





# 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	11/03/2021 14:57 (SGT)
Date of Accident	09/03/2021 11:10 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	JUST AFTER BOUNDARY ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6533U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BUI KIM NHANH
NRIC No	SXXXX655A
Email Address	limts@peceng.com
Mobile Phone No	(Phone) +65-96618050
Alternative Phone No	+65-90053535

## VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
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 - Reporting only
Vehicle Category	Private car

## INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120470210
Cover Note Number	-

## DRIVER

Name of Driver	BUI KIM NHANH
NRIC No	SXXXX655A
Date Of Birth	19/09/1978
Occupation	Indoor

Date Of Driving Pass	23/12/2002
Driving experience	18 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96618050
Alt. Phone Number	+65-90053535
Email Address	limits@peceng.com
Address	BLK 659C JURONG WEST STREET 65 #08-355
Address complement	-
Postcode	643659
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

ON 09-03-2021 AT ABOUT 11:10HRS I WAS TRAVELLING ALONG UPPER SERANGOON ROAD JUST AFTER BOUNDARY ROAD A BUS SBS6069P BUMP INTO THE REAR RIGHT OF MY CAR SMC6533U AND HE ACCUSED ME OF BUMP INTO HIS BUS BY RIGHT I AM ON MY LANE.

#### 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	SBS6069P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	HE YOUGANG
Passport No/FIN	OXXXXXX8939
Contact Number	-
Address	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	BUI KIM NHANH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMC6533U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## SKETCH PLAN

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### 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")

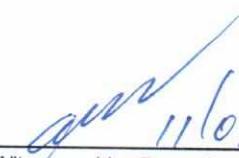
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

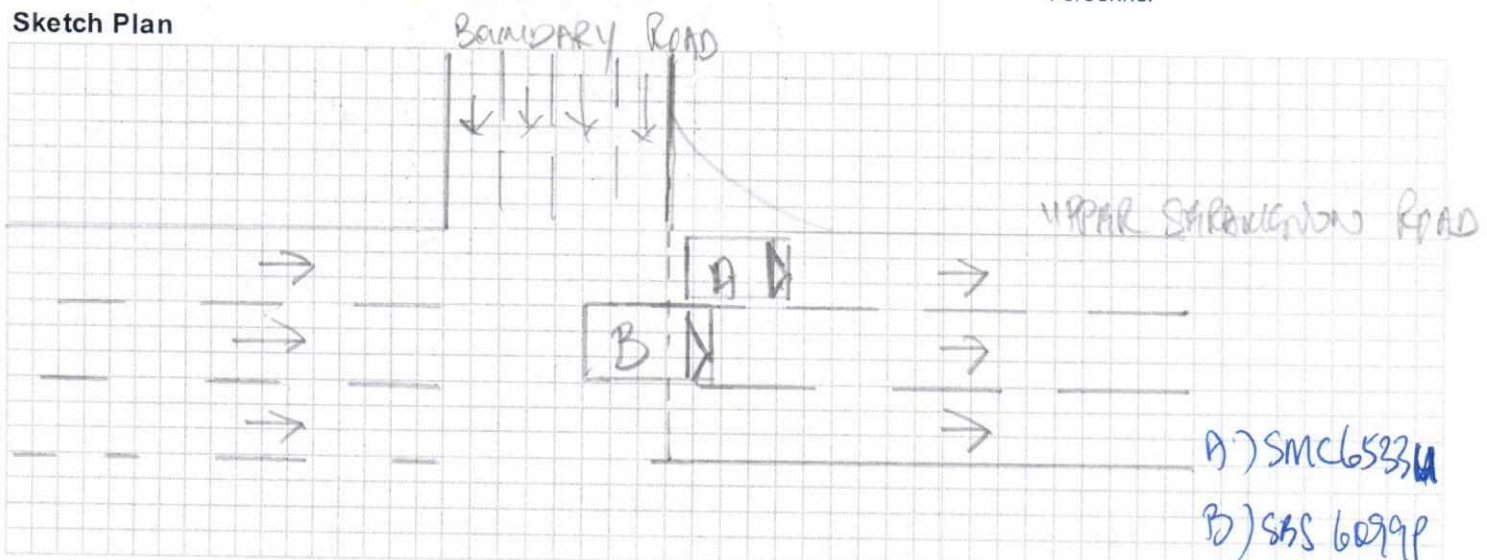
BUI 

Policyholder's Signature / Date & Time

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

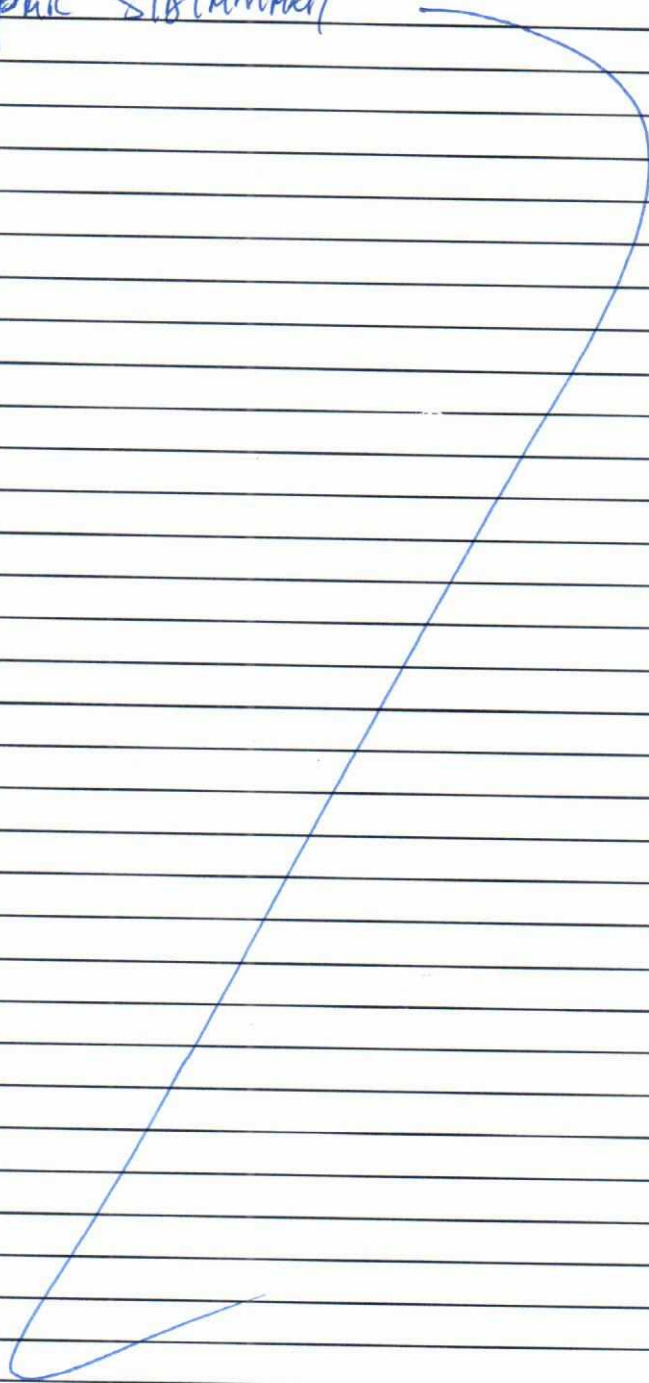
 11/03/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

AS per Statement



**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: 09/03/2021 (DD/MM/YYYY), TIME: 11.10 (HH:MM)

LOCATION: UPPER SERANGOON ROAD JUST AFTER

## 1. DETAILS OF VEHICLE

- BOUNDARY ROAD  
 a) VEHICLE NUMBER: SMC 6533 U  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5120470210  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: mitsubishi  
 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: BUI KIM NHANH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7886655A CONTACT: 9661 7050 / 90053535  
 c) ADDRESS: 659C JERONG WEST ST 65  
#08-355 S643 657

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

No of passenger  
 (including driver)  
(1)

- DRIVER  
 a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: AS ABOVE CONTACT: AS ABOVE  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 19/09/78 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/12/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OLD PARTNER

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

No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: SBS 6069 P MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: HE YOUNG  
 c) NRIC/FIN/PASSPORT: 074018939 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No of passenger  
 (including driver)  
( )

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

email: ~~tim~~ limits@peceng.com

VIDEO NO

## Claim Handling

Accident MT/1124007

Policy No.	5120470210	Vehicle No.	SMC6533U	GST Registration No.
Certificate No.				
Policyholder Name	BUI KIM NHANH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96617050	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(%)	0	Private Hire

## ▼ Accident Details

Report Date	11/03/2021 14:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/03/2021	Time of Accident hh:mm	11:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPPER SERANGOON ROAD JUST BOUNDARY 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	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 659C #08-355	Address 2	JURONG WEST STREET 65	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120470210	

## ▼ OI Driver Info

Driver Name	BUI KIM NHANH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7886655A	Driver DOB
Register Date of Driver License	10/05/2008	Driver Age	42	Driving Experience
Contact No.(Mobile)	90053535	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 659C #08-355	Address 2	JURONG WEST STREET 65	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMC6533U	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

New

Claim Type *	OD-MX	Insured Name	BUI KIM NHANH	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)	67948483	Contact No.(Office)
Email Address		OI Vehicle Number	SMC6533U	TP Vehicle Number
Claim Description	SMC6533U / SBS6069P ON 9 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
Date Registered	11/03/2021 15:01	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save

Submit

## Attachment



3/11/2021

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/1124007

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

11/03/2021 15:02

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *		Confidential	Urgen
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:02	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:02	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:02	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:02	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:02	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:01	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:01	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:01	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:01	Photos	Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:01	NRIC/ Driving License	Y	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 15:01	SAS	Normal	SAS 2021-3-11

## Video List

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

**Medical Certificate**

Date : 11 Mar 2021


MC No. : 0000175147

This is to certify that :

Name : BUI KIM NHANH

NRIC : S7886655A

is Unfit for Duty for 2 days  
from 12 Mar 2021 to 13 Mar 2021 inclusive.

  
DR LAWRENCE SOH  
MA, MBBS, MSc(OM), FAMS  
MCR: M02610G

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

**Receipt**

Date : 11 Mar 2021

Receipt No. : 399633

Received the sum of \$40.00 from

Name : BUI KIM NHANH

NRIC : S7886655A

in payment of invoice no. 368703

Payment by : CASH



## 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:** 5120470210

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMC6533U**  
Chassis Number : JMAXTGK1WJZ002621
2. Name of Policyholder : BUI KIM NHANH
3. Effective Date of Insurance : 06 Jan 2021
4. Expiry Date of Insurance : 15 Jan 2022
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: BUI KIM NHANH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : KHC HOLDINGS PTE LTD (00000613934)  
Date of Issue : 06 Jan 2021 12:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

KHC HOLDINGS PTE LTD  
339A BALESTIER ROAD SINGAPORE 329793  
TEL: 6345200 FAX: 6210707

Chief Executive