





## 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	04/06/2020 14:23
Date Of Accident	02/06/2020 12:15
Exact Location Of Accident	117 UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2912H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW JUN CHENG, PAUL (LIU JUNCHENG, PAUL)
NRIC No	SXXXX104H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87429369
Alternative Phone No	OFFICE-87429369

### Vehicle Particulars

Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5116745964
Cover Note Number	

### Driver

Name of Driver	LOW JUN CHENG, PAUL (LIU JUNCHENG, PAUL)
NRIC No	SXXXX104H
Date Of Birth	10/03/1984
Occupation	INDOOR
Date Of Driving Pass	22/07/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87429369
Fax Number	
Contact Number	OFFICE-87429369
EEmail Address	NOEMAIL

Address	BLK 552 BEDOK NORTH AVENUE 1 #09-480
Postcode	460552
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200602/2038

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM730R
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)




## 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:

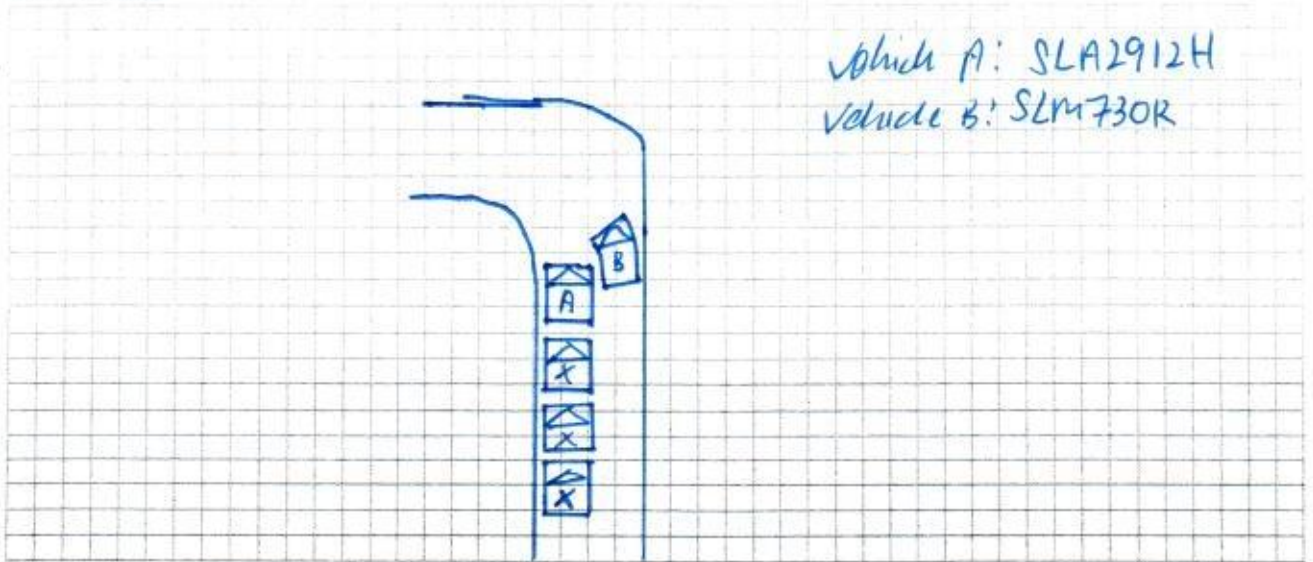
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, Vehicle A was parked stationary on the stated venue. When I return to my vehicle one witness (Saro, HP: 9390 0320) informed me that a driver (SLM730R, Vehicle B) drove past my vehicle and knock onto the right side of my vehicle. I want to check and realise there's damages on the right side of my vehicle. I wish to inform that I have an in-car camera and it capture the whole incident.

DECLARATION

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

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.:





**SINGAPORE  
POLICE FORCE**



T/20200602/2038

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No: T/20200602/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/06/2020 14:46		Vide Report No.:		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: LOW JUN CHENG, PAUL			Address: APT BLK 552 BEDOK NORTH AVENUE 1 #09-480 SINGAPORE 460552		
ID Type / ID No.: NRIC NO / S8407104H			Contact No.: Home/Office: Mobile: 87429369		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 10/03/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: INTERIOR DESIGNER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/06/2020 12:15	Type of Location: Straight Road
Location: Along Road 1 UPPER PAYA LEBAR ROAD  117 UPPER PAYA LEBAR ROAD OUTSIDE MUSLIM DELIGHTS				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA2912H	Car	AUDI	A4 1.8 TFSI MU	White	Slightly Damaged	0
SLM730R	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA2912H	NTUC Income Insurance Co-Operative Limited	5116745964	19/03/2020	18/03/2021



**SINGAPORE  
POLICE FORCE**



T/20200602/2038

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20200602/2038

CONTINUATION OF REPORT

**Brief Details.**

On 02/06/2020 at about 1200hrs, I parked my vehicle bearing registration plate number SLA2912H at the side of the road to purchase food for lunch.

On the same day at about 1215hrs, I return to my vehicle and one witness(Saro, HP:93900320) informed me that a driver(SLM730R) drove past my vehicle and knock on to the front of my vehicle. I went to make a check and realized a dent and scratches on the right side of my front bumper. I wish to inform that I have an in-car CCTV and it captured the whole incident. Nobody was injured.





SINGAPORE  
POLICE FORCE



T/20200602/2038

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20200602/2038

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /  
Sgt 3 PHUA JIA JUN, MARK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Signature Of Informant:

Date/Time:

02/06/2020 14:46

Classification Of Case:

Authentication Stamp

NP168



SN 085

Signature

Singapore Police Force

Date of Accident : 2/6/2020 Accident Time: 12:15hr (24 HR-Format)  
 Accident Place : 117 Upper Paya Road  
 Vehicle No. (Car Plate No.) : SLA2912H Make/Model: Audi A4  
 Insurance Company : NTUC Policy No: 5116745964  
 Owner or Company Name / IC No. : Low Jun Cheng, Paul (58487104H)  
 Owner or Company Contact No. : 87429369 Owner's Hp - Company Tel -  
 DRIVER'S Name / IC No. : Same as Above  
 DRIVER'S Date Of Birth : 10/3/1984 DRIVER'S License Pass Date 22 Jul 2019  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : Blk 552 Bedok North Ave 2 H09-480 (S) 460552  
 DRIVER'S Contact No / Alt No. : 1) - 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : -  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 0  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): -

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLM730R (S)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/06/2020 14:24"/>							
Vehicle No.(For Motor)	<input type="text" value="SLA2912H"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116745964		LOW JUN CHENG, PAUL (LTU JUNCHENG, PAUL)	S8407104H	GPC	drivo CLASSIC	SLA2912H	SLA2912H	19/03/2020	18/03/2021
<input type="button" value="Continue"/>										

## 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:** 5116745964

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA2912H**  
 Chassis Number : WAUZZZ8K3AA154394
2. Name of Policyholder : LOW JUN CHENG, PAUL
3. Effective Date of Insurance : 19 Mar 2020
4. Expiry Date of Insurance : 18 Mar 2021
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	: S\$1,500
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	: LOW JUN CHENG, PAUL (LIU JUNCHENG, PAUL)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
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 : INSURANCE MARKET PTE. LTD. (00000691183)  
 Date of Issue : 18 Mar 2020 18:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Claim Handling

Accident MT/1093748

Policy No.	5116745964	Vehicle No.	SLA2912H	GST Registrati
Certificate No.				
Policyholder Name	LOW JUN CHENG, PAUL (LIU JUNCHENG, PAUL)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	87429369	Contact No.(Office)		Contact No.(Hi
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	04/06/2020 16:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/06/2020	Time of Accident hh:mm	12:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	117 UPPER PAYA LEBAR RD			

## ▼ 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 Cover
Additional Excess	1500			
Total OD Excess Applicable	2100.00	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	BLK 552 #09-480	Address 2	BEDOK NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-480	Related Policy Number	5116745964	

## ▼ OI Driver Info

Driver Name	LOW JUN CHENG, PAUL (LIU JUNCHENG, PAUL)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8407104H	Driver DOB
Register Date of Driver License	22/07/2019	Driver Age	36	Driving Exper
Contact No.(Mobile)	87429369	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 552 #09-480	Address 2	BEDOK NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-480			
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 \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault		OD-MX	Insured Name	LO
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	91807072	Contact No. (Home)	62
Finalisation	Yes			Received	bluemalin84@yahoo.com.sg	OI Vehicle Number	SL
Date Registered					SLA2912H / SLM730R ON 2 Jun 2020	Claim Close Date	
Report Taken By						SHAN HUI	

☒ Print AK letter

## Attachment

Accident No.	MT/1093748	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/06/2020 17:01

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

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	SAS		Normal	!
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 17:01	Photos		Normal	Pt

## Video List

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