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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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 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

	ACCIDENT STATEMENT
Date Of Report	24/01/2018 11:25
Date Of Accident	19/01/2018 18:10
Exact Location Of Accident	WOODLANDS VIEW TWDS WOODLANDS DR 73
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7387E
Insured/Policyholder	
Name Of Registered Owner	X-CLUSIVE CAR RENTAL PTE LTD
Co Reg No	201701254C
Email Address	NOEMAIL
Mobile Phone No	8
Alternative Phone No	OFFICE-68481307
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED FLEX 1.5 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NQ
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087613166-01
Cover Note Number	
Driver	
Name of Driver	CHIA YONG KIANG, PETER (XIE YONGQIANG, PETER)
NRIC No	S7933011F
Date Of Birth	28/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2001
Driving Experience	16-YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87785443
Fax Number	
0 1 1 1 1 1 1	

NOEMAIL

Address

BLK 576 WOODLANDS DR 16 #04-502

Postcode

730576

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482,

COUNTRY: SINGAPORE

Police Station Address Police Station Contact

TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SLM1926L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

CHEN CHIANG SUN

Name of Driver NRIC/Passport Number

S8774678Z

Contact Number

98528011

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 27

DETAILS OF INJURED PERSON 1

Name

CHIA YONG KIANG, PETER (XIE YONGQIANG, PETER)

Approximate Age

Injuries Sustain

NECK & BACK & SHOULDER

Injured person in which vehicle?

SJQ7387E

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

NO

Address

67

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

______D

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

Name.

NRIC/FIN No .:

Date & Time:

	ANCES OF THE ACCIDENT
ON 19 JAN	view toward woold not drive 73, Vehicle (8) SLM 1926L Drove woodland drive 75 and collide on my our vehicle (8) on my of vehicle. My vehicle plate number SJQ7387E.
woodland	view toward woold ad drive 73, Vehicle O SLM 1926L Prove
and from	woodland drive 75 and collide on my our vehicle (X) on my
ciest side	of my vehicle MY Vehile a late number SJQ7387E
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DECLARATION

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

Date & Time

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

77. * 30000.00		19/1/18 Woodlands			TIME:(18 :_		
LOCA	TION:	W SOLL TANKS	View	TW03	W 8 8 8 14 4 6 3	UF	_13
1.	DETAILS O	F VEHICLE					
	a) VEHICLI	E NUMBER:	SJQ .	7387 E			
	b)INSURA	NCE COMPANY:	10	IMC			
00	CIPOLICY	NUMBER:					
		TYPE: (COMPRE)	HENSIVE /	THIRD PART	Y / THIRD PARTY	FIRE &TH	HEFT)
		MODEL:	,2,10,1,2,7	.,		PORCHASTING (C)	2000
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Induding deliver	b) DRIVE	R'S NAME: 5	87746	787			
Induding driver)	c) NRIC/F	IN/PASSPORT:			CONTACT:	185280	11
	THIRD PART						
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1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000 Report No. J/20180122/7033

Date/Time Report Made 22/01/2018 23:17	Vide Report No.			Station Diary No.	
Name Of Informant CHIA YONG KIANG, PETER	Address APT BLK 576 WOODLANDS DRIVE 16 #04-502 SINGAPORE 730576				
ID Type / ID No. NRIC NO / S7933011F	Contact No. Home/Office: Mobile:				
Nationality SINGAPORE CITIZEN	87785443 Email Address inotstupidfool2@gmail.com				
Occupation SELF EMPLOYED	Sex Male	Age 38	Date of Birth 28/10/1979	Race Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 19/01/2018 18:20	Location Of Incident WOODLANDS DRIVE 73 NIL SINGAPORE 73				
Brief details.			L . O IVIL OINOA	OIL 13	

ON 19 Jan 2018 @ about 1810hrs, I was traveling with my vehicle SJDQ7387E along woodlands view towards woodlands dr 75 and its was raining at that point of time.

Just after the T-Junction between Woodlands Drive 73 and Woodlands View, This vehicle SLM1926L drove out from Woodlands Drive 73 to Woodlands View collided onto the right side of my vehicle. As the impact was quite strong...as my vehicle to swerve to the left resulting the left side bumper knocking on the side kerb and I manage to control the vehicle to the right and put to a stop. There is a stop line at

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2018 23:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stome	





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180122/7033

drive 73.

After which, I alight from my vehicle and did a brief inspection of my vehicle. The driver's door was badly damage, slight damage rest of the right side of my vehicle, front bumper and rims. I then took some photos showing the street name and a exchange of driver's particular for a 3rd party claim.

As both parties vehicle is able to drive....Both vehicle was then driven off the accident. No towing was done.

IDAC report has been made from my side.

I then notice some pains on my back while i was getting back to my car. Only till the following day i started feeling bad pain on both side of my shoulder and the lower back. Therefore, I proceed to Yap Family Clinic to visit a Doctor for my injury. I was prescribed with some medications and two days of medical leave from 20 jan 2018 till 21 jan 2018. I am also required to do a medical review on 22 jan 2018. I was prescribed with some new medication and extended medical leave till 23 jan 2018 i was also required to do a x-ray at woodlands poly clinic.

Particulars of the other party driver

Name: Chen Chiang sun NRIC: S8774678Z

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 22/01/2018 23:17

Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180122/7033

Vehicle plate No: SLM1926L

Victim			
Person Name	CHIA YONG KIANG, PETER		
ID Type	NRIC NO	ID No	
Gender	Male		S7933011F
Race	Chinese	Age	38
Occupation		Language	English
Address	SELF EMPLOYED	Address Type	
riddicaa	APT BLK 576 WOODLANDS	Mobile No	87785443
	DRIVE 16 #04-502		
	SINGAPORE 730576		1
Is Informant A	Yes		
Victim?			
2000	1000		
Person Name	CHIA YONG KIANG, PETER (II		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	report has been authenticated by
Signature Of Interpreter:	SingPass. No signature is required.
Not applicable	Date/Time: 22/01/2018 23:17
Officer In-Charge Of Case:	
on on ange of Case.	Classification Of Case:
Authentication Stamp	





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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





APT PHE 576 WOODLAND DRIE \$04-502 S(130576)



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: 5087613166-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

5JQ7387E

Chassis Number

: GB31019089

2. Name of Policyholder

: X-CLUSIVE CAR RENTAL PTE LTD

3. Effective Date of Insurance

: 19 Jan 2018

4. Expiry Date of Insurance

: 18 Jan 2019

4. Expiry Date of hisurance

: 18 Jan 2

- 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)	; \$\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
NSURE 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	: LIAN HONG PRIVATE LIMITED
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

: TONG HIN INSURANCE AGENCY PTE, LTD. (00000614661)

Date of Issue

: 24 Jan 2018 09:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling The premium on this policy has not been collected. Accident MT/0979308 GST Registration No. SJQ7387E Vehicle No. 5087613166-01 Policy No. Policyholder NRIC 201 X-CLUSIVE CAR RENTAL PTE LTD Policyholder Name 0 Loading drivo CLASSIC Cover Type FLEET INSURANCE Product Code Contact No.(Home) Contact No.(Office) 68481307 Contact No.(Mobile) eCode No Special Remark Email Address eCode Reason . No Yes . No Yes KFK Private Hire Yes NCD Entitlement(%) 0 NCD Protection **▽** Accident Details Accident Type Colli Accident Report Within 24 hrs 24/01/2018 15:00 Report Date Country of Accident Sing Time of Accident hh:mm 18:10 19/01/2018 Date of Accident ICM No. Orange Force Reporting Centre WOODLANDS VIEW TWDS WOODLANDS DR 73 Accident Location **▽** Benefits **▽** Excess 0.00 Windscreen Excess Additional Excess Own damage Excess 2,000.00 2,000.00 Outside Singapore OD Excess Unnamed Driver Excess Outside Singapore TP Excess 1.500.00 Third Party Excess 1.500.00 **▽** GST Registered Information GST Registration Date GST Registered No GST Status Verified No GST Registration No. Modification History Policyholder Mailing Address Address 3 SING #07-18 UBI TECHPARK Address 2 10 UBI CRESCENT Address 1 Post Code 408 Singapore address Address Type Address 4 Related Policy Number 5087851728-01 07-18 Linit No. ♥ OI Driver Info Unnamed Driver Unnamed Driver Driver Type Driver Name Driver DOB 28/1 S7933011F Driver NRIC CHIA YONG KIANG, PETER (XIE \ Unnamed driver Name **Driving Experience** 16 Driver Age Register Date of Driver License 17/04/2001 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 87785443 Address 3 SING WOODLANDS DRIVE 16 Address 2 BLK 576 #04-502 Address 1 Post Code 730 Address Type Singapore address Address 4 04-502 Driver Insurer Company Does he own a Singapore Registered car? Driver Vehicle No. Yes . No Declaration Breathalyser or Blood Test # Yes No Any Injury? Reading? Modification History Claim 001 New X-CLUSIVE CAR RENTAL PTE LTO Insured NRIC 201 Insured Name OD-MX Claim Type * Contact No.(Office) Contact No.(Home) Contact No.(Mobile) SLM TP Vehicle Number OI Vehicle Number SJQ7387E Email Address 0 Name of Preferred Workshop SJQ7387E / SLM1926L ON 19 Jan 2018 Claim Description ٠ Preferred Workshop Contact Not at Fault Insured Liability * Preferred Workshop, Name unknown GIA report Rec Prefered Repair Option Require Finalisation Yes 24/0 Date Received Claim Close Date 24/01/2018 15:03 Date Registered LIEW SHAN HUL Report Taken By

Save Submit

Attachment

Print AK letter

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