

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	23/02/2021 12:22 (SGT)
Date of Accident	22/02/2021 13:40 (SGT)
Exact Location of Accident	151 Chin Swee Rd, Singapore 169876
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7283T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LUEN WAH MEDICAL CO (S) PTE LTD
Company Reg No	1XXXXX397K
Email Address	angie@lunwah.com.sg
Mobile Phone No	(Phone) +65-98295895
Alternative Phone No	+65-98295895

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	5103409502-02
Cover Note Number	-

DRIVER

Name of Driver	NG KIAN HENG
NRIC No	SXXXX013H

Date Of Driving Pass	20/09/1993
Driving experience	27 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98295895
Alt. Phone Number	-
Email Address	roger_nkh@yahoo.com.sg
Address	BLK 321 YISHUN CENTRAL #11-315
Address complement	-
Postcode	760321
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	Collision - Head to Rear
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	SKN3336H
Vehicle Manufacturer	Mazda
Vehicle Model	6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOH HAI KIAT
NRIC No	SXXXX597C
Contact Number	(Phone) +65-91722109
Address	-
Address complement	-

SKETCH PLAN

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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.

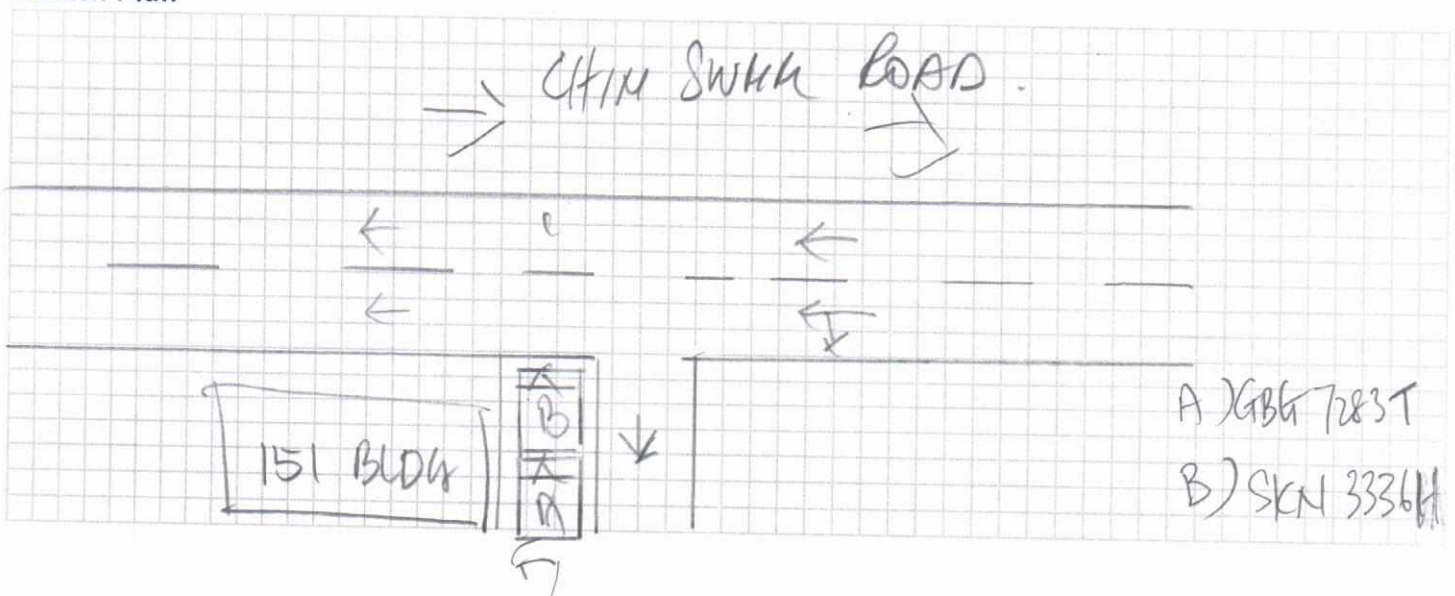


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 22/02/2021 AT ABOUT 13:40HRS I WAS AT 151 CHIN SWER ROAD AND WANTED TO TURN LEFT TO THE MAIN ROAD OF CHIN SWER ROAD. AND I ACCIDENTALLY BUMPING THE CAR SKM 3336H & WAS A LIGHT BUMP, NO DAMAGE ON MY VAN GBC 7283T. THE DAMAGE OF THE CAR WAS VERY MINOR ONLY SMALL DOT ON THE BUMPER. LEFT SIDE WE CAME DOWN & EXCHANGE PARTICULAR.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 2 / 2021) (DD/MM/YYYY), TIME: (13 : 40) (HH:MM)

LOCATION: 151, Chin Swee Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 7283 T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5103409502-02
 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: working
 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: Luen Wah Medical Co. (S) P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG KIAN HENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1748013 H CONTACT: 98295895
 c) ADDRESS: Blk. 321, Yishun Central. #11-315.
S'pore. (760321)

*d) DATE OF BIRTH: (12 / 4 / 1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20/9/1993

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: SKN 3336H MODEL: MAZDA 6
 b) DRIVER'S NAME: Toh Hai Kiat
 c) NRIC/FIN/PASSPORT: S1401597e CONTACT: 91722109

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

Email: roger-nkh@yahoo.com.sg

VIDEO

ANKIE@LUENWAT.COM.SG

Claim Handling

Accident MT/1122015

Policy No.	5103409502-02	Vehicle No.	GBG7283T	GST Registration No.
Certificate No.				
Policyholder Name	LUEN WAH MEDICAL CO (S) PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98295895	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(%)	20	Private Hire

▼ Accident Details

Report Date	23/02/2021 12:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/02/2021	Time of Accident hh:mm	13:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	151 CHIN SWEE 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	0.00	YIED TP Excess	0.00	Driver is 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	01/04/1994
GST Registration No.	M200091655	GST Status Verified	Yes
Modification History	23/02/2021 12:18:47 System changed GST Registered from No to Yes 23/02/2021 12:18:47 System changed GST Registration No. from null to M200091655 23/02/2021 12:18:47 System changed GST Registration Date from null to 01/04/1994		

▼ Policyholder Mailing Address

Address 1	203 HENDERSON ROAD	Address 2	#01-03 HENDERSON INDUSTRIAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-03	Related Policy Number	5103409502-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG KIAN HENG	Driver NRIC	S1748013H	Driver DOB
Register Date of Driver License	20/09/1993	Driver Age	54	Driving Experience
Contact No.(Mobile)	98295895	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 321 #11-315	Address 2	YISHUN CENTRAL	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	11-315			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBG7283T	Driver Insurer Company

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 *	OD-MX	Insured Name	LUEN V
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBG72
Claim Description	GBG7283T / SKN3336H ON 22 Feb 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	
Finalisation		GIA report	Received
Date Registered	23/02/2021 12:20	Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1122015

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

23/02/2021 12:25

Path *

Category *

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

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No file chosen

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24	NRIC/ Driving License	Y	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24	SAS	Normal	SAS 2

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, 1959 (MALAYSIA)

Certificate Number : 5103409502-02

Cover : Comprehensive

- | | |
|--|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBG7283T |
| Chassis Number | : JTFHT02P100233316 |
| 2. Name of Policyholder | : LUEN WAH MEDICAL CO (S) PTE LTD |
| 3. Effective Date of Insurance | : 13 Oct 2020 |
| 4. Expiry Date of Insurance | : 12 Oct 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
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 : META AGENCY PTE. LTD. (00000573430)
Date of Issue : 21 Sep 2020 10:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive