



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	30/12/2020 13:01 (SGT)
Date of Accident	29/12/2020 12:45 (SGT)
Exact Location of Accident	Bedok South Ave 3, Singapore
Additional Location Information	KEW CRESCENT JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9482L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Company Reg No	2XXXXX089K
Email Address	rental@prestoeexpatmotoring.com
Mobile Phone No	(Phone) +65-9685778
Alternative Phone No	+65-82960378

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5109441522-01
Cover Note Number	-

DRIVER

Name of Driver	JOCHMANN LUDWIG VIKTOR
Passport No/FIN	GXXXX472W

Date Of Driving Pass	01/11/2010
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82960378
Alt. Phone Number	-
Email Address	lalijochmann@yahoo.com
Address	187KEW CRESCENT
Address complement	#06-00 KEW GRENN
Postcode	466131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JSS2732
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201230/2017

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	JSS2732
Vehicle Manufacturer	Yamaha

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	WONG KIAN YAP
NRIC No	-1
Contact Number	-
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

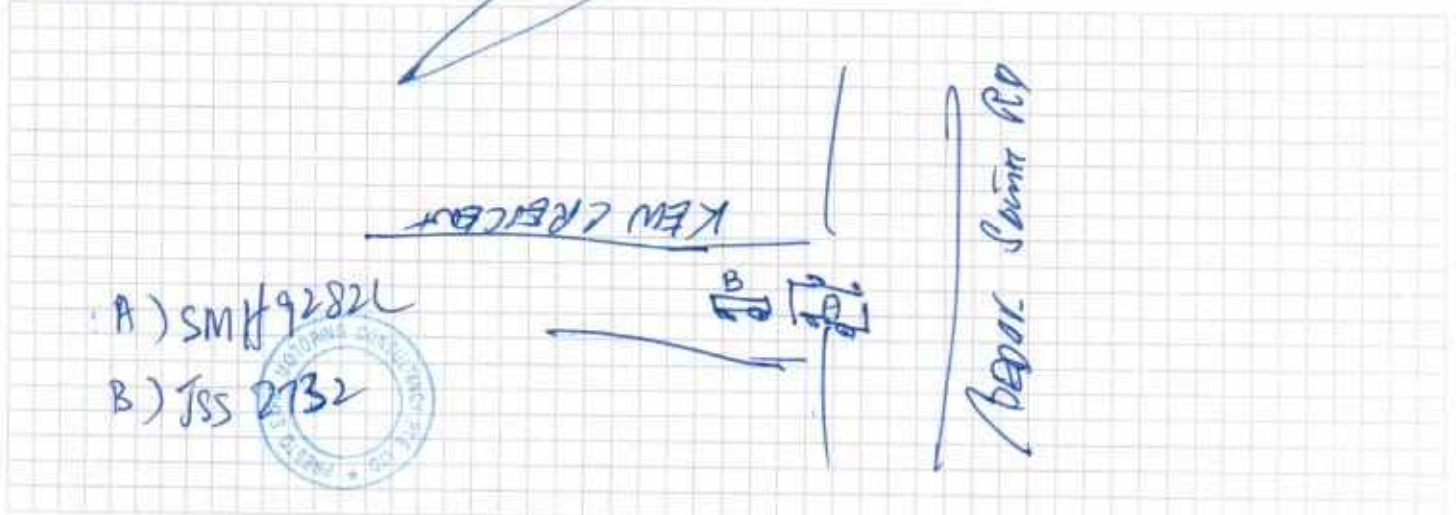
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

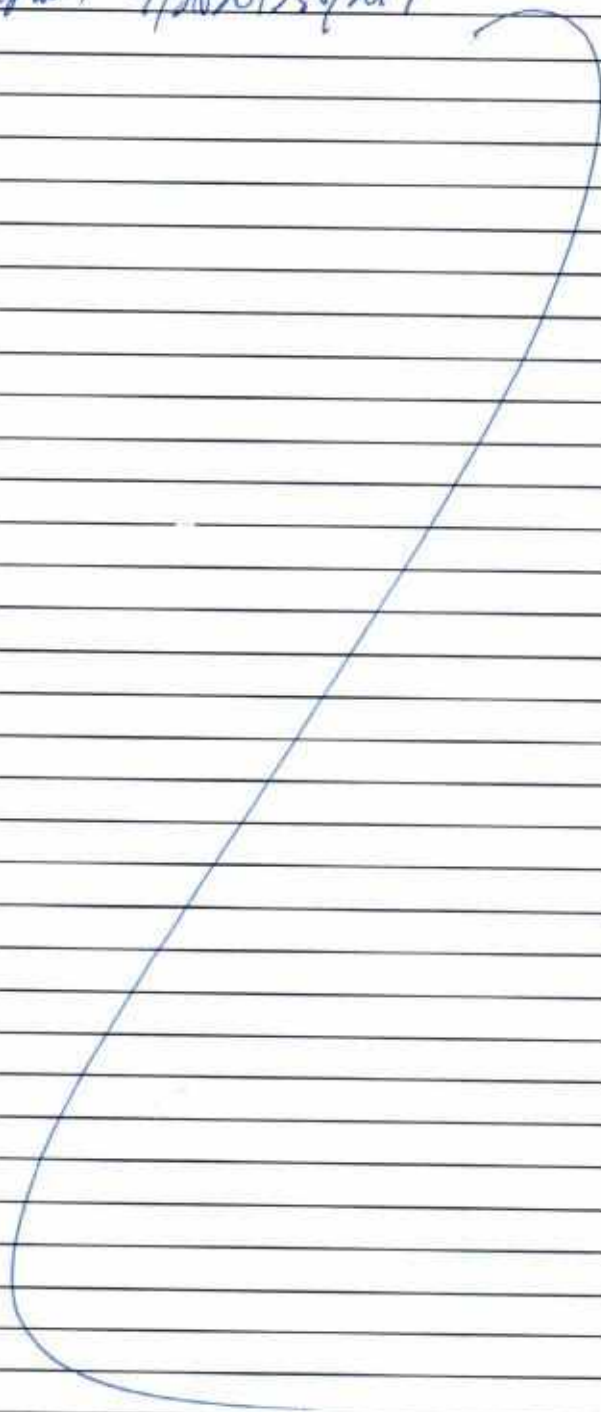
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO Police Report 7/20201230/2017



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

30/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (25/12/2024) (DD/MM/YYYY), TIME: (12:45) (HH:MM)

LOCATION: (BEDOK SOUTH RD)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: (SHA 9482 L)
b) INSURANCE COMPANY: (MNC)
c) POLICY NUMBER: (NA200 3)
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: (PRIVATE USE)
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (LUDWIG JOCHMANN) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: (B57084724) CONTACT: (8760378)
c) ADDRESS: (187 KEV CRESENT 466131)

* d) DATE OF BIRTH: (11/07/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: (JSC 2732) MODEL: (YAMAHA)
b) DRIVER'S NAME: (WONG KIAN JAP)
c) NRIC/FIN/PASSPORT: (S37382422) CONTACT: _____

9. THIRD PARTY VEHICLE

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

email =

VIDEO

Calijochmann@yahoo.com



**SINGAPORE
POLICE FORCE**



T/20201230/2017

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20201230/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 09:56		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: JOCHMANN LUDWIG VIKTOR			Address: 187 KEW CRESCENT #06-00 KEW GREEN SINGAPORE 466131		
ID Type / ID No.: FIN NO / G5708472W			Contact No.: Home/Office: Mobile: 82960378		
Nationality: FRENCH			Email:		
Sex: Male	Age: 50	Date of Birth: 11/06/1970	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/12/2020 12:45	Type of Location: T-Junction
Location: KEW CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSS2732	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
SMH9482L	Car	MAZDA	Mazda 3/ 1.6L	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH9482L	NTUC Income Insurance Co-Operative Limited	JM6BL10Z1A01134 82	09/06/2020	08/06/2021



**SINGAPORE
POLICE FORCE**



T/20201230/2017

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20201230/2017

CONTINUATION OF REPORT

Brief Details.

On 29/12/2020 @ 1245 hrs, I was driving along Kew Crescent. When I reached junction of Bedok South Road, I was making a right turn. Suddenly a motorbike JSS2732 from my vehicle rear side knocked onto my vehicle rear side. We stopped at the road side and we exchanged particulars. There is no injury to either of us. We left the place subsequently. I then informed the rental company of my vehicle and they told me to lodge a Police report for the accident. The purpose of me lodging the report is for insurance purpose.

Claim Handling

Accident MT/1115700

Policy No.	5109441522-01	Vehicle No.	SMH9482L	GST Registration No.
Certificate No.	5109441522-01-000059			
Policyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81960378	Contact No.(Office)		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(%)	0	Private Hire

▼ Accident Details

Report Date	31/12/2020 11:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2020	Time of Accident hh:mm	12:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UBI AVENUE 1 OPEN CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	500.00	TP Standard Excess	500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	500.00	Total TP Excess Applicable	500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	12/05/2020
GST Registration No.	200713089K	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	491 RIVER VALLEY ROAD	Address 2	#01-04 VALLEY POINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109441522-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JOCHMANN LUDWIG VIKTOR	Driver NRIC	G5708472W	Driver DOB
Register Date of Driver License	01/11/2010	Driver Age	50	Driving Experience
Contact No.(Mobile)	81960378	Contact No.(Office)		Contact No.(Home)
Address 1	187 KEW CRESCENT	Address 2	#06-00 KEW GREEN	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-00			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMH9482L	Driver Insurer Comp.

Declaration

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

Claim 001

New

Claim Type *	DD-MX	Insured Name	PRESTO I
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	SMH9482L
Claim Description	SMH9482L / J55273Z ON 29 Dec 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Subject No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report Received
Date Registered	31/12/2020 11:40	Claim Close Date	

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Attachment

Accident No. MT/1115700 Claim No. 801
 Last Doc. Received ☒ Yes ☐ No Upload Date 31/12/2020 11:41

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 31 Dec 2020 11:41	SAS	Normal	SAS 200

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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
Vehicle No.(For Motor) Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109441522-01	5109441522-01-000059	PRESTO EXPAT MOTORING SERVICES PTE. LTD.	200713089K	GFM	drive CLASSIC	SMH9482L	SMH9482L	09/06/2020	08/06/2021

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: 5109441522-01-000059

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMH9482L**
Chassis Number : **JM6BL10Z1A0113482**
2. Name of Policyholder : **PRESTO EXPAT MOTORING SERVICES PTE. LTD.**
3. Effective Date of Insurance : **09 Jun 2020**
4. Expiry Date of Insurance : **08 Jun 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: As agreed in the policy terms
EXCESS (SECTION 2)	: As agreed in the policy terms
WINDSCREEN EXCESS	: As agreed in the policy terms
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INCOME - MT DEPT (00000600471)
Date of Issue : 04 Jun 2020 14:35 hrs (BN)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive