





## 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	30/05/2020 09:56
Date Of Accident	29/05/2020 14:00
Exact Location Of Accident	290 ALLENBY RD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8406E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIM KOON GAS SERVICES
Co Reg No	2XXXX300M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62830192

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5088706268-03
Cover Note Number	

### Driver

Name of Driver	TIAN ZHAOJUN
NRIC No	GXXXX855R
Date Of Birth	15/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83571081
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	240 WESTWOOD AVE #07-46
Postcode	648364
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)	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

REFER TO 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	FBP1834X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMMAD FUAD BIN ADAM
NRIC/Passport Number	SXXXX856H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

金坤煤氣服務社  
KIM KOON GAS SERVICES  
10 Defu Lane 9, Singapore 539252  
Tel: 6283 0298 / 6283 0197

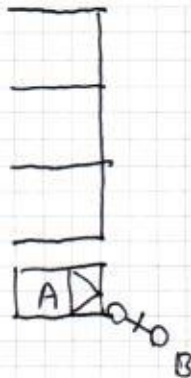
田兆輝

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 = GBF 8406E

B = FBP 1834X

290 Allenby Rd Carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My veh was parked at the 290 Allenby Rd Carpark. After unloading my good, I went back to my veh prepare to move off.

Before I start engine. Suddenly My veh Rolled forward touch onto a parked motorcycle front portion.

### DECLARATION

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

金中煤氣服務社  
KIM KOON GAS SERVICES  
10 Defu Lane 9, Singapore 539252  
Tel: 6233 0288 / 6285 0197

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.:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

29/05/2020 16:07

Vehicle No.(For Motor)

GBF8406E

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088706268-03		KIM KOON GAS SERVICES	20332300M	GCV	Comprehensive	GBF8406E	GBF8406E	23/03/2020	22/03/2021



# ACCIDENT STATEMENT

ACCIDENT DATE: (29/5/20) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: 290 Jln Besar (Allenby Rd) carpark.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 8406 E  
 b) INSURANCE COMPANY: IMC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working  
 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: 6283 0192  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tian Zhao Jun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G 2457 855R CONTACT: 8357 1081  
 c) ADDRESS: 240 Jurong West Westwood Ave #07-46  
 CS 64866 93  
 \*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE:

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: FBP 1834 X MODEL:  
 b) DRIVER'S NAME: Mohammad Farid Fuad Bin Adam  
 c) NRIC/FIN/PASSPORT: 584358564 CONTACT:

## 9. THIRD PARTY VEHICLE

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

Email = KimKoon gas @ gmail.com

fax =

VIDEO = No.

## Claim Handling

## Accident MT/1093435

Policy No.	5088706268-03	Vehicle No.	GBF8406E	GST Registrati
Certificate No.				
Policyholder Name	KIM KOON GAS SERVICES			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	62830192	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	30/05/2020 10:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/05/2020	Time of Accident hh:mm	14:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	290 ALLENBY RD CARPARK			

## ▼ 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 Cover
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/0
GST Registration No.	MX0505450P	GST Status Verified	Yes
Modification History	30/05/2020 10:23:34 System changed GST Registered from No to Yes 30/05/2020 10:23:34 System changed GST Registration No. from null to MX0505450P 30/05/2020 10:23:34 System changed GST Registration Date from null to 01/04/1994		

## ▼ Policyholder Mailing Address

Address 1	10 DEFU LANE 9	Address 2	SINGAPORE 539252	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5078411378-04	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TIAN ZHAOJUN	Driver NRIC	GXXX855R	Driving Experi
Register Date of Driver License	19/09/2018	Driver Age	39	Contact No.(Hi
Contact No.(Mobile)	83571081	Contact No.(Office)		Address 3
Address 1	240 WESTWOOD AVENUE	Address 2	#07-46 THE FLORAVALE	Post Code
Address 4		Address Type	Singapore address	
Unit No.	07-46			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	GB
Claim Description	GBF8406E / FBP1834X ON 29 May 2020		
Preferred Workshop	Insured Liability	Partially at Fault	
Consent No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	30/05/2020 10:25	Received	
Report Taken By	SHAN HUI	Claim Close Date	

☒ Print AK letter



## Attachment

Accident No.	MT/1093435	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2020 10:27

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 May 2020 10:27	SAS		Normal	S
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 May 2020 10:27	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 May 2020 10:25	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 May 2020 10:25	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 May 2020 10:25	Photos		Normal	Ph
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 May 2020 10:25	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 May 2020 10:25	Photos		Normal	Ph

## Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			