

5/10/2/320002

Injury :	
----------	--

192101521

908 17 212



# 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	02/03/2021 15:21 (SGT)
Date of Accident	02/03/2021 08:56 (SGT)
Exact Location of Accident	Sixth Ave, Singapore
Additional Location Information	TOWARDS HOLLAND ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB15E
-----------------------------	--------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG HOCK CHUAN SAM (WANG FUQUAN)
NRIC No	SXXXX473Z
Email Address	samohc@yahoo.com.sg
Mobile Phone No	(Phone) +65-91268479
Alternative Phone No	+65-91268479

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	5086543049-04
Cover Note Number	-

### DRIVER

Name of Driver	ONG HOCK CHUAN SAM (WANG FUQUAN)
NRIC No	SXXXX473Z

Date Of Driving Pass	25/09/2015
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91268479
Alt. Phone Number	+65-91268479
Email Address	samohc@yahoo.com.sg
Address	43 SIXTH AVENUE #01-11
Address complement	-
Postcode	276484
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TAN YUE LI
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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL7121U
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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



# SKETCH PLAN

Veh A: SLB 156

Veh B: SKL 7121 U


## 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:  2 March 2021  
Date & Time: 1:38 pm

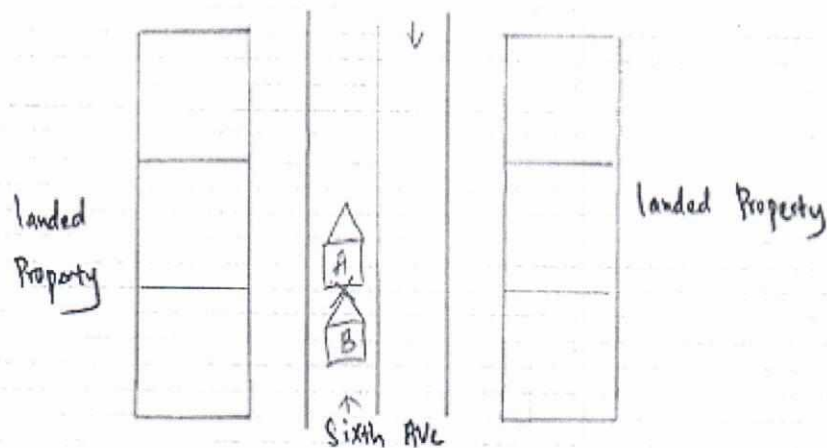
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Veh A: SLB 156

Veh B: SKL 7121 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic along sixth avenue towards Holland Road is heavy due to morning peak. My car (SLB 156) was stationary. All of sudden SKL 7121 U bang my car from behind.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature *[Signature]*  
Date & Time: 2 March 2021 1:55 pm

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

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



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 2 March 2021 \*Time of Accident: 8:56 am  
\*Accident Location: Sixth Avenue (Tnd Holland Rd) landed property

### Vehicle Details

\*Vehicle Number: SLB15E \*Eng Cap: 1991 cc  
\*Make & Model: Mercedes Benz C200

### Insured / Policyholder

\*Owner Name: Ong Hock Chuan Sam \*NRIC: S80394732  
\*Address: 43 Sixth Avenue #01-11 S(276484)  
\*Email: gawobc@yahoo.com.sg \*HP: 91268479  
\*Occupation: CEO (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

### Driver (✓ same as above)

\*Driver Name: \_\_\_\_\_ \*NRIC: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_ \*Driving Pass Date: 25/9/2015 \*HP: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*Gender: Male / Female  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: Tan Yue Li (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: NTUC \*Coverage: C / TPFT / TPO \*Policy No: 5086543044-04

### Detail of other vehicle / Property 1

Vehicle No.: SkL 71210  
Make & Model: Audi  
Vehicle Category: \_\_\_\_\_  
Name of Driver: Anj Maheshwari  
NRIC : \_\_\_\_\_  
HP : 9677 9517  
No. of Passengers (Including Driver): 1

### 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-Bear / 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/1122916

Policy No.	5086543049-04	Vehicle No.	SLB15E	GST Registration No.	
Certificate No.					
Policyholder Name	ONG HOCK CHUAN SAM (WANG FUQUAN)			Policyholder NRIC	S80
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	91268479	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	02/03/2021 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	02/03/2021	Time of Accident hh:mm	08:56	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIXTH AVENUE TOWARDS HOLLAND 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?	Cov
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	43 SIXTH AVENUE	Address 2	#01-11 SIXTH AVENUE VILLE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	276
Unit No.		Related Policy Number	5086543049-04		

## ▼ OI Driver Info

Driver Name	ONG HOCK CHUAN SAM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8039473Z	Driver DOB	24/
Register Date of Driver License	25/09/2015	Driver Age	40	Driving Experience	5
Contact No.(Mobile)	91268479	Contact No.(Office)		Contact No.(Home)	
Address 1	43 SIXTH AVENUE	Address 2	#01-11 SIXTH AVENUE VILLE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	276
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLB15E	Driver Insurer Company	NTL

## Declaration

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

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG HOCK CHUAN SAM (WANG)	Insured NRIC	S80
Contact No.(Mobile)	91268479	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	samohc@yahoo.com.sg	OI Vehicle Number	SLB15E	TP Vehicle Number	SKL
Claim Description	SLB15E / SKL7121U ON 2 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	02/03/2021 15:29	Claim Close Date		Date Received	02/0
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

















## Attachment

Accident No.	MT/1122916	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2021 15:30

Path \*

<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> NO	<input type="button" value="Urgency *"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> NO	<input type="button" value="Urgency *"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> NO	<input type="button" value="Urgency *"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> NO	<input type="button" value="Urgency *"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> NO	<input type="button" value="Urgency *"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> NO	<input type="button" value="Urgency *"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Confidential"/> NO	<input type="button" value="Urgency *"/> Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	Photos		Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2021 15:30	SAS		Normal	SAS 2021-3-2

## Video List

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="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: 5086543049-04

Cover : drive PREMIUM

- |   |                                    |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLB15E                           |
| Chassis Number  | : WDD2050422R215667                |
| 2. Name of Policyholder   | : ONG HOCK CHUAN SAM (WANG FUQUAN) |
| 3. Effective Date of Insurance  | : 08 Dec 2020                      |
| 4. Expiry Date of Insurance   | : 07 Dec 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.

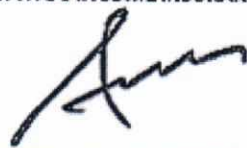
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG HOCK CHUAN SAM
NAMED DRIVER (1)	: TAN YUE LI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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 : VINCAR PTE LTD (00000614250)  
Date of Issue : 11 Nov 2020 13:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive