

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	09/05/2020 12:20
Date Of Accident	08/05/2020 14:20
Exact Location Of Accident	BEDOK NORTH AVENUE 3 SLIP ROAD(PIE TOWARDS CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1133M
Insured/Policyholder	
Name Of Registered Owner	CHAN KENG LUAN JASMINE
NRIC No	SXXXX332E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98251133
Alternative Phone No	OTHERS-98251133

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5084645442-03
Cover Note Number	

Driver

Name of Driver	CHAN KENG LUAN JASMINE
NRIC No	SXXXX332E
Date Of Birth	11/03/1981
Occupation	INDOOR
Date Of Driving Pass	28/06/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98251133
Fax Number	
Contact Number	OTHERS-98251133
E-Mail Address	NOEMAIL

Address	29 LOYANG RISE
Postcode	507572
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)	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	SLZ8678M
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	CHAN KENG LUAN JASMINE
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SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

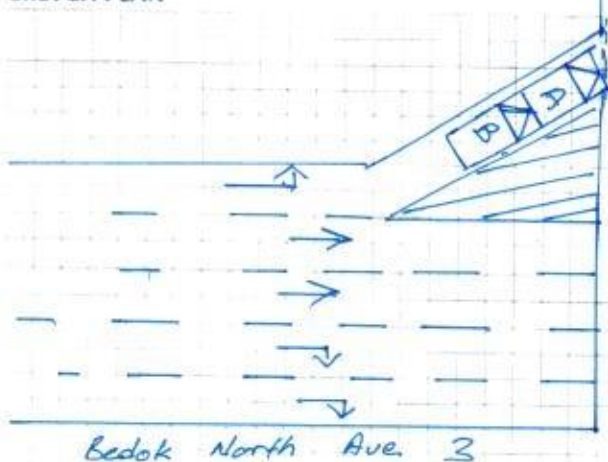
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



(A) SJZ 1133M

(B) SLZ 8678M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/05/2020 at @ 1420 hrs, I stopped my vehicle (SJZ 1133M) along Bedok North Ave 3 slip road into PIE towards Changi to give way to the traffic on the main road. Suddenly, a car (SLZ 8678M) from behind collided onto the rear portion of my vehicle.

DECLARATION

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

2

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.:

09/05/2020

Redi Hartono

Vehicle No.	SJZ 1133 M		Model / Make	Honda Vezel.
Date of Accident	08/05/2020.			
Time of Accident	1420 HRS			
Location of Accident	Bedok North Ave 3 slip road (PIE towards Changi)			
Exact purpose use during accident	Private Used.			
Name of Owner	Chan Keng Luan, Jasmine			
Telephone No.	H/P: 9825 1133	Home:	Office:	
NRIC	S 8107332E.			
Address	29 Loyang Rise Singapore 507572.			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC.			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5084645442-03.			
Name of Driver	As Above If No,			
NRIC	Any Passengers: N.A.			
Date of birth	11/03/1981			
Occupation	Outdoor	Indoor		
Driving License Pass Date	28/06/2000.			
Gender	Male	Female		
Contact No.	H/P:	Home:	Office:	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner.		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Chan Keng Luan, Jasmine (H/P: 9825 1133)			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SLZ 8678 M	Any Passengers: N.A.		
Name of Driver	Contact No.:			
Vehicle C No.	Any Passengers:			
Vehicle D No.	Any Passengers:			
Vehicle E no.	Any Passengers:			
Vehicle F No.	Any Passengers:			
Vehicle G No.	Any Passengers:			
Witness Name	Witness Contact:			
Accident Portion	Rear Portion.			
Camera Recorder	Yes / No			
Email Address	-			
PARTICULAR WORKSHOP	Twincar.			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Joseph TAN.			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg			

Claim Handling

Accident MT/1092424

Policy No.	5084645442-03	Vehicle No.	SJZ1133M	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN KENG LUAN JASMINE	Cover Type	drive CLASSIC	Policyholder NRIC	S8107332E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98251133	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Report Date		09/05/2020 12:38	Accident Report Within 24 hrs		Yes	Accident Type	Collision - He
Date of Accident		08/05/2020	Time of Accident hh:mm		14:20	Country of Accident	Singapore
Reporting Centre			Orange Force			ICM No.	
Accident Location		BEDOK NORTH AVENUE 3 SLIP ROAD(PJE TOWARDS CHANGI)					

Excess Type		Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00				
YIED OD Excess	0.00	YIED TP Excess	0.00		Driver is Covered?	Covered	
Additional Excess	0						
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00				

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

Address 1		29 LOYANG RISE	Address 2		SINGAPORE 507572	Address 3		
Address 4			Address Type		Singapore address	Post Code		507572
Unit No.			Related Policy Number		5084645442-03			

Driver Name		CHAN KENG LUAN JASMINE	Driver Type		Main Driver			
Unnamed driver Name			Driver NRIC		S8107332E	Driver DOB	11/03/1981	
Register Date of Driver License		28/06/2000	Driver Age		39	Driving Experience	19	
Contact No.(Mobile)		98251133	Contact No.(Office)			Contact No.(Home)		
Address 1		29 LOYANG RISE	Address 2		SINGAPORE 507572	Address 3		
Address 4			Address Type		Singapore address	Post Code		507572
Unit No.								
Does he own a Singapore Registered car?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		SJZ1133M	Driver Insurer Company	NTUC	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHAN KENG LUAN JASMINE	Insu NRIC					
Contact No.(Mobile)		Contact No. (Home)	65464778	Cont No. (Off)					
Email Address		OT Vehicle Number	SJZ1133M	TP Vehi Num					
Claim Description	SJZ1133M / SLZ8678M ON 8 May 2020				Nam Pref Work				
Preferred Workshop		Insured Liability	Not at Fault						
Repaired No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received				
Date Registered					09/05/2020 12:40	Claim Close Date		Date Recd	
Report Taken By					ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter									

Save Submit

Attachment

Accident No.	MT/1092424	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2020 12:41		
Path *		Category *	Confidential	Urgency *	
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

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

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Please Select

NO

Normal














Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:41	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:41	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:41	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:41	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:41	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:41	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:40	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:40	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:40	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:40	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:40	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 12:40	SAS		Normal	SAS 2020-5-9

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		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: 5084645442-03

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJZ1133M |
| Chassis Number | : RU11202766 |
| 2. Name of Policyholder | : CHAN KENG LUAN JASMINE |
| 3. Effective Date of Insurance | : 11 Oct 2019 |
| 4. Expiry Date of Insurance | : 10 Oct 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHAN KENG LUAN JASMINE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : VINCAR PTE LTD (00000614250)
 Date of Issue : 03 Sep 2019 16:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive