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SN08212N0007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/02/2021 18:12 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (23/02/2021 18:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

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 18:12 (SGT) Date of Accident 23/02/2021 14:14 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information **TOWARDS CHANGI** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9150L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WONG CHENG KIAT (HUANG ZHENGJIE) NRIC No SXXXX024Z **Email Address** calvin wong82@hotmail.com Mobile Phone No (Phone) +65-94776974 Alternative Phone No +65-94776974

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Touran 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116847847

Cover Note Number

DRIVER

Name of Driver WONG CHENG KIAT (HUANG ZHENGJIE) NRIC No SXXXX024Z

Date Of Driving Pass Driving experience	21/06/2005 15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94776974
Alt. Phone Number	+65-94776974
Email Address	calvin_wong82@hotmail.com
Address	BLK 551 HOUGANG STREET 51 #12-164
Address complement	•
Postcode	530551
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	■ 1
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Professional angular and a second a second and a second a	-
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision Hood to Poor
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Ne
	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)	ME.
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
regions between the control of the c	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?	res No
Was there any video captured by Car Camera? Was there any audio recorded?	No
was there any audio recorded:	NO
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMX4930J
Vehicle Manufacturer	Honda
Vehicle Manufacturer Vehicle Model	Tionid
Vehicle Variant	- 15
Vehicle Colour	
	- Drivete cor
	Private car
Name of Driver	CAI XIAOU
NRIC No Contact Number	SXXXX639A (Phone) +65-94776974

(Phone) +65-94776974

Contact Number

Addrage complement

Address

Insurance Company Name	-1
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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' 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

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

PIM humans SMX 49301 p

Describe Circumstances of the Accident
I was driving towards Change on the PIE. & I valuele
SMX 49301 reaved - and to the back of my vehicle.
Tyathe police came to take our prancions.
I intend to claim third-Party insurance as the back
vehicle Smx49301 is at fault.
The state of the s

Declaration

We declare the foregoing particulars are true in every respect.

5.07pm.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

ACCIDENT'STATEMENT

ACCIL	DENT DATE: 1 23	102/2021)(DD/MM/YY	M), TIME:	4.14	(НН:ММ)-
LOCAT	ION:	PIE CU	laugi (New 8	laya leh	w Exit
1,	DETAILS OF VER		SMS91	1501		·
W	b)INSURANCE	COMPANY:	NTCK			
	dipolicy type	JEOMPREHENS	SIVE / THIRD PA	TOWAN	PARTY FIRE	&THEFT)
	F)TYPE: (SALOO)	V / COUPE MAP	V/VAN/LOR	RY / MOTO	RCYCLE/OT	HERS)
wii.	g)VEHICLE CAT h)PURPOSE OF					
	I) ARE YOU CLA IF NO, PLEASE	MING UNDER Y				
2.,	A) NAME: '	CYHOLDER	Jones Chen	. /	(MALE / FEN	IALE
	b) NRIC/FIN/PAS c) ADDRESS:	SSPORT: S3:	2510'E47	CONTA	12-164	776979
x x x	* CONTINUE TO	Sport 530	2421	OLDER	•	
Who of passanger	DRIVER		s Above -		MALE / FEM	ALE)
(Including driver)	b)NRIC/FIN/PAS	SPORT:		CONTA	CT:	
*	*d)DATE OF BIRT			/MM/YYYY)	:	·
	6)OCCUPATION FIDATE OF DRIV	MING PACC	050	73 2004	,	11/8/05
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8. 1	THIRD PARTY VEH	VIAA.	×49701	MODEL:	Hond	9
tho of pasconger Cludwiding driver)	b) DRIVER'S N. c) NRIC/FIN/P.	AME: CP	11 X190 9716394			76974 .
	HIRD PARTY VEH	HICLE		MODEL:		
tho of passenger (Including deliver)	e) DRIVER'S NA			CONTA		<u> </u>
(_)	17 11110/1111/17					

email = calun-wong 82@ Hotmail.com.

Claim Handling Accident MT/1122121

Policy No.	5116847847	Vehicle No.	SMS9150L		GST Registration No.
Certificate No.					
Policyholder Name	WONG CHENG KIAT				Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading
Contact No.(Mobile)	94776974	Contact No.(Office)			Contact No.(Home)
Email Address		Special Remark			eCode
KFK	No Yes	TCA	No Yes		eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire
Report Date	23/02/2021 18:16	Accident Report Within 24 hrs	Yes		Accident Type
		Time of Accident hh:mm	14:14		Country of Accident
Date of Accident	23/02/2021		14.14		ICM No.
Reporting Centre		Orange Force			
Accident Location	PIE TOWARDS CHANGI (NEAR PAYA LEBAR EXIT)				
▼ Total Excess Applicable				100.00	
Excess Type	Per Accident	Windscreen Excess		100.00	
	600.00	TP Standard Excess		0.00	
OD Standard Excess		YIED TP Excess		0.00	Driver is Covered?
YIED OD Excess	0.00	TIED IF EXCESS		0.00	
Additional Excess	0	Total Control of the North Control of the Control o		0.00	
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00	
▽ Benefits					
GST Registered Informat	tion		CCT De elebert	les Date	
GST Registered	No		GST Registrat		Yes
GST Registration No.			GST Status V	erined	100
Modification History					
THE SHOULD STAN AND AND ADDRESS AND					
Policyholder Mailing Add	iress	98090W 860		•	Address 3
Address 1	BLK 217B #16-606	Address 2	COMPASSVALE DRIVI	3	Post Code
Address 4	SINGAPORE 542217	Address Type	Singapore address		Post Code
Unit No.	16-606	Related Policy Number	5116847847		
Driver Name	WONG CHENG KIAT	Driver Type	Main Driver		Driver DOB
Unnamed driver Name		Driver NRIC	S8231024Z		Driver DOB
Register Date of Driver License	21/06/2005	Driver Age	38		Driving Experience
Contact No.(Mobile)	94776974	Contact No.(Office)			Contact No.(Home)
Address 1	BLK 217B #16-606	Address 2	COMPASSVALE DRIV	E	Address 3
Address 4	SINGAPORE 542217	Address Type	Singapore address		Post Code
Unit No.	16-606				
Does he own a Singapore	Yes No	Driver Vehicle No.	SMS9150L		Driver Insurer Comp.
Registered car?					
Declaration					
Breathalyser or Blood Test		Any injury?	Yes No		
Reading?	0 mg	Any injury:	0		
Modification History					
0.100					
Claim 001 New					
				OD-MX	✓ Insured WONG CI
Claim Type *				OB-FIX	Name WONG CI
Contact No.(Mobile)					No.
Contact Hol(Hoone)					(Home)
Email Address					Vehicle SMS9150 Number
					Hailloci
Claim Description				SMS9150L / SMX4930J ON	23 Feb 2021
Preferred Workshop	Insured Liability Not at Fault	GIA Resolv		F	
Rentice No. Yes	✓ Repair Preferred Workshop, Nat	me unknown report Receiv	ed 🗸		Claim
Date Registered	Option			23/02/2021 18:19	Close Date

ROSLI WAHAB

Print AK letter

Report Taken By

Save Submit

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Accident No.

MT/1122121

Claim No.

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Last Doc. Received

● Yes ○ No

Upload Date

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23/02/2021 18:20

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Attachment

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Uploaded By/Date

Path *

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NRIC/ Driving License NRIC/ Driving Li-Normal

File Name

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Folder Date

Display in New Window Scan and uploading

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 23/02/2021 17:07 Vehicle No.(For Motor) SMS9150L Certificate Number Search Certificate Number Policyholder NRIC Policyholder Vehicle No. Commence Date Select Policy No. Insured Product Cover Type Expiry Date Name Object WONG CHENG KIAT drivo PREMIUM 5116847847 S8231024Z GPC SMS9150L SMS9150L 20/03/2020 19/03/2021

Continue