

Sheet 21360005

Done by

Tot:

Date: _____

DATE:

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Y/NC

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21/02/2020

Allylamine

010918

Fee Charged
Fee Charged

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 17:27 (SGT)
Date of Accident	15/03/2021 10:45 (SGT)
Exact Location of Accident	416B Fernvale Link, Singapore 792416
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9334H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEOW MUI CHOO
NRIC No	SXXXX101A
Email Address	hellvampire86@gmail.com
Mobile Phone No	(Phone) +65-83953253
Alternative Phone No	+65-96331077

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117046255
Cover Note Number	-

DRIVER

Name of Driver	LIN WEIQUAN
NRIC No	SXXXX822A
Date Of Birth	29/05/1986
Occupation	Outdoor

Date Of Driving Pass	27/06/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96331077
Alt. Phone Number	-
Email Address	hellvampire86@gmail.com
Address	BLK 588A MONTREAL DRIVE #03-60
Address complement	-
Postcode	751588
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

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	SKQ7227Y
Vehicle Manufacturer	BMW
Vehicle Model	X1
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIN YU JIE
NRIC No	SXXXX948Z
Contact Number	(Phone) +65-82801241
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

 PRESTIGE MOVING AND STORAGE SERVICES

UEN: 53411866J

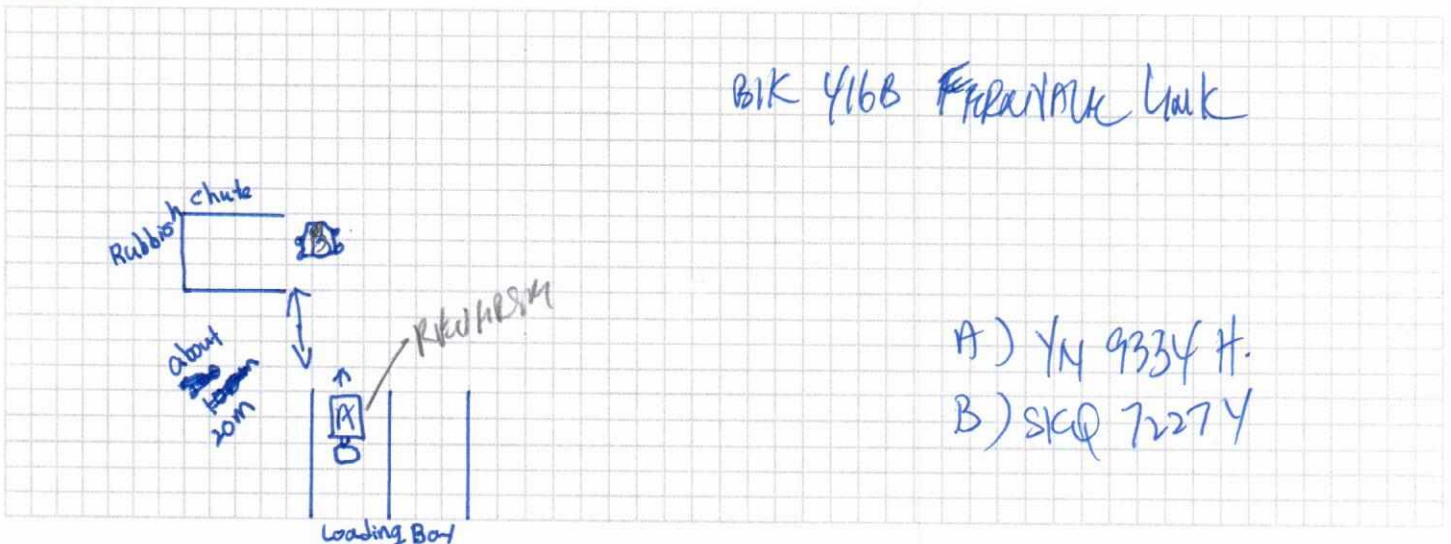
Contact: 83953253 / 87423253

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I Was at Loading Bay when Reversing then Bong the BMW X1 Hit the Boat when the vehicle was Park at the Rubbish Chute which was not on my Blind Spot which i cannot see.

Declaration


We declare the foregoing particulars are true in every respect.

 **PRESTIGE MOVING AND STORAGE SERVICES**

UEN : 53411866J

Contact : 83953253 / 87423253

Policyholder's Signature / Date &
Time



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

 16/03/2024


Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 03 / 2021) (DD/MM/YYYY), TIME: (10 : 45) (HH:MM)

LOCATION: 416B Fernvale Link

1. DETAILS OF VEHICLE YN
 - a) VEHICLE NUMBER: 9334 H
 - b) INSURANCE COMPANY: NTUC Income
 - c) POLICY NUMBER: 5117046255
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL:
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: 10:45am
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 - a) NAME: LEON MUI CHIO  PRESTIGE MOVING AND STORAGE SERVICES (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: CONTACT: 1866J
 - c) ADDRESS: Contact: 83953253 / 87423253

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: Lin Wei Quan (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 5865822A CONTACT: 96331077
 - c) ADDRESS: 588A Montreal Drive #03-60

* d) DATE OF BIRTH: (12 / 06 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27 Jun 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY
- b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) NO
7. a) REPORTED TO POLICE (YES / NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5KQ 7227Y MODEL: BMW X1
- b) DRIVER'S NAME: Chin Yu Jie
- c) NRIC/FIN/PASSPORT: 591499482 CONTACT: 8280 1241

9. THIRD PARTY VEHICLE

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

email = hellvampire86@gmail.com

VIDEO

Claim Handling

Accident MT/1124581

Policy No.	5117046255	Vehicle No.	YN9334H	GST Registration No.
Certificate No.				
Policyholder Name	LEOW MUI CHOO			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	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(%)	0	Private Hire

▼ Accident Details

Report Date	16/03/2021 14:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/03/2021	Time of Accident hh:mm	10:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	416B RUBBISH CHUTE			

▼ 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				
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 202 #	Address 2	MARSILING DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#14-26	Related Policy Number	5117046255-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
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	LEOW MUI CHOO	Insured NRIC
Contact No.(Mobile)	90014859	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YN9334H	TP Vehicle Number
Claim Description	YN9334H / SKQ7227Y ON 15 Mar 2021			
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	16/03/2021 17:31	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				













Save Submit

Attachment

Accident No.	MT/1124581	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2021 17:31
Path *		Category *	Confidential Urgen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	Photos	Normal	Photos 2021-3-16
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	NRIC/ Driving License	Y	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 17:31	SAS	Normal	SAS 2021-3-16

▼ 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.

Vehicle No.(For Motor)

Date of Accident

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"/>	5117046255		LEOW MU1 CHOO	S1213101A	GCV	Comprehensive	YN9334H	YN9334H	03/05/2020	07/04/2021