

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	16/03/2020 13:09
Date Of Accident	14/03/2020 22:30
Exact Location Of Accident	JUNCTION OF TAMPINES AVENUE 2/TAMPINES AVENUE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3190Y
Insured/Policyholder	
Name Of Registered Owner	CHONG SENG KIT
NRIC No	SXXXX617Z
Email Address	VINCENTCHONGSK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98512475
Alternative Phone No	OTHERS-98512475

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109920162
Cover Note Number	

Driver

Name of Driver	CHONG SENG KIT
NRIC No	SXXXX617Z
Date Of Birth	24/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1996
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512475
Fax Number	
Contact Number	OTHERS-98512475
Email Address	VINCENTCHONGSK@YAHOO.COM

Address	BLK 623 BEDOK RESERVOIR ROAD #12-1538
Postcode	470623
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 - 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?	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: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200316/2041

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA6188D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MDM CHUA
NRIC/Passport Number	
Contact Number	97856232

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHONG SENG KIT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SML3190Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE


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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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:

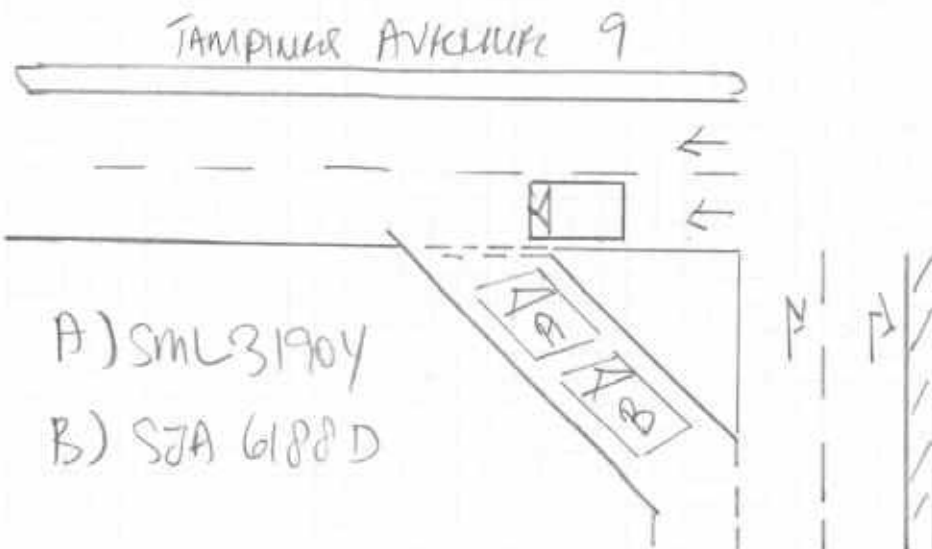
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 16/3/20 11.45am

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

TAMPINES AVENUE 12

ON 14/03/2020 AT ABOUT 22:30HRS I WAS AT SLIP ROAD TAMPINES AVENUE 12 TO GIVE MY CAR TO BE COMING VEHICLE. Suddenly I FELT A BUMP ON MY CAR, I COME OUT & SAW A CAR SJA 6188D BUMP ON THE CAR OF MY CAR SML3190Y THAT ALL.

POLICE REPORT 1/20200316/2041

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:


16/03/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 3 / 2020) (DD/MM/YYYY), TIME: (22 : 30) (HH:MM)

LOCATION: Tampines Ave 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SML 3190 Y
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: S109920162
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chong Seng Kit (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S75356172 CONTACT: 98512475
 c) ADDRESS: 623, Bedok Reservoir Road #12-1538 (S) 470623

* d) DATE OF BIRTH: (29 / 11 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS 22/4/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STA 6188 D MODEL: HONDA
 b) DRIVER'S NAME: NDM Chua
 c) NRIC/FIN/PASSPORT: CONTACT: 97856232

9. THIRD PARTY VEHICLE

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

Email = vincentchongsk@yahoo.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200316/2041

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No: T/20200316/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2020 12:37		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: CHONG SENG KIT		Address: APT BLK 623 BEDOK RESERVOIR ROAD #12-1538 SINGAPORE 470623			
ID Type / ID No.: NRIC NO / S7535617Z		Contact No.: Home/Office:		Mobile: 98512475	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 44	Date of Birth: 24/11/1975	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2020 22:30	Type of Location: Bend
Location: Along Road 1 TAMPINES AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6188D	Car					0
SML3190Y	Car	MAZDA	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT	Grey	Slightly Damaged	1



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20200316/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML3190Y	NTUC Income Insurance Co-Operative Limited	5109920162	30/05/2019	13/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ms Chua	ID No.	NIL
Related Vehicle	SJA6188D (Car)	Contact No.	97856232
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHONG SENG KIT	ID No.	S7535617Z
Related Vehicle	SML3190Y (Car)	Contact No.	98512475
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/03/2020	Date Discharge	15/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 14/03/2020 at about 2230hrs I was driving at the slip road along Tampines avenue 12 to giveway to on coming vehicle, suddenly I felt a collision on my rear. I came out and saw my vehicle bang by the vehicle behind me. No one was injure at the point of time hence we exchanged particular and left. No police and ambulance is at scene. The next day my body felt pain and I went to see doctor and given 3days mc. I have in car CCTV footage and it captured the footage



SINGAPORE
POLICE FORCE



T/20200316/2041

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Report No. T/20200316/2041

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 LIAN YONG MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

16/03/2020 12:37

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 49

Claim Handling

Accident HT/1008259

Policy No.	SDP93012	Vehicle No.	SML3190Y	GST Registration No.	
Policyholder Name	CHONG SENG KIT	Policyholder NRIC	875386172		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	98512475	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
ETC	No Yes	TCR	No Yes	eCode Reason	
ACD Institution	Yes	ACD Endowment(Ng)	50	Private Hire	No

Accident Details

Report Date	16/03/2020 14:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	16/03/2020	Time of Accident (H:mm)	22:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUNCTION OF CAMERON AVENUE 2/TAMPINES AVENUE 9				

Total Excess Applicable

Excess Type	Per Accident	Waiver/Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver's Covered?	Covered
HSD OD Excess	0.00	KED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 3	BLK 423 #12-1538	Address 2	BRICK RESERVOIR ROAD	Address 1	SINGAPORE 479623
Address 4		Address Type	Singapore address	Post Code	479623
Unit No.		Balance Policy Number	SDP9301152		

OT Driver Info

Driver Name	CHONG SENG KIT	Driver Type	Main Driver	Driver OIRB	24/12/1975
Unrated driver Name		Driver NRIC	875386172	Driving Experience	23
Register Date of Driver License	23/04/1990	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	98512475	Contact No.(Office)		Address 2	SINGAPORE 479623
Address 1	BLK 423 #12-1538	Address 2	BRICK RESERVOIR ROAD	Post Code	479623
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SML3190Y		

Declaration

Insured/owner or Valid Test Reading?	Yes	Any Injury?	Yes - No		
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Modification History

Claim 901 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Insured	Insured Liability	Not at Fault	GA region	Reported	
Workshop	Preferred Workshop, Name unknown				
Workshop	Preferred Workshop, Name unknown				
Date Registered	16/03/2020 14:22	Claim Date	16/03/2020 00:00		
Report Taken By	80511 Waiwah				

Print A4 letter

Save Submit

Attachment

Report No.	HT/1008259	Claim No.	901		
Last Doc. Received	Yes No	Upload Date	16/03/2020 14:22		
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Board					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800675 NATIONAL ASSESSMENT CENTRE SERVICE: S (BUKIT MERAH)) on 16 Mar 2020 14:23	Photos	Normal	Photos 2020-3-16		Edit
	NAC_BUKIT_MERAH_800675 NATIONAL ASSESSMENT CENTRE SERVICE: S (BUKIT MERAH)) on 16 Mar 2020 14:23	Photos	Normal	Photos 2020-3-16		Edit
	NAC_BUKIT_MERAH_800675 NATIONAL ASSESSMENT CENTRE SERVICE: S (BUKIT MERAH)) on 16 Mar 2020 14:23	Photos	Normal	Photos 2020-3-16		Edit

Claim Handling(accident reporting Claim Task)

252

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: 5109920162

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SML3190Y |
| Chassis Number | : JM68M44A8E0133666 |
| 2. Name of Policyholder | : CHONG SENG KIT |
| 3. Effective Date of Insurance | : 30 May 2019 |
| 4. Expiry Date of Insurance | : 13 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 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHONG SENG KIT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE 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)

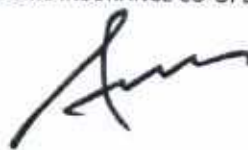
Agency : HUA YANG CREDIT PTE LTD (00000613824)
Date of Issue : 30 May 2019 10:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive