

Driver Name	CHOW ZHIYONG	Driver Type	Main Driver	Driver DOB	24/11/1989
Uninsured driver Name		Driver NRIC	SM942483B	Driving Experience	4
Register Date of Driver License	16/01/2014	Driver Age	30	Contact No (Home)	
Contact No (Mobile)	82655949	Contact No (Office)		Address 3	SINGAPORE 550543
Address 1	BLK 543 #14-144	Address 2	SERANGOON NORTH AVENUE 3	Post Code	550543
Address 4		Address Type	Singapore address		
Unit No.	14-144	Driver Vehicle No.	SMK633TT	Driver Insurer Company	NTUC
Over 16 but a Singapore Registered car?	Yes / No				
Declaration					
Readily test or blood test (Warning?)	2 mg	Any injury?	Yes / No		

Publication history

Claim 905

Next

Claim Type *	OD #98	Insured Name	CHOW ZHIYONG	Insured NRIC	SM942483B
Contact No (Mobile)	82655949	Contact No (Home)	000	Contact No (Office)	88627012
Email Address		DI		TP	
Claim Description		Vehicle Number	SMK633TT	Vehicle Number	SMK633TT
Incurred Workshop				Name of Workshop	
Received No. Provision	Yes	Insured Liability	Not at Fault	Claim Date	12/03/2020 19:02
Date Registered		Preferred Workshop, Name unknown		Date Received	12/03/2020 00:00
Report Taken By		CIA report	Received		

Print An letter

Save | Submit

Attachment

Accident No.	MT/1087935	Claim No.	905
Last Doc. Received	Yes / No	Upload Date	12/03/2020 19:02
Path *		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

Attachments	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE - 6 (BUKIT MERAH) on 12 Mar 2020 19:02	Photos	Normal	Photos 2020-3-12		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE - 8 (BUKIT MERAH) on 12 Mar 2020 19:02	Photos	Normal	Photos 2020-3-12		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE - 5 (BUKIT MERAH) on 12 Mar 2020 19:02	Photos	Normal	Photos 2020-3-12		Edit

Send Message | Upload

3/12/2020

Claim Handling(accident reporting Claim Task)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Mar 2020 15:12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Mar 2020 15:12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Mar 2020 15:12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Mar 2020 15:12

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Mar 2020 15:12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Mar 2020 15:12

Photos

Photos

Photos

Photos

Photos

NRIC/ Driving License

NRIC/ Driving License

SAS

Normal

Normal

Normal

Normal

Normal

Y

Y

Normal

Photos 2020-3-12

Photos 2020-3-12

Photos 2020-3-12

Photos 2020-3-12

Photos 2020-3-12

NRIC/ Driving License 2020-3-12

NRIC/ Driving License 2020-3-12

SAS 2020-3-12

Edit

Edit

Edit

Edit

Edit

Edit

Edit

Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
		Display in new window Scan and uploading		

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/03/2020 14:14"/>							
Vehicle No. (For Motor)	<input type="text" value="SMK6597T"/>	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="radio"/>	S108957236		CHOW ZHIYONG	S89424858	GPC	drive CLASSIC	SMK6597T	SMK6597T	18/04/2019	17/04/2020
<input type="button" value="Continue"/>										

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: 5108957236

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: GK82001740

2. Name of Policyholder

: CHOW ZHI YONG

3. Effective Date of Insurance

: 18 Apr 2019

4. Expiry Date of Insurance

: 17 Apr 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	: CHOW ZHIYONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE 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 : ALPINE CREDIT PTE LTD (00000610144)

Date of Issue : 18 Apr 2019 09:27 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive