

# 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	06/07/2021 11:40 (SGT)
Date of Accident	06/07/2021 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TAMPINES AVE 2 TOWARDS TAMPINES ST 31
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8232P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KS TRANSPORT SERVICE
Company Reg No	53091276K
Email Address	NOEMAIL@EMAIL.COM
Mobile Phone No	(Phone) +65-96161733
Alternative Phone No	+65-96161733

## VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6103J98
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 - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	5260

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5113086771-01
Cover Note Number	27/10/2020 - 26/10/2021

## DRIVER

Name of Driver	TAN CHIP HIN
NRIC No	S0009879E

Date Of Birth	05/11/1954
Occupation	Outdoor
Date Of Driving Pass	28/12/1981
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96732171
Alt. Phone Number	-
Email Address	NOEMAIL@EMAIL.COM
Address	BLK 3D UPPER BOON KENG RD #18-648
Address complement	-
Postcode	384003
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### 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	SKS3331U
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE WAN CHING
NRIC No	S2623801C
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	PASSENGER
Gender	Female



INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 06-07-2021 11:23

Report No: MT

D.O.A: 06/07/2021

Vehicle No: PC8232P

Reporting Type:

Time: 08:30 hrs

SKETCH PLANIMPORTANT NOTICE

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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.

KS TRANSPORT SERVICE  
Blk 234A Sumang Lane #10-213  
Singapore 821233  
HP: 9616 1733  
06/07/21 / 11:23

Policyholder's Signature / Date &amp; Time

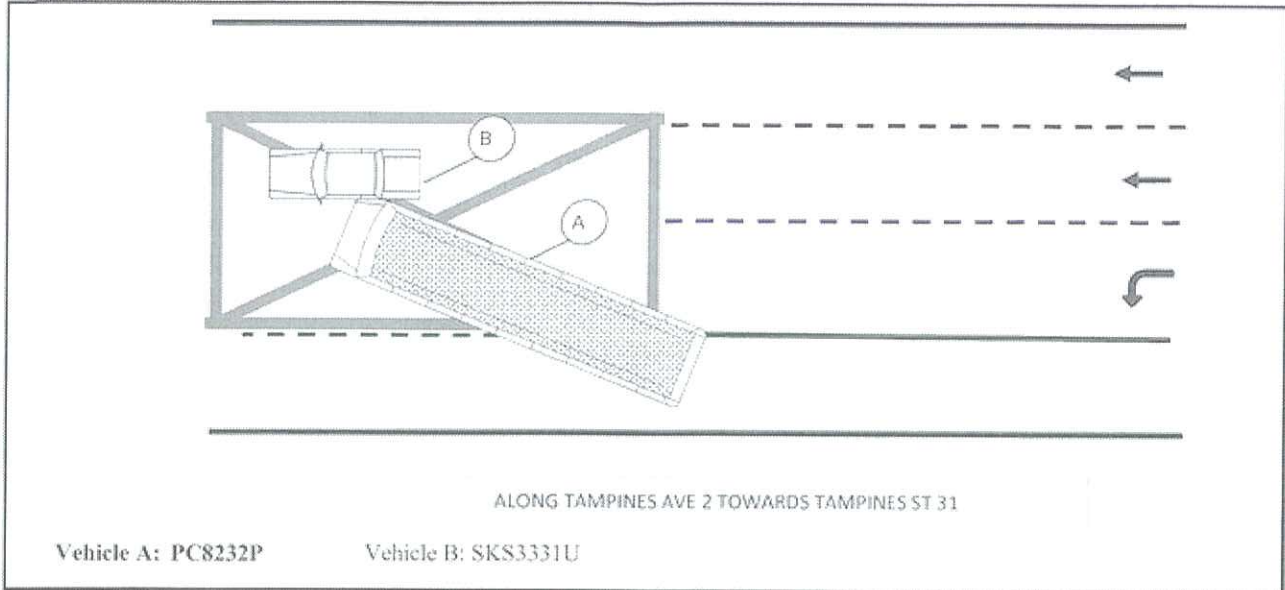


Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the bus stop coming out slowly to lane 2. While coming out in the give way box vehicle B which was on lane 2 driving fast and collided to my front right side and caused damages to both our vehicle, After which both drivers alighted to assess the damage, took some photos and exchange particulars. No one was injured in this accident.

Declaration

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

**KS TRANSPORT SERVICE**  
 Blk 234A Sumang Lane #10-233  
 Singapore 821234  
 HP: 9616 1733  
 06/07/21 / 11:23

06/07/21 / 11:23

Ganesh (S993561)  
 Customer Care Executive  
 Motor Service Centre

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



























**Guidance Note**

This Guidance Note is intended to assist you with your policy details and accident reporting procedures.

If you require further assistance, please call our Customer Care Executive at 6841 9000.

Vehicle Number: PC8232P

Policy Coverage: Comprehensive

Total OD Excess Payable (Including GST): \$3210

Total TP Excess Payable (Including GST): \$1500

**Excess (Subject to Prevailing GST)**

Standard Excess: SGD3000

Additional Excess: N.A.

Unnamed Driver Excess: N.A.

Third Party Excess: SGD1500

No Claims Discount (NCD): 0%

NCD Protector \* ☐ Yes ☐ No

**OD Excess Payment @ MSC via Cash / NETS / Cheque only**
**Own Damage (OD)**

- ☐ Premium may be affected upon renewal
- ☐ NCD affected upon renewal (30% affected)
- ☐ Standard Excess Waiver
- ☐ Transport Allowance - SGD\$50 per day (Up to max 7 days after repair commence at the workshop)
- ☐ Tendering Process (Income to allocate workshop / About 2 working days)
- ☐ For recovery of uninsured losses (UIL), PH must sign UIL form at workshop & workshop will assist to submit to the Insurer. (Outcome will not be guaranteed)
- ☐ Damage to third party property
- ☐ Medical expenses (Up to \$1000)
- ☐ Personal Accident benefits (Refer to policy details)

**Third Party (TP)**

- ☒ If TP claim fail & submitted at Income Quality Workshops, PH able to change to OD claim (within a year)
- ☒ Your chosen workshop will follow up with all claim matters and advices you accordingly

**Self-Repair (SR) / Reporting Only (RO)**

- ☐ 1- Premium & NCD not affected if there is **NO** claim against your policy <sup>1</sup>
- ☐ 2- Premium may be affected upon renewal <sup>2</sup>
- ☐ 2- Third Party Excess <sup>2</sup>
- ☐ 2- NCD affected upon renewal (30% affected) <sup>2</sup>

**Private Settlement (PS)**

- ☐ Premium & NCD not be affected - Refer to Income Private Settlement Form
- ☐ Official Income Private Settlement Form **must** be used and returned to MSC after completing it
- ☐ Company stamp must be endorse to the Private Settlement Form for company registered vehicle

**Remarks**

- ☐ NCD protector\* will be used for this accident / NCD will not be affected by this accident.
- ☐ NCD protector\* can be used once per policy year. (NCD **will be affected** if change of insurance company)
- ☐ Reconditioned, Original Equipment Manufacturer or new parts is subjected to surveyor approval. (1 year warranty for parts availability / Supplementary of damage items, repair duration will be extended. (Accessories not covered)
- ☐ Income will not pay for any transport expenses or losses due to unavailability of parts or accessories.
- ☒ ^Further damage to the accident vehicle will not be covered under this claim. Eg: Overheating^

**KS TRANSPORT SERVICE**

Blk 234A Sumang Lane #10-285

Singapore 821234

HP: 9616 1733

*Sole proprietor*

Signature of Authorised Person/Driver

Relationship

6/7/2021 11:26

Date / Time

Contact

For Official Use

Guidance Note taken by:

Ganesh (S993561)

Date / Time:

6/7/2021 11:26