

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 ability.
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 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 Report	24/11/2017 16:53
Date Of Accident	24/11/2017 11:15
Exact Location Of Accident	BLK 335 SMITH STREET CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3992K
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	201414828K
Email Address	RICKYCHEW88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97901926
Alternative Phone No	OFFICE-97901926

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING FOR GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082409493-01
Cover Note Number	

Driver

Name of Driver	CHEW ANN HAI
NRIC No	S6821651F
Date Of Birth	06/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1985
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97901926
Fax Number	
Contact Number	OTHERS-97901926
Email Address	RICKYCHEW88@GMAIL.COM

Address	BLK 319 ANG MO KIO AVENUE 1 #08-1495
Postcode	560319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	BARRIER
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.
- (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.

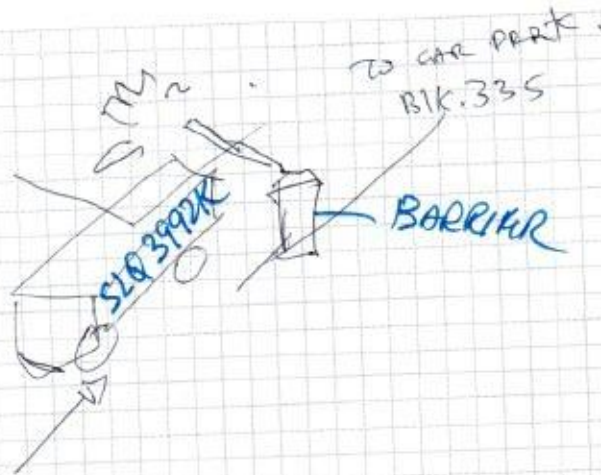


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/11/2017, ~~IN THE~~ I DROVE TO 335 SMITH ST. CAR PARK. AT THE BARRIER POINT I ACCIDENTALLY BUMP TOWARD THE BARRIER AS THE UP TIMING SUSPECTED. A BT DELAY. THIS CAUSED SOME MINOR DAMAGE TO MY CAR AND THE BARRIER.

DECLARATION

I/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: 24/11/2017 4:15 PM.

Reporting Centre Personnel's Signature
Name: Keshi W. P. A. S.
NRIC/FIN No.:

Claim Handling

Accident MT/0971091

Policy No.	5082409493-01	Vehicle No.	SLQ3992K	GST Registration No.	
Policyholder Name	VINCAR LEASING AND RENTAL PTE LTD	Cover Type	drive PREMIUM	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	97901926	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No				
Accident Details					
Report Date	24/11/2017 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pro
Date of Accident	24/11/2017	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	BLK 335 SMITH STREET CARPARK				
Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	Yes	GST Registration Date	08/09/2014		
GST Registration No.	201414828K	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	1 CHANG CHARN ROAD	Address 2	#05-02 OC	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-02	Related Policy Number	5066599910-03		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHEW ANN HAI	Driver NRIC	S6821651F	Driving Experience	
Register Date of Driver License	18/12/1968	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	97901926	Contact No.(Office)		Address 3	
Address 1	BLK 319 #08-1495	Address 2	ANG MO KIO AVENUE 1	Post Code	
Address 4	SINGAPORE 560319	Address Type	Foreign address		
Unit No.	08-1495	Driver Vehicle No.	SLQ3992K	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	VINCAR LEASING AND RENTAL	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLQ3992K	TP Vehicle Number	
Claim Description	SLQ3992K / BARRIER ON 24 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	24/11/2017 17:22	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0971091	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 17:23
Path *		Category *	Confidential
		Urgency	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Nov 2017 17:23	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Nov 2017 17:23	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Nov 2017 17:22	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Nov 2017 17:22	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Nov 2017 17:22	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Nov 2017 17:22	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 24/11/2017 (DD/MM/YYYY), TIME: 11:15AM (HH:MM)

LOCATION: SMITH STREET B16335 CHR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL 3992 F
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER: _____
 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: _____
 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: VINEAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEN ANN HAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6821657 IF CONTACT: 979901926
 c) ADDRESS: 319 ANG MO KIO AVE 1 #08-1493

* d) DATE OF BIRTH: 06/06/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 18/12/1987

f) DATE OF DRIVING LICENCE: 18/12/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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

- a) VEHICLE NUMBER: BAB 188 MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email = rickychew88@gmail.com

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6821651F



Name
CHEW ANN HAI
周安海
Race
CHINESE
Date of Birth
06-06-1968 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6821651F
Name
CHEW ANN HAI
Birth Date 06 Jun 1968
Issue Date 03 Mar 2004



2099644



NRIC No. S6821651F




Blood Group B+ Date of Issue 06-06-1994

APT BLK 319 ANG MO KIO AVENUE 1 #08-1495
SINGAPORE 560319
NRIC No: S6821651F Date: 01/09/2012 No: 7116773

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Dec 1987

NP 429A



Licence No: S6821651F

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5082409493-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle

: SLQ3992K ✓

Chassis Number

: ZYX102010900

2. Name of Policyholder

: VINCAR LEASING AND RENTAL PTE LTD

3. Effective Date of Insurance

: 19 Jul 2017

4. Expiry Date of Insurance

: 18 Jul 2018

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : VINCAR PTE LTD (00000614250)

Date of Issue : 19 Jul 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive