

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 Submission | 07/12/2020 11:36 (SGT) |
| Date of Accident | 04/12/2020 17:10 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | CTIY (ANG MO KIO AVENUE 3) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLN6603E |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | YY HEALTHY FAMILY SERVICE |
| Company Reg No | 5XXXX720A |
| Email Address | hengmp68@gmail.com |
| Mobile Phone No | (Phone) +65-90275426 |
| Alternative Phone No | (Office) +65-65693479 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5090881383-03 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | HENG MOK PHENG |
| NRIC No | SXXXX949G |

| | |
|--|-----------------------|
| Date Of Driving Pass | 26/07/1990 |
| Driving experience | 30 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90275426 |
| Alt. Phone Number | - |
| Email Address | hengmp68@gmail.com |
| Address | BLK 910 #04-283 |
| Address complement | JURONG WEST STREET 91 |
| Postcode | 640190 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------------|
| Name | ONG CHOW MOY |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| 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 | GBJ2555B |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | QI RUIQIANG |
| Work Permit No | OXXXXX0026 |
| Contact Number | (Phone) +65-91499847 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | ONG CHOY MOY |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLN6603E |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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.

Y Healthy Family Service
Policyholder's Signature & Date & Time **01/12/2020** Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel **07/12/2020**

Sketch Plan

CTE TOWARDS CITY NIKAR AMK AVE 3 EXIT

A) SLN 6603E
B) GRJ 2555B

Describe Circumstances of the Accident

在 04-12-2020 下午我載了我的朋友 王秋楓一起去会所, 当时
下着雨, 地上非常滑, 我缓慢的行驶在内第二线, 在靠 (TS 靠的
ANK AVE 3 的出口处的时候, 突然间我听到刹车声, 一辆宝马
已经撞在我的后面.

Declaration

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

Witnessed by Reporting Centre
Personnel

07/12/2020

10.40 a.m.

07/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 04/12/2020 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: CTE Toward CITY (AVE 3)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 6603 E
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: YY HEALTHY FAMILY SERVICES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 65693479
 c) ADDRESS: B

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HENG MOK PHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 568184496 CONTACT: 90275426
 c) ADDRESS: PH 910 JYRONG West ST 42
#04-281 S/YGAPOKE (640910)

* d) DATE OF BIRTH: 25/05/68 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 26 JUL 1990

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: GBT 2555 B MODEL: TOYOTA
 b) DRIVER'S NAME: GE RUIQUANG
 c) NRIC/FIN/PASSPORT: 07080026 CONTACT: 91499847

9. THIRD PARTY VEHICLE

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

email = hengmp68@gmail.com

VIDEO

tg2ksps AS

only c/hal may
(F)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Annex D

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police
Annex D



NOTICE OF REPORTING

Informant Name : Heng Mok Pheng
Identity Card No : S6818949G
Sex / Age / Race : M/52yrs/Chinese
Address : B/910 Jurong West St 91 #04-283
Occupation : TCM Physician
Telephone No : 90275426

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred along CTE(CITY) near Ang Mo kio Ave 1 on 04/12/2020 at 1715 Hrs involving the following vehicles: SLN6603E and GBJ255B.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

| | |
|------------------|------------------------|
| Issuing Officer | : Sgt Kwan Shyan |
| Date / Time | : 05/12/2020 @ 1000hrs |
| Station Diary No | : 32 |
| Police Post | : Jurong West NPC |

| | | |
|------------------------------|---|---|
| Signature of Informant | : |  |
| Signature of Issuing Officer | : |  |

Original
Duplicate

- to be issued to informant
- to be submitted to Traffic Police

JURONG WEST NPC
700 Corporation Rd
Singapore 649818
Tel : 6268 9999 Fax : 6267 2438

Claim Handling

Accident MT/1112591

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5090881383-03 | Vehicle No. | SLN6603E | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | YY HEALTHY FAMILY SERVICE | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 90275426 | Contact No.(Office) | 65693479 | 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 | No | NCD Entitlement(%) | 20 | Private Hire |

Accident Details

| | | | | |
|-------------------|--|-------------------------------|-------|---------------------|
| Report Date | 07/12/2020 11:53 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 04/12/2020 | Time of Accident hh:mm | 17:10 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | CTE TOWARDS CITY NEAR ANG MO KIO AVENUE 3 EXIT | | | |

Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 500.00 | 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 | 07/12/2020 12:01:43 System changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|-----------------------|-----------|
| Address 1 | BLK 414 #01-797 | Address 2 | JURONG WEST STREET 42 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 01-797 | Related Policy Number | 5090881383-03 | |

OI Driver Info

| | | | | |
|---|---|---------------------|-----------------------|----------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | HENG MOK PHENG | Driver NRIC | S6818949G | Driver DOB |
| Register Date of Driver License | 26/07/1990 | Driver Age | 52 | Driving Experience |
| Contact No.(Mobile) | 90275426 | Contact No.(Office) | 65693479 | Contact No.(Home) |
| Address 1 | BLK 910 #04-283 | Address 2 | JURONG WEST STREET 91 | Address 3 |
| Address 4 | | Address Type | Foreign address | Post Code |
| Unit No. | 04-283 | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | SLN6603E | Driver Insurer Comp. |

Declaration

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

Modification History

Claim 001 New

| | | | |
|--------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | YY HEAL |
| Contact No.(Mobile) | | Contact No.(Home) | |
| Email Address | | Vehicle Number | SLN6603 |
| Claim Description | SLN6603E / GB12555B ON 4 Dec 2020 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Contact No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| | | Claim Close Date | 07/12/2020 12:02 |

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 07/12/2020 12:04







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

Remove Files

Category * Confidential
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|---|---|-----------------------|---------|------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:04 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:04 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:04 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:04 | Photos | Normal | Photos 2 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:03 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:03 | NRIC/ Driving License | Y | NRIC/ Driving Li |

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0
n 07 Dec 2020 12:03

SAS

Normal

SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

04/12/2020 10:27

Vehicle No.(For Motor)

SLN6603E

Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|---------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5090851363-03 | | YY HEALTHY FAMILY SERVICE | 52884720A | GPC | drive CLASSIC | SLN6603E | SLN6603E | 12/05/2020 | 11/05/2021 |

Continue

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0820C70002 Vehicle Registration No: SUV
Name (as shown in NRIC) : HENG MOK PHANG NRIC/FIN/Passport No : S6889986
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 90275420
Email Address : _____
Date of Accident : 04/12/2020 Time of Accident : _____
Place of Accident : ONE TOWARDS CITY JAMPAH PARK ROAD KIO AREA 3 AX17
Insurance Company: NIL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① DELIVER NOTICE TO HENG MOK PHANG
② UPON POLICE NOTICE OF REPORTING

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: