

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	15/01/2021 18:49 (SGT)
Date of Accident	14/01/2021 11:50 (SGT)
Exact Location of Accident	94 Havelock Rd, Block 94, Singapore 160094
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5545U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG CHAT WENG
NRIC No	SXXXX835J
Email Address	neohweekeng@gmail.com
Mobile Phone No	(Phone) +65-97899733
Alternative Phone No	+65-96903048

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115767680
Cover Note Number	-

DRIVER

Name of Driver	NEO HWEE KENG
NRIC No	SXXXX782C

Date Of Driving Pass	12/06/1992
Driving experience	28 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96903048
Alt. Phone Number	-
Email Address	neohweekeng@gmail.com
Address	BLK 94 HAVELOCK ROAD #18-573
Address complement	-
Postcode	160094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

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	FBL2582L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

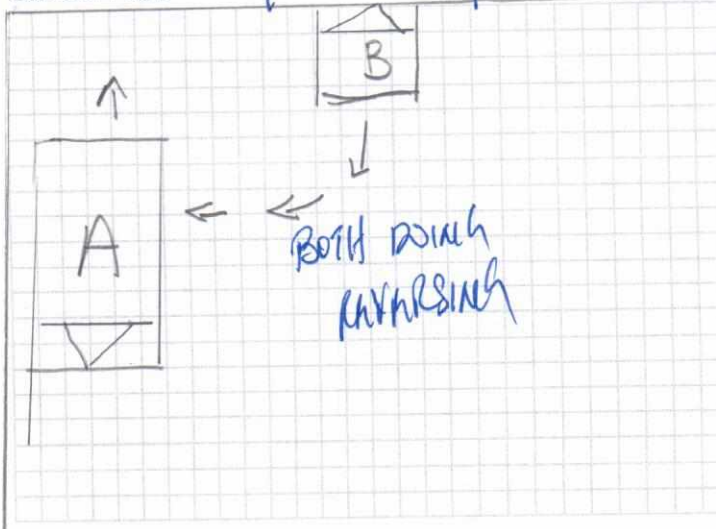
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



BIK 94 HAVELOCK ROAD

A) SKZ 5545U

B) FBL 2582L

Describe Circumstances of the Accident

I was reversing my car, half way through the reversing
The singpost motorbike ~~suddenly~~ suddenly reverse to left and hit on
the left side of the car. causing a dent.

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

15/1/21 4:27 pm

15/01/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 01 / 2021) (DD/MM/YYYY), TIME: (11:50am) (HH:MM)

LOCATION: BLK 99 Havelock Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SP2545U
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5115767680
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH 1.8
 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: WONG CHAT WENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1430835 CONTACT: 97899733
 c) ADDRESS: BLK 99 Havelock Rd #18-573 S160094

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Neo Hwee Keng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1466782-C CONTACT: 9603090
 c) ADDRESS: SAME AS ABOVE

* d) DATE OF BIRTH: (30 / 09 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/6/1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: FBL 2502L MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email: neohwee keng@gmail.com

VIDEO

Claim Handling

Accident MT/1117552

Policy No.	5115767680	Vehicle No.	SKZ5545U	GST Registration No.
Certificate No.				
Policyholder Name	WONG CHAT WENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97899733	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	50	Private Hire

▼ Accident Details

Report Date	15/01/2021 18:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/01/2021	Time of Accident hh:mm	11:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 94 HAVELOCK ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	1,100.00	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			

▼ Policyholder Mailing Address

Address 1	BLK 94 #18-573	Address 2	HAVELOCK ROAD	Address 3
Address 4	SINGAPORE 160094	Address Type	Singapore address	Post Code
Unit No.	#18-573	Related Policy Number	5115767680	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NEO HWEE KENG	Driver NRIC	S1766782C	Driving Experience
Register Date of Driver License	12/06/1992	Driver Age	54	Contact No.(Home)
Contact No.(Mobile)	96903049	Contact No.(Office)		Address 3
Address 1	BLK 94 #18-573	Address 2	HAVELOCK ROAD	Post Code
Address 4	SINGAPORE 160094	Address Type	Foreign address	
Unit No.	18-573			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKZ5545U	Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation

Yes

Insured Liability Preferred Repair Option

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

OD-MX

Insured Name

WONG

Contact No.

637710

(Home)

OI Vehicle Number

SKZ5545U

cw88wong@gmail.com

SKZ5545U / FBL2582L ON 14 Jan 2021

15/01/2021 18:52

Claim Close Date

[Print AK letter](#)

Save

Submit

Attachment

Accident No.	MT/1117552	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2021 18:57
Path *		Category *	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Message Read"/>			

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Desi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57	SAS		Normal	SAS 2

▼ Video List

Uploaded By/Date	Folder Date	File Name
		<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

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: 5115767680

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKZ5545U**
Chassis Number : ZGE206027459
2. Name of Policyholder : **WONG CHAT WENG**
3. Effective Date of Insurance : **27 Jan 2020**
4. Expiry Date of Insurance : **26 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
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	: WONG CHAT WENG
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 : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 22 Jan 2020 18:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive