

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	29/12/2020 12:47 (SGT)
Date of Accident	21/12/2020 18:50 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	ADAM RD/DUNEARN CLOSE CARPARK(A0025)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK1298U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JJ ENGINEERING & DEVELOPMENT PTE LTD
Company Reg No	2XXXXX706N
Email Address	junshik2@hotmail.com
Mobile Phone No	(Phone) +65-90105900
Alternative Phone No	+65-90105900

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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115437687
Cover Note Number	-

DRIVER

Name of Driver	KAMARAJ RAJKUMAR
Passport No/FIN	GXXXXX760K
Date Of Birth	20/04/1987
Occupation	Outdoor

Date Of Driving Pass	18/09/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84319451
Alt. Phone Number	-
Email Address	junshik2@hotmail.com
Address	9 DEFU SOUTH ST 1
Address complement	-
Postcode	533844
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOHN PETER
Gender	Male

PASSENGER 2

Name	ANIS
Gender	Male

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	SGV906M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98789296
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

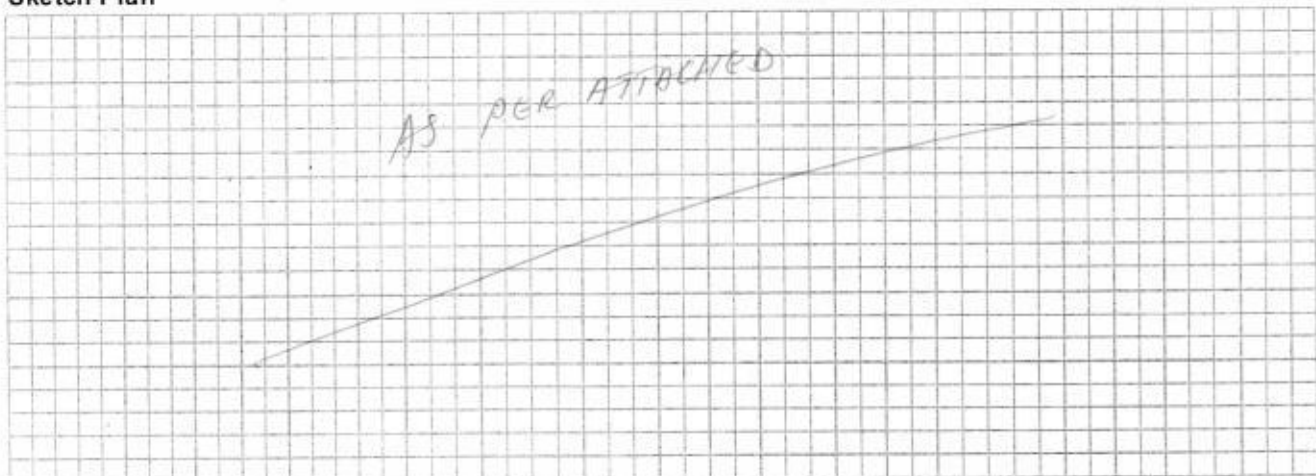


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

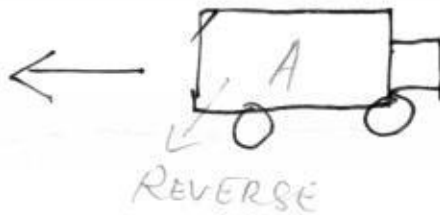
Sketch Plan



8-4-1



ADAM RD
FOODCOURT



A-GBK12984
B-SGV906M

ADAM ROAD

Describe Circumstances of the Accident

I EXITING MY VEH FROM THE LOADING BAY AT
ADAM RD / DUNEARN CLOSE CARPARK (A0025) WHEN THERE
WAS NO ONCOMING VEH, I START TO REVERSE MY
VEH. WHILE REVERSING SUDDENLY VEH B CAME AND
COLLIDED ONTO MY REAR LEFT SIDE PORTION OF MY
VEH.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

K. B. 28/12/2020
Driver's Signature (if driver is not the policyholder) / Date
& Time

29/12/20
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (21/12/20) (DD/MM/YYYY), TIME: (18:50) (HH:MM)

LOCATION: ADAM RD / BUNEARN CLOSE CAMPARK (A0025.)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK1298U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5115437687
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 2007A BUNN (M) 2982
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: J ENGINEERING & DEVELOPMENT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 90105900
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KAMARAJ RAJUMAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 68403760E CONTACT: 84319451
 c) ADDRESS: 9 DEFU SOUTH ST 1
 533844

* d) DATE OF BIRTH: (20/04/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/05/2017

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: SQV906M MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 98789296

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (Including driver)

(3)

John & Peter

ANAS

ANIS / M

* No of passengers
 (Including driver)

()

* No of passengers
 (Including driver)

()

Email = E-mail. junshik2@hotmail.com

fax =

video =

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 : 5115437687

Cover : Comprehensive

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | : GBK1298U |
| Chassis Number | : JTFAT35Y00K214753 |
| 2. Name of Policyholder | : JJ ENGINEERING & DEVELOPMENT PTE LTD |
| 3. Effective Date of Insurance | : 10 Jan 2020 |
| 4. Expiry Date of Insurance | : 09 Jan 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 09 Jan 2020 14:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1115590

Policy No.	5115437687	Vehicle No.	GBK1298U
Certificate No.			
Policyholder Name	JJ ENGINEERING & DEVELOPMENT PTE LTD		
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive
Contact No.(Mobile)	90105900	Contact No.(Office)	0
Email Address		Special Remark	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	0

▼ Accident Details

Report Date	30/12/2020 14:15	Accident Report Within 24 hrs	Yes
Date of Accident	21/12/2020	Time of Accident hh:mm	18:50
Reporting Centre		Orange Force	
Accident Location	ADAM RD/DUNEARN CLOSE CARPARK(A0025)		

▼ 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
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00

▼ Benefits

Coverage	Sum Insured
PAB	99999999.99

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	
GST Registration No.	201201706N	GST Status Verified	
Modification History	30/12/2020 14:20:05 System changed GST Registered from No to Yes 30/12/2020 14:20:05 System changed GST Registration No. from null to 201201706N 30/12/2020 14:20:05 System changed GST Registration Date from null to 03/10/2019		

▼ Policyholder Mailing Address

Address 1	66 TANNERY LANE	Address 2	#01-04D SINDO INDUSTRIAL E
Address 4		Address Type	Singapore address
Unit No.	01-04D	Related Policy Number	5089077382-03

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	KAMARAJ RAJKUMAR	Driver NRIC	G8403760K
Register Date of Driver License	18/09/2017	Driver Age	33
Contact No.(Mobile)	84319451	Contact No.(Office)	0
Address 1	9 DEFU SOUTH STREET 1	Address 2	SINGAPORE 533844
Address 4		Address Type	Singapore address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	

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

Contact No.(Mobile)

Email Address

Claim Description

GBK1298U /

Preferred Workshop

GIA No.

Finalisation

Date Registered

Yes

Insured Liability

Fully at Fault

Preferred

Repair

Option

Preferred Workshop, Name unknown

GIA report

Received

30/12/2020 :

Report Taken By

ROSLINDA

☐ Print AK letter

Save Submit

Attachment

Accident No.

MT/1115590

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

30/12/2020 00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:36	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:36	SAS	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:36	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:35	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:35	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:35	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:35	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:35	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 14:35	Photos	Normal

Video List

Uploaded By/Date

Folder Date

File Name

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