

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	27/05/2020 16:32
Date Of Accident	25/05/2020 16:20
Exact Location Of Accident	SWANAGE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH9671M
Insured/Policyholder	
Name Of Registered Owner	JIE XUAN ENGINEERING PTE LTD
Co Reg No	2XXXXX065W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97640515
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5105317794-01
Cover Note Number	
Driver	
Name of Driver	AUUIDAIKKANNU ARIVALAGAN
Passport No/FIN	GXXXXX502L
Date Of Birth	20/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91695114
Fax Number	
Contact Number	
E Mail Address	ARIVALAGAN83@GMAIL.COM

Address	188-1B TANJONG KATONG ROAD
Postcode	436989
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	SIDE SWIPE
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLJ2169P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR KELVIN LIEW
NRIC/Passport Number	
Contact Number	90044128
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

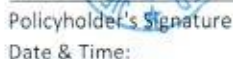
Driver's Signature
(If driver is not the policyholder)
Date & Time:

27/05/2020

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

I was reversing my veh from the carpark lot
at Swanage Road. While reversing my veh
slightly touch the front right portion of veh
B that was parked outside the house no
6E.

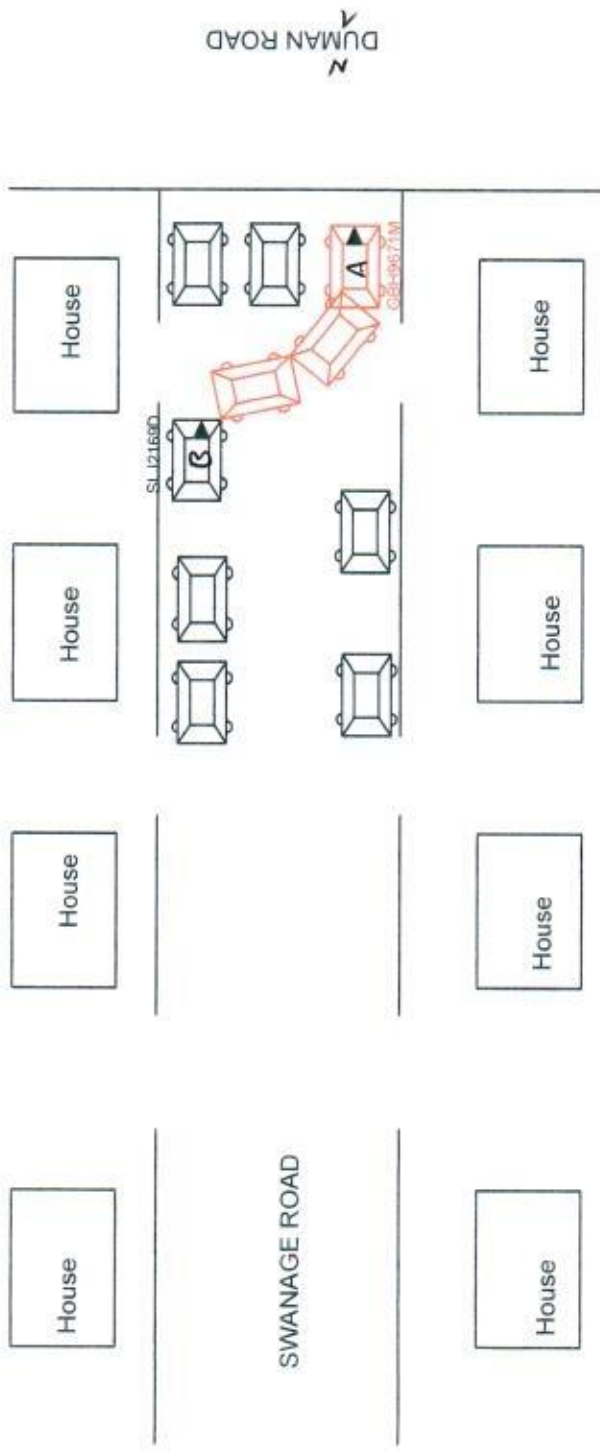
I/We declare the foregoing particulars are true in every respect.



Driver's Signature

slgm 27/05/20

A - GSH9671M
B - SLJ2169P



DATE: 25/05/2020, 4:20PM

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 05 / 2020 (DD/MM/YYYY), TIME: 4 : 20 (HH:MM)

LOCATION: Swanage Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 9671 M
b) INSURANCE COMPANY: Golden prime Insurance Agency
c) POLICY NUMBER: 5105317794-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota / Haze
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial use
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: 9764 0515
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Buwi daikkannu Arivalagan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91695114
c) ADDRESS: 188-1b Tanjong Katong Road

*d) DATE OF BIRTH: 20 / 07 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 yrs

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SLJ 2169 P MODEL: _____
b) DRIVER'S NAME: Mr. Kelvin Liew
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9004 4128

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

video =

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

25/05/2020 16:20

Vehicle No.(For Motor)

GBH9671M

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105317794-01		JIE XUAN ENGINEERING PTE LTD	200609065W	GCV	Preferred Workshop Plan	GBH9671M	GBH9671M	12/11/2019	11/11/2020

Continue

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M90372806G

Policy Number	: 5105317794-01
The Policyholder	: JIE XUAN ENGINEERING PTE LTD 3018 BEDOK NORTH STREET 5 #03-34 EASTLINK SINGAPORE 486132

Period of Insurance	: 12 Nov 2019 To 11 Nov 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,326.73

Interest Insured

Cover Type	: Preferred Workshop Plan		
Make/Model	: TOYOTA/HIACE		
Capacity	: 1.1 ton(s)	Number of Seater	: 2
Registration Number	: GBH9671M	Registration Date	: 12 Nov 2018
Chassis Number	: JTFHT02P200246141	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Windscreen Excess	: S\$100		
Hire Purchase Company	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

Memo A : N/A

Endorsement Operative : M7

Agency	: GOLDEN PRIME INSURANCE AGENCY (00000613808)
Date of Issue	: 08 Oct 2019 21:18 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1093302

Policy No.	S105317794-01	Vehicle No.	GBH9671M	GST Registration No.	200609065W
Certificate No.					
Policyholder Name	JIE XUAN ENGINEERING PTE LTD			Policyholder NRIC	200609065W
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	97640515	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	27/05/2020 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/05/2020	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SWANAGE ROAD				

Total Excess Applicable

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					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	24/07/2006
GST Registration No.	200609065W	GST Status Verified	Yes
Modification History	27/05/2020 16:55:27 System changed GST Registration No. from NA to 200609065W 27/05/2020 16:55:27 System changed GST Registration Date from 01/01/2015 to 24/07/2006 27/05/2020 16:55:27 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	3018 BEDOK NORTH STREET 5	Address 2	#03-34 EASTLINK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	486132
Unit No.		Related Policy Number	S108602745-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AJUIDAIKKANNU ARIVALAGAN	Driver NRIC	GXXXX502L	Driver DOB	20/07/1986
Register Date of Driver License	28/12/2004	Driver Age	38	Driving Experience	15
Contact No.(Mobile)	91695114	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	188-1B TANJONG KATONG ROAD	Address 2	SINGAPORE 436989	Address 3	
Address 4		Address Type	Singapore address	Post Code	436989
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	JIE XUAN ENGINEERING PTE LTD	In NF
Contact No.(Mobile)		Contact No.(Home)		Co No (O
Email Address		OT Vehicle Number	GBH9671M	TP Ve Ni
Claim Description	GBH9671M / SLJ2169P ON 25 May 2020			No Pri Wi
Preferred Workshop		Insured Liability	Fully at Fault	
COBALT No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered	27/05/2020 16:58	Claim Close Date		De Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re

Print AK letter

Save Submit

Attachment

Accident No. MT/1093302 Claim No. 001

Last Doc. Received Yes No Upload Date 27/05/2020 00:00

Path *

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Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:58	SAS		Normal	SAS 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:58	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:58	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:58	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:56	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:56	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:56	Photos		Normal	Photos 2020-5-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:56	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:56	Photos		Normal	Photos 2020-5-27

Video List

Uploaded By/Date	Folder Date	File Name		Source
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