





## 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	12/11/2020 15:46
Date Of Accident	12/11/2020 06:20
Exact Location Of Accident	AIRPORT ROAD BEFORE KPE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4428P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA ENG HUAT
NRIC No	SXXXX570E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98567172
Alternative Phone No	OTHERS-98567172

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	5116127019
Cover Note Number	

### Driver

Name of Driver	CHIA ENG HUAT
NRIC No	SXXXX570E
Date Of Birth	19/09/1958
Occupation	INDOOR
Date Of Driving Pass	29/07/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567172
Fax Number	
Contact Number	OTHERS_98567172

Address	BLK 200 COMPASSVALEVALE WALK #14-429
Postcode	540230
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 - CHANGE/CROSS LANE
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
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA8401D
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97330908
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passengers (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.:



W

A

A1

B1

N

B

A) SMT 4428P  
B) PA 8401D

[illegible]

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

Reporting Centre Personnel's Signature  
Name: Roll  
NRIC/FIN No.: 1234567890

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### ACCIDENT STATEMENT

Date Of Report 12/1/20  
Date Of Accident 12/1/20 0620HRS  
Exact Location Of Accident AIRPORT ROAD B 4 KTE TUNNEL  
Country/State of Loss

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT 4418P  
Insured/Policyholder  
Name Of Registered Owner CHIA ENG HUAT  
Co Reg No  
Email Address  
Mobile Phone No 9856 7172  
Alternative Phone No  
Vehicle Particulars HONDA SHUTTLE  
Manufacturer  
Model  
Exact Purpose for which vehicle was being used at time of accident PRIVATE  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken CLAIM THIRD PARTY  
Vehicle Category SALOON  
Insurance Company NTUC  
Name of Insurance Company  
Type Of Coverage COMPREHENSIVE  
Fleet Policy  
Policy Number  
Cover Note Number  
Driver AS ABOVE  
Name of Driver  
NRIC No  
Date Of Birth 190958  
Occupation SUPERVISOR  
Date Of Driving Pass  
Driving Experience  
Gender  
Mobile Number  
Fax Number AS ABOVE  
Contact Number  
Email Address

Address

Postcode

Was driver an employee of the Insured's Company

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

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of Intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE/PROPERTY

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (including Driver)

Details of Witness

Name

Phone Number

Email Address

NA

~~DRIVE~~ Charging lane  
CLEAR  
DRY

NO

NO

YES

NO

01

NO

PA 2401 D  
TOYOTA HIACE

97730908

Claim Handling

Accident MT/1109988

Policy No.	5116127019	Vehicle No.	SMT4428P	GST Registration No.
Certificate No.				
Policyholder Name	CHIA ENG HUAT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98567172	Contact No.(Office)		Contact No.(Home)
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(%)	20	Private Hire

Accident Details

Report Date	13/11/2020 10:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/11/2020	Time of Accident hh:mm	06:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AIRPORT ROAD BEFORE KPE TUNNEL			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
DD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
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	BLK 230 #14-428	Address 2	COMPASSVALE WALK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116127019	

OI Driver Info

Driver Name	CHIA ENG HUAT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S131757DE	Driver DOB
Register Date of Driver License	20/11/1978	Driver Age	62	Driving Experience
Contact No.(Mobile)	98567172	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 36 #14-429	Address 2	JALAN RUMAH TINGGI	Address 3
Address 4	BLK 36 #19-447	Address Type	Singapore address	Post Code
Unit No.	14-429			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMT4428P	Driver Insurer Comp.

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHIA ENG HUAT
Contact No.(Mobile)	98567172	Contact No. (Home)	
Email Address		Vehicle Number	SMT4428P
Claim Description	SMT4428P / PA8401D ON 12 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Refund No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	13/11/2020 10:25	GIA report	Received
		Claim Close Date	



Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

## Attachment

Accident No. MT/1109988 Claim No. 001  
 Last Doc. Received: ☒ Yes ☐ No Upload Date 13/11/2020 10:28

Path \*

Category \*

Confidential

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading



**Certificate of Insurance**

1.383.15

ANYONE 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:** 5116127018

**Cover :** drive CLASSIC

1. Index Mark and Registration Number of Vehicle : **SMS1444S**  
 2. Chassis Number : **GK82103478**  
 3. Name of Policyholder : **CHIA ENG HUAT**  
 4. Effective Date of Insurance : **12 Feb 2020**  
 5. Expiry Date of Insurance : **11 Feb 2021**

6. 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.

7. 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, durability 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
WHOLESCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNWANTED 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	: CHIA ENG HUAT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
MINIMUM 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 : **TECK WEI CREDIT PTE LTD (09000572499)**

Date of issue : **10 Feb 2020 14:53 hrs**

For **ITUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

**德威信貸私人有限公司**  
**TECK WEI CREDIT PTE LTD**

Co. Reg. No. 200512300K  
250 Tien Club Road, The Grandstand  
Lim 48 Singapore 287995  
Tel: 0660 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg