

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	07/04/2020 17:25
Date Of Accident	06/04/2020 16:05
Exact Location Of Accident	KATONG SHOPPING CENTER DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8300G
Insured/Policyholder	
Name Of Registered Owner	ANDY GOH WEE BOON (ANDY WU WEIWEN)
NRIC No	SXXXX478G
Email Address	ANDYISM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91739391
Alternative Phone No	OTHERS-91739391

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	5105533654-01
Cover Note Number	

Driver

Name of Driver	ANDY GOH WEE BOON (ANDY WU WEIWEN)
NRIC No	SXXXX478G
Date Of Birth	24/04/1976
Occupation	INDOOR
Date Of Driving Pass	19/04/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91739391
Fax Number	
Contact Number	OTHERS-91739391
Email Address	ANDYISM@YAHOO.COM

Address	1 SIMEI STREET 3 #05-15
Postcode	529890
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?	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP2740H
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DENNY LIM
NRIC/Passport Number	
Contact Number	96364224
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SLK 8300G

Veh B: SLP 2740H

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time:


7.4.20 3:00pm

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

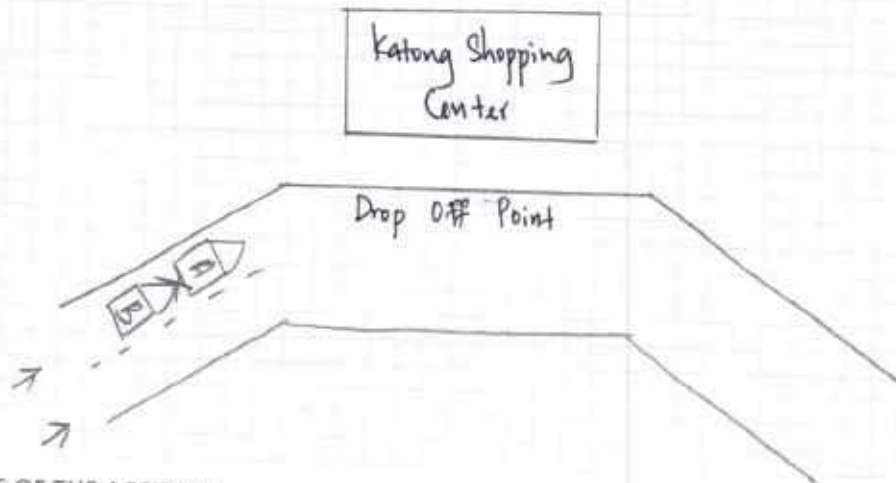
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


07/04/2020
KES L. COHAB

SKETCH PLAN

Veh A: SLK 8300 G

Veh B: SLP 2740 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Katong Shopping Center drop off point, stationary (veh A).
Veh B knocked into the rear of my car.
We both got down to exchange details.
I pointed out the damage to my car.
We took photos.

DECLARATION

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

Policyholder's Signature

Date & Time:

7.4.20 3:00pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Bumper
Lower

A96

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 6/4/20

*Time of Accident: 405pm

*Accident Location: Katong Shopping Center

Vehicle Details

*Vehicle Number: SLK 8300G

* Make & Model: BMW X1

Insured / Policyholder

*Owner Name: Andy Goh

*NRIC: S7612478G

*Address: 1 Simei ST 3 #05-15 S529890

*Email: andyism@yahoo.com

* HP: 91739391

*Occupation: Pilot

(Indoor / Outdoor)

* Tel /H /Other: -

Driver (✓) same as above

*Driver Name:

*NRIC:

*Address:

*Date of Birth:

*Driving Pass Date: 19/4/1996

* HP:

*Email:

*Gender: Male / Female

*Occupation:

(Indoor / Outdoor)

* Tel /H /Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder :)

Passengers Details

* P/Name: ~~None~~

(Male/Female)

* P/Name:

(Male/Female)

* P/Name:

(Male/Female)

* P/Name:

(Male/Female)

Insurance Company

*Insurer: NTUC

*Coverage: C /TPFT / TPO *Policy No: 5105533654-01

Detail of other vehicle / Property 1

Vehicle No.: SLP2740H

Make & Model: Mitsubishi

Vehicle Category: SUV

Name of Driver: Denny Lim

NRIC :

HP : 96364224

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / ~~No~~ (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others:

*Any video cam: Yes / ~~No~~

*Road Surface: Dry / Wet / others:

*Witness: Yes / ~~No~~ (Name:

NRIC :

HP:

*Accident reported to police: Yes / ~~No~~

*Summon against whom:

*Injured party: Yes / ~~No~~

*No. of passengers (include driver):

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1091038

Policy No.	5105133994-01	Vehicle No.	SLR03000	GST Registration No.	
Certificate No.					
Policyholder Name	ANDY GOH WEE BOON	Driver Type	Andy RESUME	Policyholder NRIC	S76124760
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	91729251	Special Remark		Contact No. (Home)	
Email Address				eCode	No
ETB	No Yes	TCA	No Yes	eCode Reason	
NCD H Start Date	Yes	NCD End Date (NCD %)	00	Private File	No

Accident Details

Report Date	07/04/2020 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head In Rear
Date of Accident	06/04/2020	Time of Accident (H:MM)	14:05	Country of Accident	Singapore
Reporting Centre		Change Force		SDM No.	
Accident Location	KATONG SHOPPING CENTER DROP OFF POINT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver Is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
RED OD Excess	0.00	RED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	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	1 SEREL STREET 3	Address 2	#01-13 EASTPOINT GREEN	Address 3	SINGAPORE 329990
Address 4		Address Type	Singapore address	Post Code	329990
Unit No.	01-13	Registered Policy Number	5105133994-01		

G1 Driver Info

Driver Name	ANDY GOH WEE BOON (ANDY WU WEIWEI)	Driver Type	Main Driver	Driver DOB	24/04/1976
Uninsured driver Name		Driver NRIC	S76124760	Driving Experience	22
Register Date of Driver License	01/01/1991	Driver Age	40	Contact No. (Office)	
Contact No. (Mobile)	91729251	Contact No. (Phone)		Contact No. (Home)	
Address 1	1 SEREL STREET 3	Address 2	#01-13 EASTPOINT GREEN	Address 3	SINGAPORE 329990
Address 4		Address Type	Singapore address	Post Code	329990
Unit No.	01-13				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLR03000	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	ANDY GOH WEE BOON	Insured NRIC	S76124760
Contact No. (Mobile)	91729251	Contact No. (Home)		Contact No. (Office)	
Email Address	andygoh@ystss.com	CI	SLR03000	TP	SLP27400
Claim Description	SLR03000 / SLP27400 on 6 Apr 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GA report	Received
Subsidiary No.	Yes	Repair Status	Preferred Workshop, Name unknown		
Date Registered	07/04/2020 17:43	Claim Close Date	07/04/2020 00:00		
Report Taken By	RUSLI WAHAB				
Print As letter					













Save Submit

Attachment

Accident No.	MT/1091038	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/04/2020 17:43
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select	Normal
Choose File No file chosen	Clear	Please Select	Normal
Choose File No file chosen	Clear	Please Select	Normal
Choose File No file chosen	Clear	Please Select	Normal
Choose File No file chosen	Clear	Please Select	Normal
Choose File No file chosen	Clear	Please Select	Normal
Choose File No file chosen	Clear	Please Select	Normal
Message Read	Send Message Upload		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (DD)	Action
	NAC_BUKIT_MERAH_000626 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Apr 2020 17:43	Photos	Normal	Photos 2020-4-7		edit
	NAC_BUKIT_MERAH_000616 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Apr 2020 17:43	Photos	Normal	Photos 2020-4-7		edit
	NAC_BUKIT_MERAH_000616 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Apr 2020 17:43	Photos	Normal	Photos 2020-4-7		edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:49	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:49	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:49	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:49	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	Photos	Normal	Photos 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	AKIC/ Driving License	4	AKIC/ Driving License 2020-4-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Apr 2020 17:48	SAS	Normal	SAS 2020-4-7	Edit
Video List					
Uploaded By/Date	Folder Date	File Name	?	Source	Action
		Display in New Window	Scan and uploading		

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: S105533654-01

Cover 1: drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLK8300G |
| Chassis Number | : WB4H5120905#033ET |
| 2. Name of Policyholder | : ANDY GOH WEE BOON |
| 3. Effective Date of Insurance | : 13 Dec 2019 |
| 4. Expiry Date of Insurance | : 12 Dec 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	: YES
INSURE WITH COE	: NO
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANDY GOH WEE BOON (ANDY WU WEI WEN)
NAMED DRIVER (1)	: KHUNG PIT HUI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PART VALUE 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 05 Nov 2019 11:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive