

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 | 16/11/2020 14:56 |
| Date Of Accident | 14/11/2020 12:15 |
| Exact Location Of Accident | PUBLIC CARPARK BESIDE BEAUTY WORLD MRT STATION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SKD4075G |
| Insured/Policyholder | |
| Name Of Registered Owner | NG KWAI YUKE MRS.CHAN KAH LEONG |
| NRIC No | SXXXX493Z |
| Email Address | JERRYGWEE@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97670986 |
| Alternative Phone No | OFFICE-97670986 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | SUZUKI |
| Model | SWIFT |
| 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 | REPORTING ONLY |
| 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 | 5058912196-07 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | JERRY GWEE CHEE SIONG |
| NRIC No | SXXXX680G |
| Date Of Birth | 16/10/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/09/1999 |
| Driving Experience | 21 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97670986 |
| Fax Number | |
| Contact Number | OFFICE-97670986 |

| | |
|---|-------------------------------------|
| Address | 16 SPOTTISWOODE PARK ROAD #34-03 |
| Postcode | 088661 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SON IN LAW |
| 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) | 2 |
| Passenger 1 | NAME: : WIFE GENDER: : FEMALE |

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 | SMG5857X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | THUAN SIA TAM |
| NRIC/Passport Number | |
| Contact Number | 82239909 |
| Address | |
| Postcode | |
| Insurance Company Name | |

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car out of my parking lot and turning left towards exit. There were 3 cars that are stationary facing me and waiting to take my lot. As road was narrow, I could not fully exit and had to adjust my car so as ~~not to~~ ^{to steer} clear of the first stationary car on my right side.

The other car in the accident (yellow Audi) was rushing into the carpark lot I had just partially exited and was reversing his car into the lot before I had completed straightening my car to avoid oncoming traffic for exit from the carpark. As this was right after I had just partially exited and his speed of parking was fast, I did not have sufficient time to finish my manoeuvre to ~~reverse~~ reverse the right rear side of my car came into contact with ~~the~~ ^{the} front left panel of his car as he was reversing into my carpark lot.

There was no way for me to exit the parking lot and exit the carpark without reversing as the car on my right was obstructing safe passage. The sudden reversal of the yellow Audi car was not anticipated since I had not fully left the carpark lot, especially since it was so fast.

DECLARATION

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



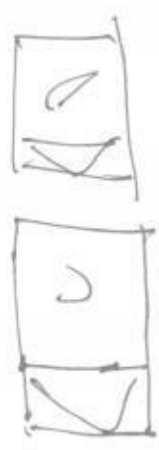
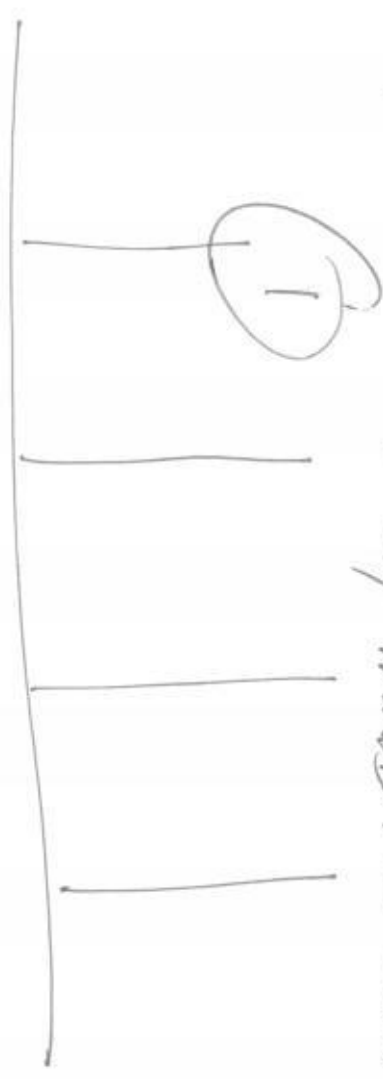


16/11/20
12.30pm.



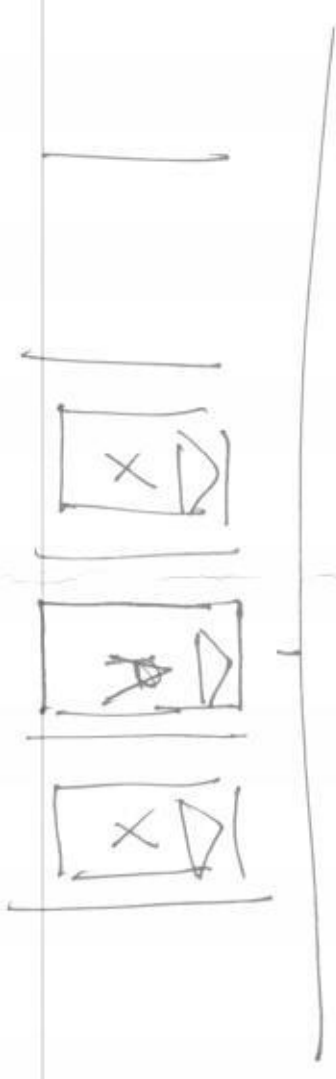
16/11/2020
Kosa, No Base

PUBLIC CORPUS BEHIND BATTERY WORLD MCT SORROW



- A) SKD 40756
- B) only SKS7K

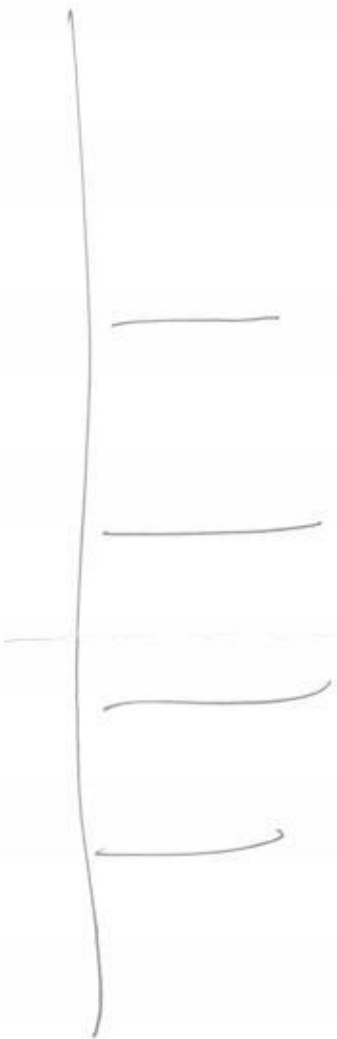
fern



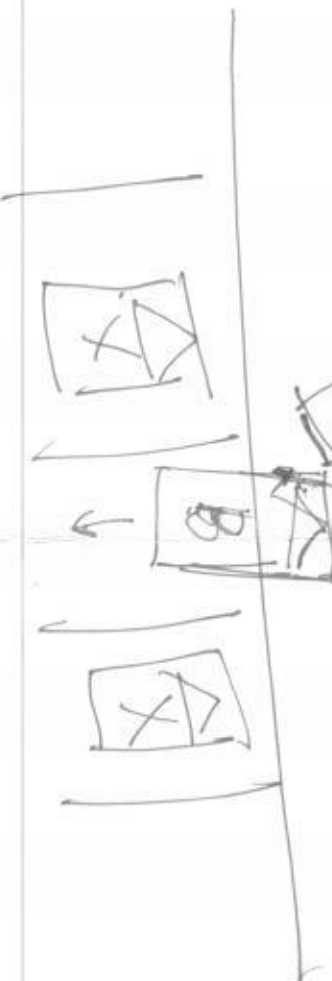
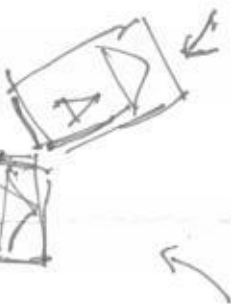
16/11/2007
Red Porters

Hydraulic Crane for lifting heavy loads and moving

2



a) SK 1 1054
b) SK 1 1057 X



for

on 16/11/2020
Fidelis W. W. W.

ACCIDENT STATEMENT

ACCIDENT DATE: (14/11/2020) (DD/MM/YYYY), TIME: (12:15) (HH:MM)

LOCATION: Public carpark beside Beauty World MRT station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 4075G
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5058912196-07
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Suzuki Swift
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
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: Ng Kwan Yoke Mrs Chan Kah ^{Leong} (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 91 Tanglin Halt Road, #09-316

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jerry Gwee Chee Siang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S78306806 CONTACT: 97670986
c) ADDRESS: 16 Spottiswoode Park Road, #34-03
S 088661

* d) DATE OF BIRTH: (16/10/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02/09/1999

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son-in-law

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Sunny)

b) ROAD SURFACE: (DRY / WET / OTHERS dry)

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: SMG 5857X MODEL: _____
b) DRIVER'S NAME: Thuan Sia Tan
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8223 82239909

9. THIRD PARTY VEHICLE

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

email = jerrygwee@gmail.com
VIDEO

Claim Handling

Accident MT/1110236

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5058912196-07 | Vehicle No. | SKD4075G | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | NG KWAI YUKE MRS.CHAN KAH LEONG | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading |
| Contact No.(Mobile) | 97670986 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode Reason |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--|-------------------------------|-------|---------------------|
| Report Date | 16/11/2020 15:22 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 14/11/2020 | Time of Accident hh:mm | 12:15 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | PUBLIC CARPARK BESIDE BEAUTY WORLD MRT STATION | | | |

▼ 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? |
| 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 91 #09-316 | Address 2 | TANGLIN HALT ROAD | Address 3 |
| Address 4 | SINGAPORE 142091 | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5058912196-07 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-----------------|----------------------|
| Driver Name | JERRY GWEE CHEE SIONG | Driver Type | Named Driver | Driver DOB |
| Unnamed driver Name | | Driver NRIC | S7830680G | Driving Experience |
| Register Date of Driver License | 14/09/2003 | Driver Age | 42 | Contact No.(Home) |
| Contact No.(Mobile) | 97670986 | Contact No.(Office) | | Address 3 |
| Address 1 | | Address 2 | | Post Code |
| Address 4 | | Address Type | Foreign address | |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SKD4075G | 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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation

Yes ☒ No ☐

Preferred Repair Option

Insured Liability Not at Fault Preferred Workshop, Name unknown

GIA report

Received ☒

| | | |
|----------------------|--------------------|---------|
| OD-MX | Insured Name | NG KWAI |
| 94763729 | Contact No. (Home) | 6400720 |
| kahleongch@gmail.com | OI Vehicle Number | SKD4075 |

SKD4075G / SMG5857X ON 14 Nov 2020

16/11/2020 15:28

Claim Close Date

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save Submit

Attachment

| | | | | |
|--|---|--------------------------------------|--|-----------------------------------|
| Accident No. | MT/1110236 | Claim No. | 001 | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 16/11/2020 15:30 | |
| Path * | | Category * | Confidential | |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Merge Read"/> | | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|------------|---|-----------------------|----------|-------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:30 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:30 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:30 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:30 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:30 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:29 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:29 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:29 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:29 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:28 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:28 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:28 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:28 | Photos | Normal | Photos 2f |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 15:28 | NRIC/ Driving License | Y Normal | NRIC/ Driving Lic |

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
n 16 Nov 2020 15:28

SAS

Normal

SAS 202

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder 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 | : 5058912196-07 |
| The Policyholder | : NG KWAI YUKE MRS.CHAN KAH LEONG BLK 91 #09-316 TANGLIN HALT ROAD COMMONWEALTH VIEW SINGAPORE 142091 |
| Period of Insurance | : 05 Apr 2020 To 04 Apr 2021 |
| Sum Insured | : Market Value of Insured Vehicle at Time of Loss |
| Premium (Inclusive GST) | : S\$768.04 |

Interest Insured

| | | | |
|--------------------------------------|--|-------------------|-------------|
| Cover Type | : drivo CLASSIC | Capacity | : 1400cc |
| Primary Driver | : NG KWAI YUKE MRS.CHAN KAH LEONG | Registration Year | : 2011 |
| Named Driver (1) | : KEN CHAN YING HAO | Off-peak Car | : No |
| Named Driver (2) | : JERRY GWEE CHEE SIONG | Insure with COE | : Yes |
| Make/Model | : SUZUKI/SWIFT | NCD Entitlement | : 50% |
| Registration Number | : SKD4075G | NCD Protection | : Yes(Free) |
| Chassis Number | : JSAFZC82500102103 | Loyalty Discount | : 5% |
| Repair at Owner's Preferred Workshop | : No | | |
| Excess (Section 1) | : S\$600 | | |
| Excess (Section 2) | : N/A | | |
| Windscreen Excess | : S\$100 | | |
| Additional Excess | : N/A | | |
| Unnamed Driver Excess | : Please refer to Terms and Conditions | | |
| Hire Purchase Company | : N/A | | |

Optional Cover

| | |
|---------------------|------|
| Transport Allowance | : No |
| Excess Waiver | : No |

Memo A : N/A

Endorsement Operative : M4

| | |
|---------------|--------------------------------------|
| Agency | : DIRECT BUSINESS DEPT (00000600280) |
| Date of Issue | : 12 Mar 2020 10:44 hrs |
| Reprint | : 12 Mar 2020 10:44 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