

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	08/02/2021 12:40 (SGT)
Date of Accident	15/01/2021 14:00 (SGT)
Exact Location of Accident	Keong Saik Rd., Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE44A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TIONG SHIAN GROUP PTE. LTD.
Company Reg No	2XXXXX994R
Email Address	tiongshiangroup@gmail.com
Mobile Phone No	(Phone) +65-96343133
Alternative Phone No	+65-96343133

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300I
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110722109-01
Cover Note Number	-

DRIVER

Name of Driver	LIM WONG KEE
NRIC No	SXXXX935A

Date Of Driving Pass	10/09/1962
Driving experience	58 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96343133
Alt. Phone Number	-
Email Address	tiongshiangroup@gmail.com
Address	BLK 114 WHAMPOA ROAD #04-133
Address complement	-
Postcode	320114
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	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)	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	SLN3274R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

Veh A: SDE 44 H
Veh B: SLN 3074 R

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature
Date & Time:

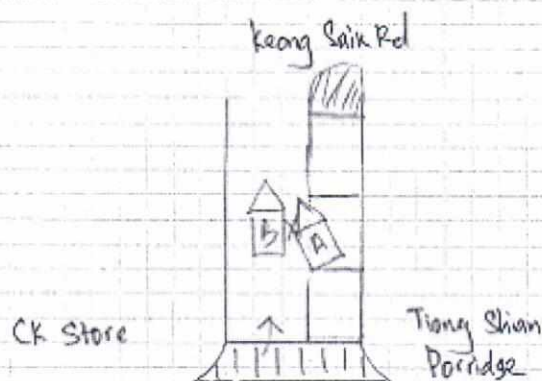
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Veh A: SDE 44A

Veh B: SLN 3274R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

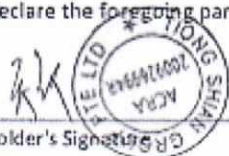
While i turning out from the Parking lot , Collided to Vehicle B.

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:

[Handwritten signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Handwritten signature] 08/03/2021
[Handwritten signature]

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 15/1/2021

*Time of Accident: 1400 Hrs

*Accident Location: Keong Saik Rd

Vehicle Details

*Vehicle Number: SDE 44A

*Make & Model: Mercedes S3001

Insured / Policyholder

*Owner Name: Tong Shian Group Pte Ltd

(20092094R)
*NRIC: 2XXXXX94R

*Address:

*Email: tongshiangroup@gmail.com

*HP: 96343133

*Occupation: (Indoor / Outdoor) *Tel / H / Other:

Driver () same as above

*Driver Name: Lim Wong Kee

*NRIC: S033935A

*Address: Blk 114 Whampoa Rd #04-133 S300114

*Date of Birth: 6/12/1944 *Driving Pass Date: 10/9/1962 *HP: 96343133

*Email: tongshiangroup@gmail.com

*Gender: Male / Female

*Occupation: (Indoor / Outdoor) *Tel / H / Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Director / Owner)

Passengers Details

*P/Name: (Male/Female) *P/Name: (Male/Female)

*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: NTUC

*Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SLN 3274R

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others:

*Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: _____

NRIC: _____

HP: _____)

*Accident reported to police: Yes / No

*Summon against whom: _____

*Injured party: Yes / No

*No. of passengers (include driver): _____

-I/Name: _____

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: _____

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1118886

Policy No.	5110441298-01	Vehicle No.	SDE44A	GST Registration No.
Certificate No.				
Policyholder Name	TIONG SHIAN GROUP PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	27/01/2021 12:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/01/2021	Time of Accident hh:mm	15:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KEONG SIAK STREET			

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

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/20
GST Registration No.	200920994R	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	265 NEW BRIDGE ROAD	Address 2	ANN KWAY BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110441298-01	

▼ OI Driver Info

Driver Name	LIM WONG KEE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0333935A	Driver DOB
Register Date of Driver License	14/06/1988	Driver Age	76	Driving Experience
Contact No.(Mobile)	96282002	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	TIONG
Contact No.(Mobile)	97492558	Contact No. (Home)	
Email Address		OI Vehicle Number	SDE44A
Claim Description	SDE44A / SLN3274R ON 15 Jan 2021		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/02/2021 12:25	Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1118886 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/02/2021 12:44

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

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Confidential

NO

NO

NO













NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:44	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:44	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:44	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:44	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:41	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:41	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:41	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:41	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:41	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:41	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:41	Photos		Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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, 1969 (MALAYSIA)

Certificate Number: 5110441298-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SDE44A
Chassis Number : WDD2211542A378278
2. Name of Policyholder : TIONG SHIAN GROUP PTE. LTD.
3. Effective Date of Insurance : 04 Jul 2020
4. Expiry Date of Insurance : 03 Jul 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM WONG KEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 11 Jun 2020 23:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive