





# 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	09/02/2021 12:54 (SGT)
Date of Accident	08/02/2021 09:15 (SGT)
Exact Location of Accident	1 Devonshire Rd, Singapore 239896
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6136Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DHI DOWNTOWN PTE LTD
Company Reg No	2XXXXX758G
Email Address	fiona.sng@oakwood.com
Mobile Phone No	(Phone) +65-98335313
Alternative Phone No	+65-98335313

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	316CDI/3665
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	5114139262-01
Cover Note Number	-

## DRIVER

Name of Driver	SIEW KWOK WAI, KENNY (XIAO GUOWEI)
NRIC No	SXXXX346C

Date Of Driving Pass	02/02/2007
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-98335313
Alt. Phone Number	-
Email Address	fiona.sng@oakwood.com
Address	BLK 103 BUKIT PURMEI ROAD #07-52
Address complement	-
Postcode	090103
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	GUEST
Gender	Male

#### PASSENGER 2

Name	GUEST
Gender	Female

#### 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



## SKETCH PLAN

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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' 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.



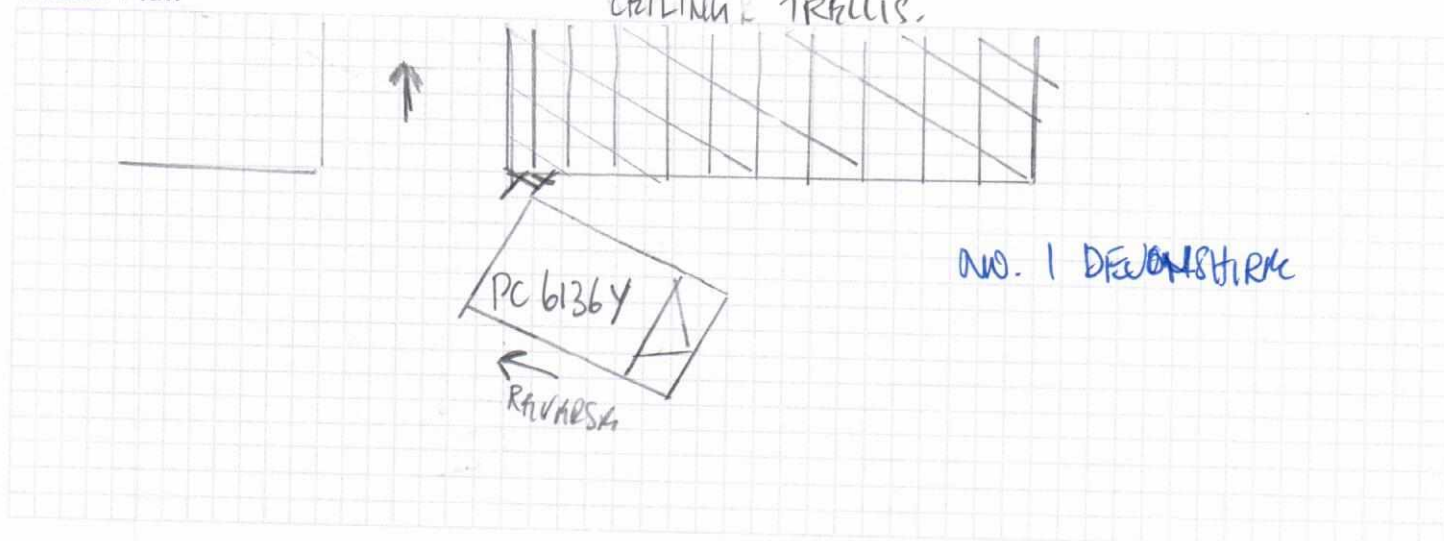
Policyholder's Signature / Date & Time

09022021

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

UPON ARRIVING AT 1 DEVONSHIRE CONDOMINIUM, DRIVER NOTICE  
THE HEIGHT LIMIT OF THE CARPARK ENTRANCE. DRIVER MENTIONED TO  
GUEST THAT VEHICLE MIGHT NOT BE ABLE TO ENTER, GUEST REPLIED  
" I THINK YOU CAN." BASE ON GOODWILL TO SEND AND DROP OFF GUEST  
NEAREST TO THEIR LIFT LOBBY AS THEY HAVE A LOT OF LUGGAGES,  
DRIVER PROCEEDED. ONCE ENTERED THE CARPARK, DRIVER REALISE  
HEIGHT OF CARPARK IS TOO LOW TO GO FURTHER. SO DRIVER DID A  
3 POINT TURN TO EXIT. IN THE MIDST OF REVERSING, BACK OF THE  
VEHICLE HIT THE CEILING TRELLIS WHICH DENTED A CORNER OF IT.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

09022021

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

09/02/2021

Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2021 (DD/MM/YYYY), TIME: 09:15 (HH:MM)

LOCATION: 1 DEVONSHIRE ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC6136Y  
 b) INSURANCE COMPANY: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED  
 c) POLICY NUMBER: 5114139262-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES BENZ / SPRINTER  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DROP OF GUESTS  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: DAI DEVONSHIRE P/L (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- d) NAME: SIEN KWOK WAI, KENNY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8618346-C CONTACT: 98335313  
 c) ADDRESS: BLK 103 BUKIT PURMEI RD #07-52 S(090103)

\*d) DATE OF BIRTH: 05/07/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/02/2007

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

7. a) REPORTED TO POLICE (YES / NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ 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: FIONA.SNG@OAKWOOD.COM  
 VIDEO

## Claim Handling

Accident MT/1120550

Policy No.	5114139262-01	Vehicle No.	PC6136Y	GST Registration No.
Certificate No.				
Policyholder Name	DHI DOWNTOWN PTE LTD			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98335313	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(%)	10	Private Hire

## ▼ Accident Details

Report Date	09/02/2021 12:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2021	Time of Accident hh:mm	09:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NO. 1 DEVONSHIRE ROAD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	3,000.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/11/201
GST Registration No.	201925758G	GST Status Verified	Yes
Modification History	09/02/2021 12:56:43 System changed GST Registration No. from 201925758G to 201925758G 09/02/2021 12:56:43 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 336 #07-300	Address 2	SMITH STREET	Address 3
Address 4	SINGAPORE 050336	Address Type	Singapore address	Post Code
Unit No.	07-300	Related Policy Number	5114139262-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SIEW KWOK WAI, KENNY (XIAO)	Driver NRIC	S8618346C	Driving Experience
Register Date of Driver License	02/02/2007	Driver Age	34	Contact No.(Home)
Contact No.(Mobile)	98335313	Contact No.(Office)		Address 3
Address 1	BLK 103 #07-52	Address 2	BUKIT PURMEI ROAD	Post Code
Address 4	SINGAPORE 090103	Address Type	Foreign address	
Unit No.	07-52			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	PC6136Y	Driver Insurer Comp.

## 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

New

Claim Type *	OD-MX	Insured Name	DHI DOW
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	PC6136Y
Claim Description	PC6136Y / - ON 8 Feb 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			09/02/2021 12:59
			Claim Close Date

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save Submit

## Attachment

Accident No. MT/1120550 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/02/2021 13:00

Path \*

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category \*

Confidential

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 13:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 13:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 13:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 13:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59	SAS	Normal	SAS 20

## Video List

Uploaded By/Date

Folder Date

File Name





## 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** : 5114139262-01

**Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **PC6136Y**  
Chassis Number : WDB9066332P346999
2. Name of Policyholder : DHI DOWNTOWN PTE LTD
3. Effective Date of Insurance : 18 Nov 2020
4. Expiry Date of Insurance : 28 Aug 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 the carriage of passengers in connection with the Policyholder's business.
  - (b) Limited to carry 13 passengers

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
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 : TELESales-DIRECT MARKETING (00000601661)  
Date of Issue : 05 Aug 2020 11:55 hrs  
Reprint : 06 Aug 2020 11:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive