

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 willful 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	08/12/2020 12:46 (SGT)
Date of Accident	07/12/2020 12:55 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE TWDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4665X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRAFT-FORM TRADING
Company Reg No	5XXXX141A
Email Address	lohahtee61@gmail.com
Mobile Phone No	(Phone) +65-96833062
Alternative Phone No	+65-96833062

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	ThirdParty
Fleet Policy	No
Policy Number	5108345790-01
Cover Note Number	-

DRIVER

Name of Driver	LOH AH TEE
NRIC No	SXXXX862A
Date Of Birth	29/07/1960
Occupation	Outdoor

Date Of Driving Pass	08/09/1984
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96833062
Alt. Phone Number	-
Email Address	lohahtee61@gmail.com
Address	BLK 715 JURONG WEST ST 71
Address complement	#05-47
Postcode	640715
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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?	No
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	SDQ8228X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL9558T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ2595B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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	LOH AH TEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB4665X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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.

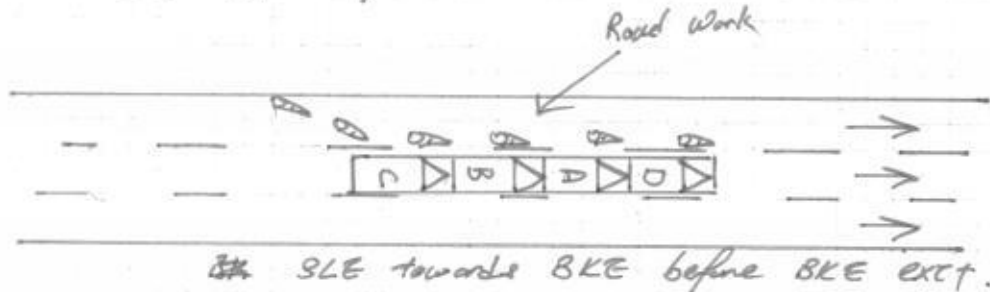

Policyholder's Signature
Date & Time:


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

 08/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

- (A) GBB 4665 X.
- (B) SDQ 8208 X
- (C) SLL 9558 T.
- (D) YQ 2595 B.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/12/2020 at @ 1255 hrs, I was travelling in my vehicle (GBB 4665 X) along SLE towards BKE before BKE ext on the 3rd lane from the right. There was a road work on the left lane. I slow down and stopped due to the vehicle (YQ 2595 B) in front of me stopped. Suddenly, I felt a great impact from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the lorry ahead. I got down from my vehicle and found it was a chain collision involving 4 vehicles.

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:	GBB 4665X		MAKE & MODEL:	Toyota Dyna -		AUTO / <u>MANUAL</u>
DATE OF ACCIDENT:	07/12/2020		CC:			
TIME OF ACCIDENT:	1255 HRS					
LOCATION OF ACCIDENT:	SLE towards BKE before BKE exit.					
EXACT PURPOSE USED AT TIME OF ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE					
NAME OF OWNER:	Craft-form Trading.					
TEL NO:	H/P: 9683 3062		OFFICE:	<input checked="" type="checkbox"/>		HOME:
NRIC:	S2922141A					
ADDRESS:	815 715 Jurong West St 71 #05-47 (S) 640715.					
EMAIL:	lohahtee61@gmail.com					
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / <input type="checkbox"/> REPORTING ONLY					
FLEET POLICY:	YES / <u>NO</u> / ?					
INSURANCE COMPANY:	NTUC					
TYPE OF COVERAGE:	Comprehensive / <u>Third Party</u> / <input type="checkbox"/> Third Party Fire & Theft					
POLICY NO:	5108345790-01					
NAME OF DRIVER:	AS ABOVE / IF NO: LOH AH TEE.					
NRIC:	S2501862A. ANY PASSENGER: N.A.					
DATE OF BIRTH:	29/07/1960 - LICENCE PASSED DATE: 08/09/1984.					
OCCUPATION:	<u>OUTDOOR</u> / <input type="checkbox"/> INDOOR					
GENDER:	<u>MALE</u> / <input type="checkbox"/> FEMALE					
CONTACT NO:	H/P: 9683 3062		OFFICE:			HOME:
ADDRESS:	815 715 Jurong West St 71 #05-47 (S) 640715.					
EMAIL:	lohahtee61@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:					
RELATIONSHIP:	<u>INSURER</u> / <input type="checkbox"/> OTHER:					
WEATHER CONDITION N:	<u>CLEAR</u> / <input type="checkbox"/> RAINING / <input type="checkbox"/> OTHERS:					
ROAD SURFACE:	<u>DRY</u> / <input type="checkbox"/> WET / <input type="checkbox"/> OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	LOH AH TEE (H/P. 9683 3062)					
NAME & CONTACT:						
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	SDQ 8228 X.		ANY PASSENGERS:			
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:	3LL 9558 T.		ANY PASSENGERS:			
VEHICLE D REG NO:	YQ 2595 B.		ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / <input type="checkbox"/> NO					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / <input type="checkbox"/> NO					
ACCIDENT PORTION:	Front and Rear Portion					
WORKSHOP PARTICULAR:	Tiancar					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN					
FAX NO:	67410510					
WORKSHOP EMAIL:	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 : 5108345790-01

Cover : Third Party

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB4665X |
| Chassis Number | : JTFAT35Y20K200465 |
| 2. Name of Policyholder | : CRAFT-FORM TRADING |
| 3. Effective Date of Insurance | : 21 Apr 2020 |
| 4. Expiry Date of Insurance | : 20 Apr 2021 |
| 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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)
Date of Issue : 06 Apr 2020 11:03 hrs
Reprint : 06 Apr 2020 11:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1112869

Policy No.	5108345790-01	Vehicle No.	GBB4665X	GST Registration No.	
Certificate No.					
Policyholder Name	CRAFT-FORM TRADING			Policyholder NRJC	52922141A
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96833062	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	No

▼ Accident Details

Report Date	08/12/2020 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	07/12/2020	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWDS BKE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	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	08/12/2020 18:06:41 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 715 #05-47	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 6407
Address 4		Address Type	Singapore address	Post Code	640715
Unit No.		Related Policy Number	5108345790-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH AH TEE	Driver NRJC	52501862A	Driver DOB	29/07/1960
Register Date of Driver License	08/09/1984	Driver Age	60	Driving Experience	36
Contact No.(Mobile)	96833062	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 715	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 6407
Address 4		Address Type	Singapore address	Post Code	640715
Unit No.	#05-47				
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CRAFT-FORM TRADING	Insured NRJC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		Ol Vehicle Number	GBB4665X	TP Vehicle Number	
Claim Description	GBB4665X / 5DQ8228X ON 7 Dec 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No. Finalization	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	08/12/2020 18:13	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

☒ Print AK letter

Attachment

Accident No.	MT/1112869	Claim No.	001
--------------	------------	-----------	-----

12/8/2020

Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

☒ Yes ☐ No

Upload Date

08/12/2020 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 Board

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

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	SAS		Normal	SAS 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:09	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal	Photos 2020-12-8

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading