





# 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 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
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### INSURED/POLICYHOLDER

Is company?	No
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	No
Policy Number	5116847847
Cover Note Number	-

### DRIVER

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

Date Of Driving Pass	21/06/2005
Driving experience	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	-
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	SMX4930J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CAI XIAOU
NRIC No	SXXXX639A
Contact Number	(Phone) +65-94776974
Address	-
Address complement	-

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



## SKETCH PLAN

### IMPORTANT NOTICE

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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' 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.

23/2/2021  
507pm.

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

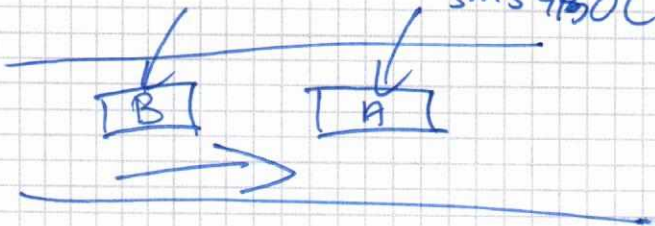
23/02/2021

### Sketch Plan

Pink Insurance Company

SMX4930J

SMS9150L



**Describe Circumstances of the Accident**

I was driving towards Chazy, on the PIE. My vehicle  
SMX49301 reared-end to the back of my vehicle.  
Traffic police came to take our particulars.  
I intend to claim third-Party insurance as the back  
vehicle SMX49301 is at fault.

**Declaration**

We declare the foregoing particulars are true in every respect.

23/2/2021  
5.07pm.

  
Policyholder's Signature / Date &  
Time

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

 23/02/2021  
Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 02 / 2021) (DD/MM/YYYY), TIME: (14 : 14) (HH:MM)

LOCATION: PIE Chang (Near Paya Lebar Exit)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS9150L  
b) INSURANCE COMPANY: NTCX  
c) POLICY NUMBER: 5116847849  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: VW Taran  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
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: Wong Cheng Kiat (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S82510242 CONTACT: 94776974  
c) ADDRESS: 551 Heng Guan Street S1 #12-164  
Spm S80951

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

#### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\*d) DATE OF BIRTH: (14 / 09 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08 03 2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Self

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: SMX4970J MODEL: Honda  
b) DRIVER'S NAME: CAI XIAOLI  
c) NRIC/FIN/PASSPORT: C7971639A CONTACT: 94776974

### 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)  
(2)

\* No of passenger  
(including driver)  
( )

Email: calvin-wong82@hotmail.com

VIDEO

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	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	23/02/2021 18:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/02/2021	Time of Accident hh:mm	14:14	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TOWARDS CHANGI (NEAR PAYA LEBAR EXIT)			

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			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				

Policyholder Mailing Address

Address 1	BLK 217B #16-606	Address 2	COMPASSVALE DRIVE	Address 3
Address 4	SINGAPORE 542217	Address Type	Singapore address	Post Code
Unit No.	16-606	Related Policy Number	5116847847	

OI Driver Info

Driver Name	WONG CHENG KIAT	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8231024Z	Driving Experience
Register Date of Driver License	21/06/2005	Driver Age	38	Contact No.(Home)
Contact No.(Mobile)	94776974	Contact No.(Office)		Address 3
Address 1	BLK 217B #16-606	Address 2	COMPASSVALE DRIVE	Post Code
Address 4	SINGAPORE 542217	Address Type	Singapore address	
Unit No.	16-606			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMS9150L	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	WONG CI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SMS9150
Claim Description	SMS9150L / SMX4930J ON 23 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Yes	Received	23/02/2021 18:19
		Claim Close Date	



Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1122121	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/02/2021 18:20












  

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Choose File	No file chosen	Clear	Please Select	NO	Confidential
Choose File	No file chosen	Clear	Please Select	NO	Confidential
Choose File	No file chosen	Clear	Please Select	NO	Confidential
Choose File	No file chosen	Clear	Please Select	NO	Confidential
Choose File	No file chosen	Clear	Please Select	NO	Confidential

Message Read
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:20	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:20	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:20	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:20	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:20	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:19	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:19	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:19	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:19	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:19	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 18:19	SAS	Normal	SAS 20

## Video List

Uploaded By/Date	Folder Date	File Name
		Display in New Window Scan and uploading

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.

Date of Accident

23/02/2021 17:07

Vehicle No.(For Motor)

SMS9150L

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116847847		WONG CHENG KIAT	S8231024Z	GPC	drivo PREMIUM	SMS9150L	SMS9150L	20/03/2020	19/03/2021