

SS1Y20C30003 / SVE MOTOR PTE LTD  
ENTRY DATE & TIME: 03/12/2020 10:06 (SGT)  
SUBMITTED BY: Chia Pei Ying  
VERSION: 1 (03/12/2020 10:06 (SGT))

Your NCD will be affected due to late reporting



## 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	03/12/2020 10:06 (SGT)
Date of Accident	09/11/2020 17:35 (SGT)
Exact Location of Accident	Sengkang, Singapore
Additional Location Information	SENGKANG SQUARE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8785G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KER ZHONG CHENG DONNY
NRIC No	SXXXX816D
Email Address	kerzhongchengdonny@hotmail.com
Mobile Phone No	(Phone) +65-90284756
Alternative Phone No	+65-90284756

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	X-1r
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	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5102291300-02
Cover Note Number	-

#### DRIVER

Name of Driver	KER ZHONG CHENG DONNY
NRIC No	SXXXX816D
Date Of Birth	09/05/1987
Occupation	Indoor



Date Of Driving Pass .....	18/06/2009
Driving experience .....	11 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90284756
Alt. Phone Number .....	+65-90284756
Email Address .....	kerzhongchengdonny@hotmail.com
Address .....	BLK 215B COMPASSVALE DRIVE #13-528
Address complement .....	-
Postcode .....	542215
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	SMH5869G
Insurance Company of Other Vehicle Owned by Driver .....	Liberty Insurance

## GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

## 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? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

## DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20201110/2002

## 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 .....	SHC2291C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	YIT AH FOOK
- .....	SXXXX633D



Contact Number ..... -  
 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 ..... KER ZHONG CHENG DONNY  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... CHEST & LEG  
 Injured person in which vehicle? ..... FB88785G  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

## 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.: \_\_\_\_\_

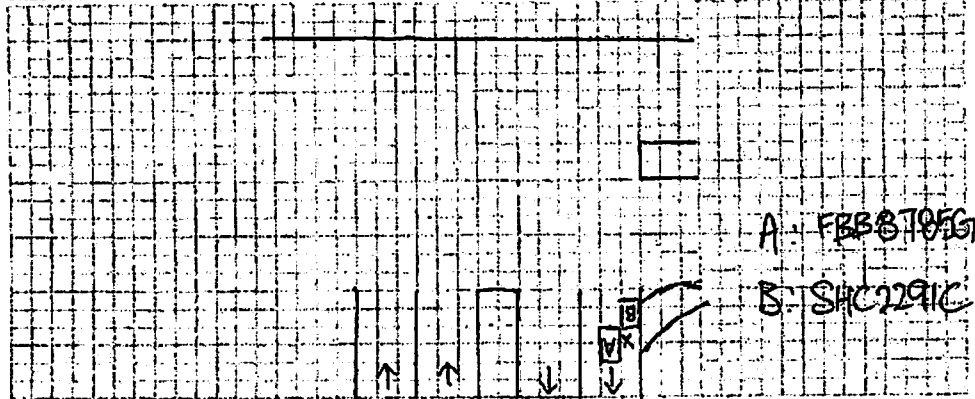
I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop SHEN FU MOTOR PTE LTD. via email / fax.

Signature:  1/12/20

SHEN FU

## SKETCH PLAN #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report T/20201110/2002

## DECLARATION

I/We declare the foregoing particulars are true to every respect

Policyholder's Signature  
Date & Time:

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

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

WSPAF 11/10/2020, VA