

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	17/03/2020 16:11
Date Of Accident	17/03/2020 11:05
Exact Location Of Accident	CHUN TIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5669Y
Insured/Policyholder	
Name Of Registered Owner	NAM FANG CO PTE LTD.
Co Reg No	1XXXXX992N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63447496

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	5101983309-01
Cover Note Number	

Driver

Name of Driver	SAHADAT
NRIC No	GXXXX888T
Date Of Birth	09/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85919244
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 28 TOH GUAN EAST #12-15
Postcode	608596
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

MY LORRY WAS PARKED AT THE CHUN TIN RD, WHILE REVERSING, MY LORRY REAR LEFT ACCIDENTALLY HIT ONTO VEH B REAR RIGHT PORTION

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	SLE9201J
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)

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



GIARMC Sketch PlanForm_V3

Driver's Signature

(If driver is not the policyholder)

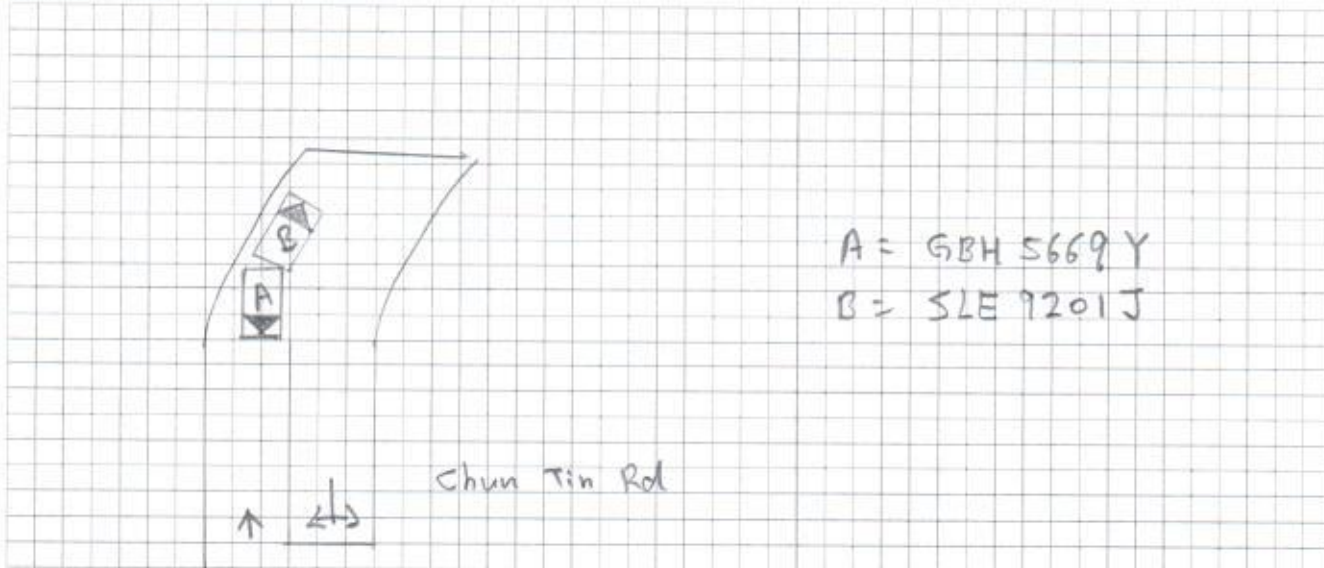
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A = GBH 5669 Y
B = SLE 9201 J

Chun Tin Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

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 : 5101983309-01

Cover : Preferred Workshop Plan

- | | |
|--|------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH5669Y |
| Chassis Number | : JTFAT35Y70K210599 |
| 2. Name of Policyholder | : NAM FANG CO PTE LTD. |
| 3. Effective Date of Insurance | : 11 Jul 2019 |
| 4. Expiry Date of Insurance | : 10 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HL BANK
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 : E A CONQUEST PTE LTD (00000572716)
 Date of Issue : 26 Jun 2019 16:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

Claim Handling

Accident MT/1088603

Policy No.	5101983309-01	Vehicle No.	GBH5669Y	GST Registration No.	
Certificate No.					
Policyholder Name	NAM FANG CO PTE LTD.	Cover Type	Preferred Workshop Plan	Policyholder NRIC	197501992N
Product Code	COMMERCIAL VEHICLE INSURAT	Contact No.(Office)		Loading	0
Contact No.(Mobile)	63447496	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	17/03/2020 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	17/03/2020	Time of Accident hh:mm	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHUN TIN RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200229061	GST Status Verified	Yes		
Modification History	17/03/2020 16:48:56 System changed GST Registered from No to Yes 17/03/2020 16:48:56 System changed GST Registration No. from null to M200229061 17/03/2020 16:48:56 System changed GST Registration Date from null to 01/04/1994				
Policyholder Mailing Address					
Address 1	290A JOO CHIAT ROAD	Address 2	SINGAPORE 427542	Address 3	
Address 4		Address Type	Singapore address	Post Code	427542
Unit No.		Related Policy Number	5111679107		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/07/1995
Unnamed driver Name	SAHADAT	Driver NRIC	GXXXX888T	Driving Experience	1
Register Date of Driver License	21/01/2019	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	85019244	Contact No.(Office)		Address 3	SINGAPORE 608596
Address 1	28 TOH GUAN ROAD EAST	Address 2	#12-15 WESTLITE TOH GUAN D	Post Code	608596
Address 4		Address Type	Singapore address		
Unit No.	12-15				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NAM FANG CO PTE LTD.	Insured NRIC	197501	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63447	
Email Address		TP Vehicle Number	GBH5669Y	Vehicle Number	SLE92	
Claim Description	GBH5669Y / SLE92011 ON 17 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault			
GBH5669Y No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	17/03/2020 16:50	Claim Close Date		Date Received	17/03/	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1088603	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/03/2020 16:50
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Category *			
Confidential			
urgency *			
Desci			

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	SAS		Normal	SAS 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Mar 2020 16:50	Photos		Normal	Photos 2020-3-17	

Video List

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