





## 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 17:35
Date Of Accident	15/03/2020 14:15
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT25E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG POH GOCK
NRIC No	SXXXX085I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96381029
Alternative Phone No	OTHERS-92300103

### Vehicle Particulars

Manufacturer	BMW
Model	318I
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	5113391660
Cover Note Number	

### Driver

Name of Driver	WEE MUN SHUEN
NRIC No	SXXXX195B
Date Of Birth	10/12/1994
Occupation	INDOOR
Date Of Driving Pass	14/01/2016
Driving Experience	4 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96381029
Fax Number	
Contact Number	OTHERS-92300103
Email Address	NOEMAIL

Address	25 JALAN REMAJA
Postcode	668685
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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

PLEASE REFER TO SKETCH PLAN

#### 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	GBB5104S
Vehicle Make/Model/Colour	FIAT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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.

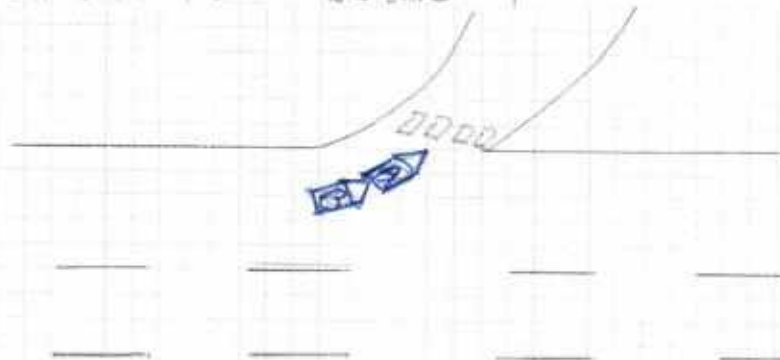
  
Policyholder's Signature  
Date & Time:

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

 17/03/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Along Bala Mo Kio Avenue 1



A) SJT 25E

B) GBB 5704S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned details, upon reaching the slip road with the zebra crossing & there was a pedestrian line I slowed down & stop for her to cross when suddenly vehicle B hit onto my rear seconds after.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 17/03/2020  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:



**ACCIDENT DATE & LOCATION**

Date & Time of Accident *	Date: 15/3/20	Time: 14:15 (24 hr format)
Exact Location of Accident *	Ang Mo Kio along Ave 1	

**INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE**

Vehicle Registration Number *	SJT 256	Make & Type *:
Name of Registered Owner *	CHENG POH GOK	
NRIC / FIN / Passport / Co Regn No. *	92300103	
Contact Number *	9638 1029	Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken	
	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American	NTUC
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No. (Certificate No.) / Cover Note No.	513391660	

**DRIVER**

Name of Driver *	LEE MUN SHUEN	Gender * Male / <input checked="" type="checkbox"/> Female
NRIC / FIN / Passport Number *	S94461958	
Date of Birth *	10 / 12 / 1994 (dd/mm/yyyy)	
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	14/1/2016	
Contact Number *	92300103	
Address	25 Jin Remaja (S) 668685	
Email Address / Fax Number *	Email:	Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: Daughter	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:

**OTHER INFORMATION**

Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	( 2 )
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes

**DETAILS OF POLICE ACTION**

Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station				
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____				
Number of Passengers (including DRIVER)? *	( 1 )				
Passengers	<table border="1"> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Gender: Male / Female</td> <td>Gender: Male / Female</td> </tr> </table>	Name:	Name:	Gender: Male / Female	Gender: Male / Female
Name:	Name:				
Gender: Male / Female	Gender: Male / Female				

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / ☒ No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1)	2)
Vehicle Make / Model / Colour	GBB 570FS FIAT	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

## Claim Handling

Accident #MF1000019

[Exit](#)

Policy No.	911201060	Vehicle No.	917258	GST Registration No.	
Certificate No.					
Policyholder Name	CHENG POH GOCK	Driver Type	Driver (CAR/SG)	Policyholder NIC	S28620851
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Covering	0
Contact No. (Mobile)	9081029	Special Remarks		Contact No. (Home)	
Final Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
2FA		ACC Excluded Item(s)	50	eCode Reason	
NCD Protection	No			Insuree Name	No

## Accident Details

Report Date	17/03/2020 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision / Head to Head
Date of Accident	15/01/2020	Time of Accident (H:MM)	14:15	Counters of Accident	Singapore
Reporting Centre		Orange Point		ICM No.	
Accident Location	KLORE ANG MO KIU AVENUE 1				

## Total Excess Applicable

Excess Type	Per Accident	Withdrawn Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	900.00	TP Standard Excess	0.00		
YIELD OD Excess	0.00	YIELD TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	900.00	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	31, INDAH SOHUA	Address 2	SARBOD GROVE PARK	Address 3	GROGAPNE BEACHES
Address 4		Address Type	Singapore address	Post Code	660005
Unit No.		Related Policy Number	911201060		

## Q1 Driver Info

Driver Name	WTE HUAN SHUEN	Driver Type	Named Driver	Driver DOB	10/12/1994
Unnamed Driver Name		Driver IRIID	SD461958	Driving Experience	3
Register Date of Driver License	01/01/2017	Driver Age	25	Contact No. (Home)	
Contact No. (Mobile)	92300103	Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.	917258	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No

Modification history

Claim #01 [New](#)

Claim Type *	OD-MS	Insured Name	CHENG POH GOCK	Insured NIC	S28620851
Contact No. (Mobile)	90810105	Contact No. (Home)		Contact No. (Office)	
Email Address	1_jewel@yahoo.com	TP	917258	Vehicle Number	08M1045
Claim Description	917258 / 08M1045 ON 15 Mar 2020				
Preferred Workshop	<input type="button" value="Not at Fault"/>	Preferred Repair Option	<input type="button" value="Not at Fault"/>	Name of Preferred Workshop	
SWIFT No. (Preferred)	Yes	SWIFT Report	Received		
Date Registered	17/03/2020 17:43	Claim Close Date		Date Received	17/03/2020 00:00
Report Taken By	ROSLY WANA8				

[Print As Letter](#)[Save](#) [Submit](#)

## Attachment

Accident No.	MF1000019	Claim No.	001
Last Doc Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	17/03/2020 17:48
Path *		Category *	
Choose File: No file chosen		Confidential	<input type="button" value="Normal"/>
Choose File: No file chosen		Urgency *	<input type="button" value="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

[Send Message](#) [Help](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:48	Photos	Normal	Photos 2020-3-17		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:48	Photos	Normal	Photos 2020-3-17		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:48	Photos	Normal	Photos 2020-3-17		<a href="#">Edit</a>



	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:40	Photos		Normal	Photos 2020-3-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:47	Photos		Normal	Photos 2020-3-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:47	Photos		Normal	Photos 2020-3-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:47	Photos		Normal	Photos 2020-3-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:47	NRIC/Driving License	Y	Normal	NRIC/Driving License 2020-3-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:47	NRIC/Driving License	Y	Normal	NRIC/Driving License 2020-3-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 17:47	SAS		Normal	SAS 2020-3-17	<a href="#">Edit</a>

Video List

Uploaded By/Data	Folder Data	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

**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: 5113381660

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

51T25E

Chassis Number

WBAPI72030A794034

2. Name of Policyholder

CHENG POH GOCK

3. Effective Date of Insurance

05 Nov 2019

4. Expiry Date of Insurance

11 Nov 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

: CHENG POH GOCK

NAMED DRIVER (1)

: WEE MUN SHUEN

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 : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 15 Oct 2019 15:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

