

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	18/01/2021 18:44 (SGT)
Date of Accident	16/01/2021 08:20 (SGT)
Exact Location of Accident	115 Bukit Merah View, Singapore 151115
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8937M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	I.M. FREIGHT INTERNATIONAL
Company Reg No	5XXXX339X
Email Address	bryan.ywm@gmail.com
Mobile Phone No	(Phone) +65-98522030
Alternative Phone No	+65-98522030

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	5120419904
Cover Note Number	-

DRIVER

Name of Driver	YONG WEI MENG (YANG WEIMING)
NRIC No	SXXXX410Z

Date Of Driving Pass	17/10/2008
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98522030
Alt. Phone Number	-
Email Address	bryan.ywm@gmail.com
Address	BLK 505 CHOA CHU KANG STREET 51 #02-181
Address complement	-
Postcode	680505
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	Collided into Parked Vehicle
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	SJJ585H
Vehicle Manufacturer	Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR GOH
Contact Number	(Phone) +65-94552533
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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.

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.



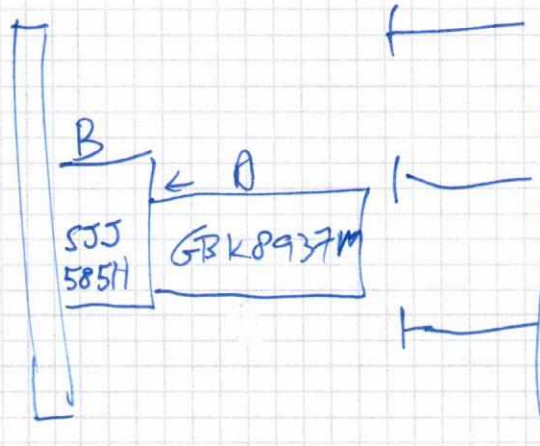
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

115 BUKIT MARAH VIEW MARKET



Describe Circumstances of the Accident

I was parking at the unloading bay of 115 Belfry Road NEW MARKET. SS5 5RS11 was parking in front of me.

After I parked my van, I left my van for parcel delivery and only realised that I did not fully engage my hand brake. My van rolled forward and crashed into the side of Mr Goh's car.

Declaration

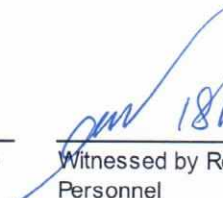
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 18/01/21

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

 18/01/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 01 / 2007) (DD/MM/YYYY), TIME: (8 : 20) (HH:MM)

LOCATION: 115 Bukit Merah View Market

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK8937M
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5126419004
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
 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: YONG WEI MENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: C88154107 CONTACT: 98522030
 c) ADDRESS: 311505 Choa Chu Kang #02-81 8680505

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: 1M Freight International (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52892339X CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: () (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: 5J3585H MODEL: MAZDA 5
 b) DRIVER'S NAME: Goh Hoon Yu
 c) NRIC/FIN/PASSPORT: S... 06106 CONTACT: 94552533

9. THIRD PARTY VEHICLE

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

Email: = bryan.ywm@gmail.com
 VIDEO

Claim Handling

Task TransferExit

Accident MT/1117818

LOS SAL SUB

Policy No.	5120419904	Vehicle No.	GBK8937M	GST Registration No.	199907611C
Certificate No.					
Policyholder Name	I.M. FREIGHT INTERNATIONAL			Policyholder NRIC	52892339X
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	98522030	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/01/2021 18:41	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	16/01/2021	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	115 BUKIT MERAH VIEW MARKET				

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	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2000
GST Registration No.	199907611C	GST Status Verified	Yes
Modification History	18/01/2021 18:48:40 System changed GST Registered from No to Yes 18/01/2021 18:48:40 System changed GST Registration No. from null to 199907611C 18/01/2021 18:48:40 System changed GST Registration Date from null to 01/12/2000		

Policyholder Mailing Address

Address 1	7B KEPPEL ROAD	Address 2	# TANJONG PAGAR COMPLEX	Address 3	SINGAPORE 089055
Address 4		Address Type	Singapore address	Post Code	089055
Unit No.	06-10/11	Related Policy Number	5120428994		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YONG WEI MENG (YANG WEIMI	Driver NRIC	S8815410Z	Driver DOB	12/05/1988
Register Date of Driver License	17/10/2008	Driver Age	32	Driving Experience	12
Contact No.(Mobile)	98522030	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 505 #02-181	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680505
Address 4		Address Type	Foreign address	Post Code	680505
Unit No.	02-181				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBK8937M	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
-------------------------------------	------	-------------	--------

Investigation

Claim 001 OD-MX

New

Claim Case Officer

Claim Type	OD-MX	Insured Name	I.M. FREIGHT INTERNATIONAL	Insured NRIC	52892
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62260
Email Address		OI Vehicle Number	GBK8937M	TP Vehicle Number	SJJ585
Claim Description	GBK8937M / SJJ585H ON 16 Jan 2021			Name of Preferred Workshop	
Preferred Workshop Registration	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Insured Liability report	Fully at Fault
Date Registered	18/01/2021 18:51	Claim Close Date		Date Received	18/01/
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Modification History

▼ **Special Claim Creation Approval**

Approval

Reason

Remarks

Attachment

Accident No. MT/1117818

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date	18/01/2021 00:00
-------------	------------------

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Clear Please Select NO Normal

Choose File No file chosen

Clear Please Select NO Normal

Choose File No file chosen

Clear Please Select NO Normal

Choose File No file chosen

Clear Please Select NO Normal

Choose File No file chosen

Clear Please Select NO Normal

Choose File No file chosen


Clear Please Select NO Normal

Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	Photos		Normal	Photos 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2021 18:50	SAS		Normal	SAS 2021-1-18

▼ **Video List**

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

Hello, NAC_BUKIT_MERAH_800676

[My Desktop](#)[Notice of Loss](#)[Change Language](#)[Change Password](#)[Log Out](#)

Policy Query

Policy No.

Date of Accident

16/01/2021 18:44

Vehicle No.(For Motor)

GBK8937M

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5120419904		I.M. FREIGHT INTERNATIONAL	52892339X	GCV	Preferred Workshop Plan	GBK8937M	GBK8937M	05/01/2021	04/01/2022