

SN08213F0005

TP Insurer:

11) Uppdragsförhållanden

Yeh Nui

INC(,) / Non-INC()

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date,

Thur

Insured/Driver Liability: (

%) [Note-Est Status (WO): N: 0-20%; P: 210/9%; ...]

Year of Registration: (

Warranty: YES () / NO ()

EXPENSES: (\$

Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reptator.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice# VHS () / NO () ; Towing Co ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$9000)

инjury :

Driver/Owner:

Contract No:

1 Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AIR Accident Reporting (\$50)	ENCLOS
2) DA's Denial Assessment (\$100)	\$425.45
3) FBI Fowling Fee	\$130
4) FBI Follow-Through Survey	\$30
5) FBI Follow-Through Survey (Recovery)	
6) FBI Follow-Through Survey (Only, (w/ 10 in 7 in)	\$75
7) FBI Follow-Through Survey	\$160
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100) FBI Follow-Through Survey	

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	15/03/2021 14:22 (SGT)
Date of Accident	14/03/2021 10:20 (SGT)
Exact Location of Accident	Holland Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2373A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOEY KOK SENG DESMOND
NRIC No	SXXXX076G
Email Address	dezzmoey@gmail.com
Mobile Phone No	(Phone) +65-98003580
Alternative Phone No	+65-98003580

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	5111127331-01
Cover Note Number	-

DRIVER

Name of Driver	MOEY KOK SENG DESMOND
NRIC No	SXXXX076G
Date Of Birth	05/03/1959
Occupation	Indoor

Date Of Driving Pass	27/09/1985
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98003580
Alt. Phone Number	+65-98003580
Email Address	dezzmoey@gmail.com
Address	16 JALAN MERAH SAGA
Address complement	-
Postcode	278097
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?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210314/2022

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	SJN1109Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMMAD NOOR BIN ABDUL RAHIM
NRIC No	SXXXX076G

Contact Number	(Phone) +65-98003580
* Address	-
Address complement	-
- Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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.

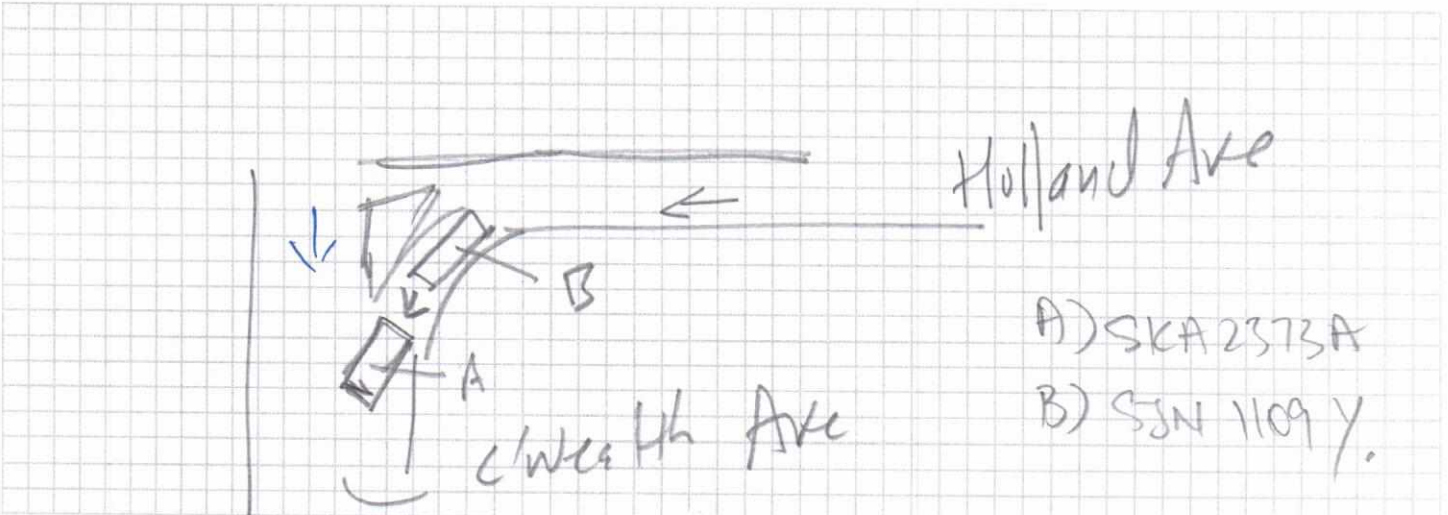
[Signature]
2021/15
Mar.
1017am

Policyholder's Signature / Date & Time

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

[Signature] 15/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


REFER to Police Report 7/20210314/2022

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
1017am 2021 Mar. 15

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


Witnessed by Reporting Centre Personnel
15/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: 14/3/2021 (DD/MM/YYYY), TIME: 1020 am (HH:MM)
LOCATION: Holland Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 233A
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 511127331-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CIVIC 1.6L
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: MOEY KOK SENG DESMOND (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S13930766 CONTACT: 98003580
c) ADDRESS: 16 Jalan Merah Saga
S278097

* 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: 05/03/1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 Sep 1985

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: Queenstown Police S

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SUN 1109Y MODEL: _____
b) DRIVER'S NAME: M. NOOR BA RAHIM
c) NRIC/FIN/PASSPORT: S7908551J CONTACT: 93824867

9. THIRD PARTY VEHICLE

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

Email: =

VIDEO

dezzmoey@gmail.com



SINGAPORE POLICE FORCE



T/20210314/2022

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20210314/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2021 11:19	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: MOEY KOK SENG DESMOND			Address: 16 JALAN MERAH SAGA SINGAPORE 278097		
ID Type / ID No.: NRIC NO / S1393076G			Contact No.: Home/Office: Mobile: 98003580		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 05/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Show Producer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2021 10:20	Type of Location: Bend
Location: HOLLAND AVENUE				
Lamp Post Number: 109				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN1109Y	Car				Slightly Damaged	2
SKA2373A	Car	HONDA	CIVIC 1.6L AUTO	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA2373A	NTUC Income Insurance Co-Operative Limited	5111127331-01	28/07/2020	27/07/2021



**SINGAPORE
POLICE FORCE**



T/20210314/2022

2 of 3

Report No. T/20210314/2022

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Muhammad Noor Bin Abdul Rahim	ID No.	S7908551J
Related Vehicle	SJN1109Y (Car)	Contact No.	93824867
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOEY KOK SENG DESMOND	ID No.	S1393076G
Related Vehicle	SKA2373A (Car)	Contact No.	98003580
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 14/03/2021 @ 1020hrs at a/m location, I was driving my vehicle and was entering into the slip road, and was checking at the direction to see any oncoming vehicle and I noticed there was one m/cycle travelling, so I slow down and stop my car, and suddenly the said vehicle collided onto the rear of my car. The damage are rear bumper and rear boot cover.



**SINGAPORE
POLICE FORCE**



T/20210314/2022

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210314/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Staff Sgt YIP KUM HOONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/03/2021 11:19

Classification Of Case:

SIGNATURE

Claim Handling

Accident MT/1124361

Policy No.	5111127331-01	Vehicle No.	SKA2373A	GST Registration No.
Certificate No.				
Policyholder Name	MOEY KOK SENG DESMOND			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98003580	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(%)	40	Private Hire

▼ Accident Details

Report Date	15/03/2021 14:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/03/2021	Time of Accident hh:mm	10:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HOLLAND AVENUE			

▼ 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	283G PASIR PANJANG ROAD	Address 2	SINGAPORE 117711	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111127331-01	

▼ OI Driver Info

Driver Name	MOEY KOK SENG DESMOND	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1393076G	Driver DOB
Register Date of Driver License	01/01/2008	Driver Age	62	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	283G PASIR PANJANG ROAD	Address 2	SINGAPORE 117711	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.	SKA2373A	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	MOEY KOK SENG DESMOND	Insured NRIC
Contact No.(Mobile)	98003580	Contact No.(Home)	NIL	Contact No.(Office)
Email Address	dezzmoey@gmail.com	OI Vehicle Number	SKA2373A	TP Vehicle Number
Claim Description	SKA2373A / SJN1109Y ON 14 Mar 2021			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	15/03/2021 14:28	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment

Claim Handling(accident reporting Claim Task)

001

15/03/2021 14:29

Category *

Confidential

Urgen

Clear

Please Select

☐ NO

Normal

Clear

Please Select

☐ NO

Normal

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Normal

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NO

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Please Select

NO

Normal

Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:29	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:28	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:28	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:28	Photos	Normal	Photos 2021-3-15
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:28	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:28	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 14:28	SAS	Normal	SAS 2021-3-15

▼ **Video List**

Uploaded By/Date	Folder Date	File Name		Sou
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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.	<input type="text"/>	Date of Accident	<input type="text" value="14/03/2021 14:29"/>
Vehicle No.(For Motor)	<input type="text" value="SKA2373A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5111127331-01		MOEY KOK SENG DESMOND	S1393076G	GPC	drivo CLASSIC	SKA2373A	SKA2373A	28/07/2020	27/07/2021

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SX108213FC005 Vehicle Registration No: SCA2373A
Name (as shown in NRIC): MARY KOK SENG DIAMOND NRIC/FIN/Passport No: SXXXX076 G
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98003580
Email Address: _____
Date of Accident: 14/03/2021 Time of Accident: 10:20
Place of Accident: HOLLAND AVENUE
Insurance Company: NZUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CAR MODEL TO HONDA CIVIC.

Policyholder / Driver's Signature
Date:

16/03/2021
Reporting Centre Personnel's Signature
Name: ROSE LIAW