

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	19/11/2020 15:03
Date Of Accident	18/11/2020 16:10
Exact Location Of Accident	ALONG BEDOK NORTH ST 1 ENTRANCE TO BLK 417
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6179R
Insured/Policyholder	
Name Of Registered Owner	LIAN KWOK WENG, DANIEL
NRIC No	SXXXX927B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93653332
Alternative Phone No	OTHERS-93653332

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	5114240368
Cover Note Number	

Driver

Name of Driver	LIAN KWOK WENG, DANIEL
NRIC No	SXXXX927B
Date Of Birth	14/03/1981
Occupation	INDOOR
Date Of Driving Pass	31/05/2004
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93653332
Fax Number	
Contact Number	OTHERS-93653332
Email Address	NOEMAIL

Address	BLK 477 PASIR RIS DRIVE 6 #09-520
Postcode	510477
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	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: : UNKNOWN GENDER: : MALE

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	PC1737X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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:

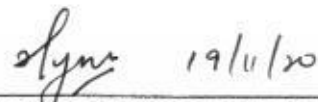
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

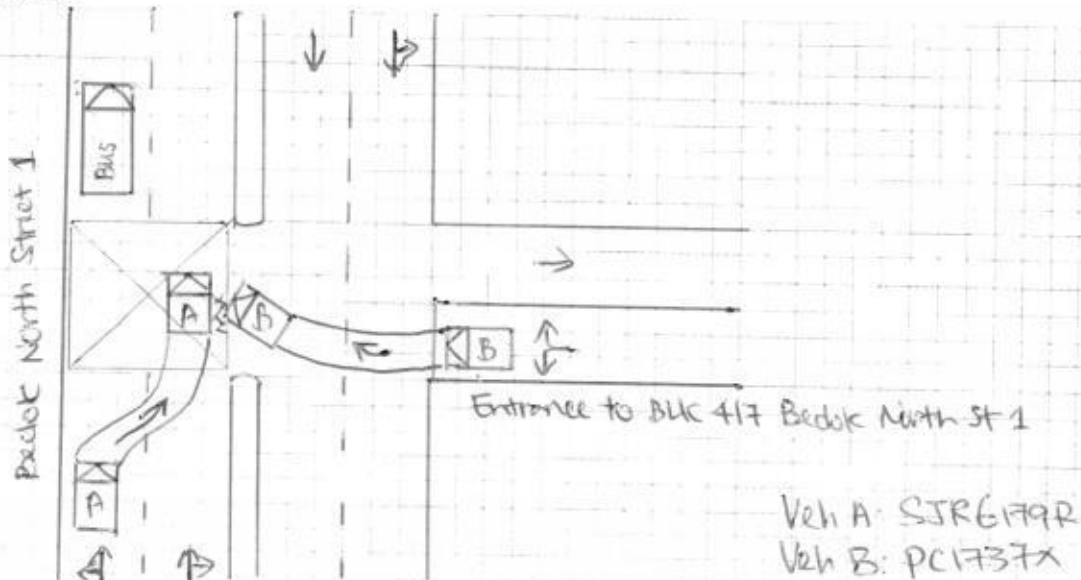


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 19/11/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJR6179R) traveling along Bedok North Street 1 towards Chai Chee Street on second lane of a 2-lanes, dual carriage road. Somewhere near the entrance of Blk 417 Bedok North Street 1, I noticed bus was stationary at lane 2, so I filtered to first lane. When I approached the said junction suddenly vehicle B (PC1737X) drove out from the junction and collided onto the right portion of my vehicle.

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.:

Vehicle No.	SJR 6179R		Model / Make	Toyota Camry
Date of Accident	18/11/2020			
Time of Accident	1610 HRS			
Location of Accident	Along Bedok North St 1 / BLK 417 Bedok North St 1 Entrance			
Exact purpose use during accident	Private use			
Name of Owner	Lian Khok Weng, Daniel			
Telephone No.	H/P : 93653332	Home :	Office :	
NRIC	S8108927B			
Address	BLK 477 Pasir Ris Drive 6 #09-520 S(510477)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5114240368			
Name of Driver	As Above If No,			
NRIC	Any Passengers : 1(m)			
Date of birth	14/3/1981			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	31/5/2004			
Gender	Male / Female			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	<input checked="" type="radio"/> No, If yes, Reg No.			
Relationship	<input checked="" type="radio"/> Employee, If no, state Owner			
Weather condition	<input checked="" type="radio"/> Clear Raining Other			
Road Surface	<input checked="" type="radio"/> Dry Wet Other			
Any Injuries	<input checked="" type="radio"/> No, If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	<input checked="" type="radio"/> No, If Yes, Where?			
Vehicle B No.	PC 1737 X		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Right portion			
Camera Recorder	Yes / <input checked="" type="radio"/> No			
Email Address	daniel_lian@email.com			
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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: 5114240368

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJR6179R**
 Chassis Number : MR053BK4107046549
2. Name of Policyholder : LIAN KWOK WENG, DANIEL
3. Effective Date of Insurance : 01 Jan 2020
4. Expiry Date of Insurance : 31 Dec 2020
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	: N/A
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	: LIAN KWOK WENG, DANIEL (YAN GUORONG, DANIEL)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)
 Date of Issue : 21 Nov 2019 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1110711

Policy No.	5114240368	Vehicle No.	SJR6179R	GST Registration No.	
Certificate No.					
Policyholder Name	LIAN KWOK WENG, DANIEL	Cover Type	drive CLASSIC	Policyholder NRIC	S8108927B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93653332	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	19/11/2020 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/11/2020	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BEDOK NORTH ST 1 ENTRANCE TO BLK 417				

▼ 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	0.00				
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 477 #09-520	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE S104
Address 4		Address Type	Singapore address	Post Code	S10477
Unit No.	09-520	Related Policy Number	5114240368		

▼ OI Driver Info

Driver Name	LIAN KWOK WENG, DANIEL (YAN GUORONG, DANIEL)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8108927B	Driver DOB	14/03/1981
Register Date of Driver License	31/05/2004	Driver Age	39	Driving Experience	16
Contact No.(Mobile)	93653332	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 477	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE S104
Address 4		Address Type	Singapore address	Post Code	S10477
Unit No.	#09-520				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIAN KWOK WENG, DANIEL	Insured NRIC			
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)			
Email Address		Vehicle Number	SJR6179R	TP Vehicle Number			
Claim Description	SJR6179R / PC1737X ON 18 Nov 2020				Name of Preferred Workshop		
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes	Insured Liability	Not at Fault	GIA report	Received		
Date Registered		Preferred Workshop, Name unknown		Claim Close Date	19/11/2020 15:35	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired			
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

Attachment

Accident No.	MT/1110711	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/11/2020 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal








Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	SAS		Normal	SAS 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	Photos		Normal	Photos 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	Photos		Normal	Photos 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	Photos		Normal	Photos 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	Photos		Normal	Photos 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	Photos		Normal	Photos 2020-11-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2020 15:34	Photos		Normal	Photos 2020-11-19

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading