

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	16/03/2021 15:15 (SGT)
Date of Accident	10/03/2021 18:45 (SGT)
Exact Location of Accident	Prinsep St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5687Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VINEET SHRIVASTAVA
NRIC No	SXXXX898A
Email Address	vinshri2005@gmail.com
Mobile Phone No	(Phone) +65-91450446
Alternative Phone No	+65-91450446

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	5097961713-03
Cover Note Number	-

DRIVER

Name of Driver	VINEET SHRIVASTAVA
NRIC No	SXXXX898A
Date Of Birth	06/03/1971
Occupation	Indoor

Date Of Driving Pass	02/09/2003
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91450446
Alt. Phone Number	+65-91450446
Email Address	vinshri2005@gmail.com
Address	7 SIGLAP ROAD #03-66
Address complement	-
Postcode	448909
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	No Collision
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	Marina Bay Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002229999
Alt. Police Station Phone No	(Fax) +65-64359276
Police Station Address	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20210316/2012

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	SLD5429B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

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.

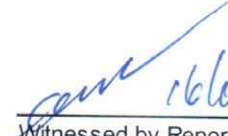
(collectively the "**Purposes**")

(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

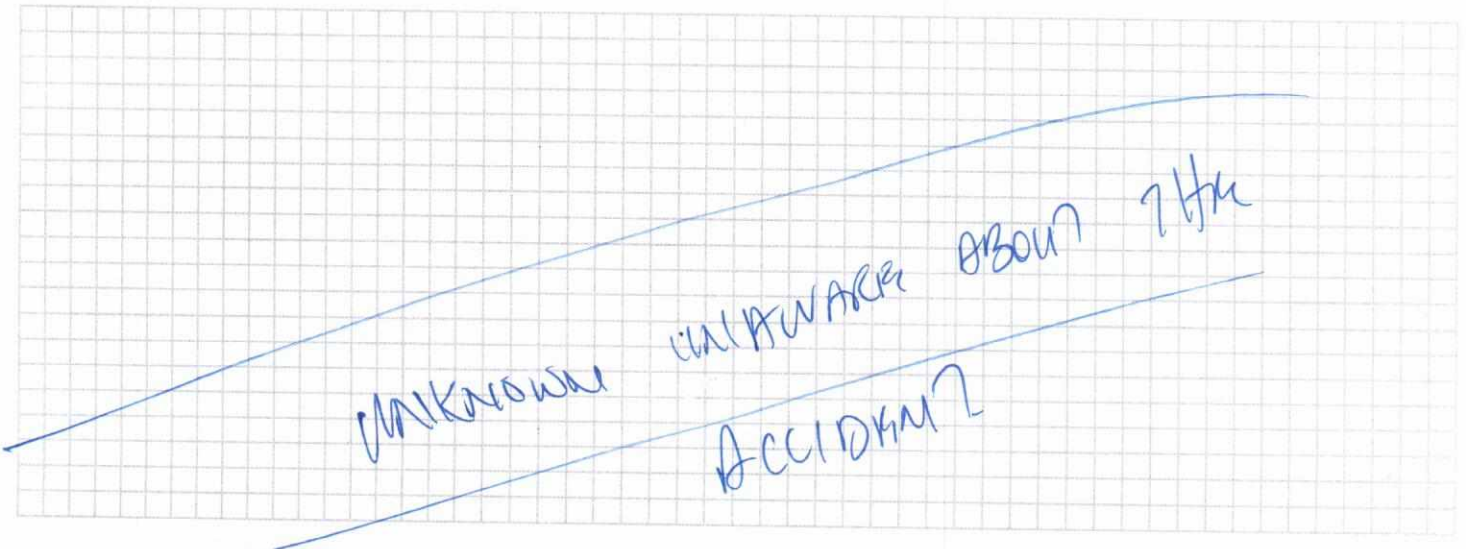
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


16/3/2021
11:00AM
Policyholder's Signature / Date & Time

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


16/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT A/20210316/2012

Declaration


We declare the foregoing particulars are true in every respect.



16/3/2021, 11:00 AM

Policyholder's Signature / Date & Time

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



16/03/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 03 / 2021) (DD/MM/YYYY), TIME: (18 : 45) (HH:MM)

LOCATION: Prinsep Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 5687Y
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5097961713-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parked
 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: VINET SHRIYASTAVA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57184898A CONTACT: 91450446
 c) ADDRESS: 7 Siglap Road, #03-66 Mandarin Gardens, Singapore - 118909

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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) clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES
 IF YES, PLEASE STATE WHICH POLICE STATION: Main Road N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLD 5499 B MODEL: Don't know
 b) DRIVER'S NAME: Don't know
 c) NRIC/FIN/PASSPORT: CONTACT:

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)
 ()

* No of passenger
 (including driver)
 ()

email = vinshri2005@gmail.com

VIDEO

Don't know



SINGAPORE POLICE FORCE



A/20210316/2012

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. A/20210316/2012

Date/Time Report Made 16/03/2021 09:41		Vide Report No.		Station Diary No. 8	
Name Of Informant VINEET SHRIVASTAVA		Address 7 SIGLAP ROAD #03-66 SINGAPORE 448909			
ID Type / ID No. NRIC NO / S7184898A		Contact No. Home/Office		Mobile 91450446	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Legal Consultant		Sex Male	Age 50	Date of Birth 06/03/1971	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 10/03/2021 17:30 - 10/03/2021 17:45		Location Of Incident PRINSEP STREET SINGAPORE Double Parallel Parking Lot			

Brief details.

On 15/02/2021, at about 1845hrs, I received an email from NTUC Income regarding an insurance claim that has been lodge against my vehicle (SLW5687Y) by the driver of vehicle (SLD5429B). I have checked with NTUC Income and the claim was valid. However, I do not recall that my vehicle (SLW5687Y) was involved in any accident. I was told by my insurance company (NTUC Income) to lodge a police report. Claim No.: MT/1124348-001

On 10/03/2021, I parked my vehicle (SLW5687Y) along Prinsep Street at a double parallel parking lot

Signature Of Officer Recording The Report:

A / Sgt 2 LEE LI XUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
ASP MUHAMMAD IDRIS BIN ABRAHIM
Contact No.: 65575324

Authentication Stamp

Signature Of Informant:

Date/Time:
16/03/2021 09:41

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20210316/2012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210316/2012

and left the parking lot at about 1845hrs. I recall seeing a vehicle that was parked behind me but I do not remember the color or car plate of the vehicle. I wish to state that I have both front and back car cameras in my vehicle but I have not checked the footage regarding this incident. I would like to state that the vehicle was only driven by me and I did not hit or cause any damage to another vehicle. I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

A / Sgt 2 LEE LI XUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
ASP MUHAMMAD IDRIS BIN ABRAHIM
Contact No.: 65575324

Authentication Stamp

Signature Of Informant:

Date/Time:
16/03/2021 09:41

Classification Of Case:

Claim Handling

Accident MT/1124348

Policy No.	5097961713-03	Vehicle No.	SLW5687Y	GST Registration No.
Certificate No.				
Policyholder Name	VINEET SHRIVASTAVA			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	NA	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(%)	50	Private Hire

▼ Accident Details

Report Date	15/03/2021 13:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/03/2021	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Prinsep St			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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	7 SIGLAP ROAD	Address 2	#03-66 MANDARIN GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097961713-03	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	VINEET SHRIVASTAVA	Insured NRIC
Contact No.(Mobile)	91450446	Contact No.(Home)	63320835	Contact No.(Office)
Email Address	vinshri2005@gmail.com	OI Vehicle Number	SLW5687Y	TP Vehicle Number
Claim Description	SLW5687Y / SLD5429B ON 10 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	16/03/2021 15:10	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No.	MT/1124348	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2021 15:22

Path *

Category *

Confidential

Urgen

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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 16 Mar 2021 15:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:22	SAS	Normal	SAS 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:22	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:22	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:22	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:10	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:10	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:10	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:10	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:10	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:10	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:10	Photos	Normal	Photos 2021-3-16

▼ Video List

Uploaded By/Date	Folder Date	File Name	Sou
		Display in New Window	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: 5097961713-03

Cover : drive CLASSIC

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SLW5687Y |
| Chassis Number | : MR053REH604576640 |
| 2. Name of Policyholder | : VINEET SHRIVASTAVA |
| 3. Effective Date of Insurance | : 22 Feb 2021 |
| 4. Expiry Date of Insurance | : 21 Feb 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	: VINEET SHRIVASTAVA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS 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 : HIGH POWER ENTERPRISE (00000612809)
Date of Issue : 01 Feb 2021 15:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

動力企業
HIGH POWER ENTERPRISE
Dk 150 Bishan Street 11
#01-107 Singapore 570150
Tel: 0258 1500 Fax: 0258 7167
Email: gh@highpowersg

Jenny Lim