

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 willful 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 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	29/01/2018 18:40
Date Of Accident	10/01/2018 16:30
Exact Location Of Accident	JURONG EAST MRT PICKUP POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8365L
Insured/Policyholder	
Name Of Registered Owner	ALPHA DRIVE PTE LTD
Co Reg No	201418046D
Email Address	NIGELLIMH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91144014
Alternative Phone No	OFFICE-97764435

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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
If No, Please state action to be taken	REPORTING ONLY
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	5088463295
Cover Note Number	

Driver

Name of Driver	LIM HSIANG, NIGEL
NRIC No	S8717246E
Date Of Birth	16/06/1987
Occupation	INDOOR
Date Of Driving Pass	21/07/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91144014
Fax Number	
Contact Number	OFFICE-97764435
E-Mail Address	NIGELLIMH@GMAIL.COM

Address	BLK 124 LORONG 1 TOA PAYOH #04-477
Postcode	310124
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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)

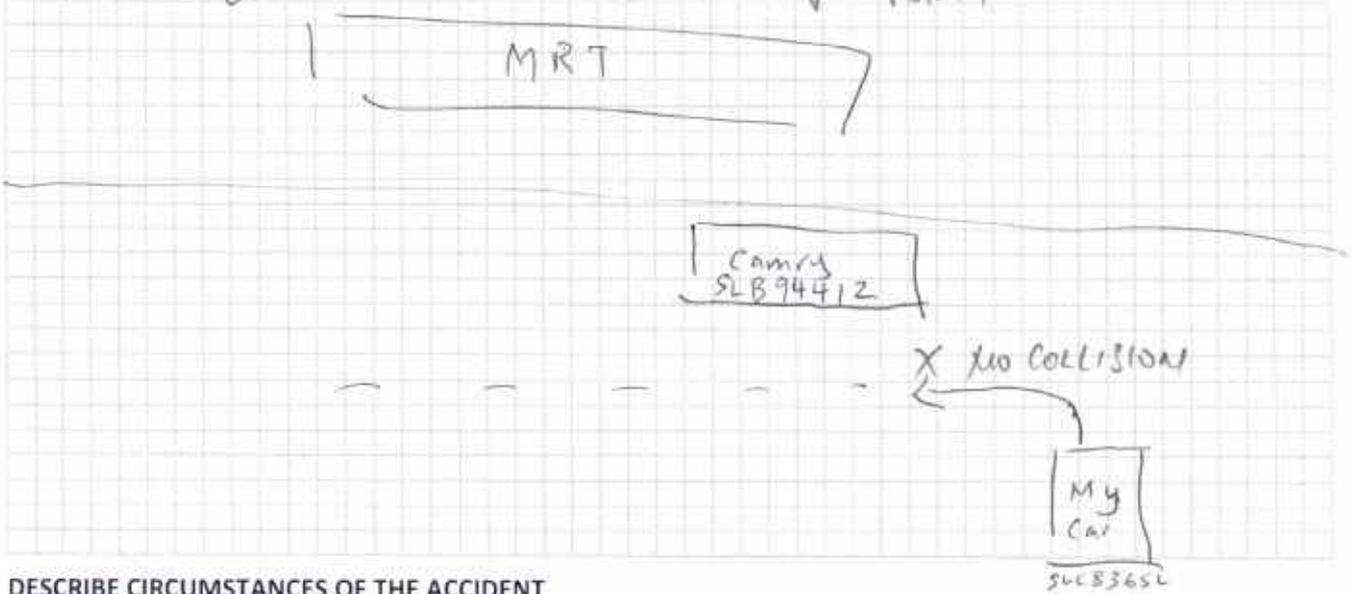
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB9441Z
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93661992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Jurong East MRT Pickup Point



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into Jurong East MRT pickup and dropping a passenger. I went ahead and did a dropoff, after which I proceeded to leave. Suddenly, this uncle appeared and said that I banged into his car which I did not know ~~off~~ of. So I did a light and ~~to~~ talked to him and gave him my details. I told him that if it was my fault I would pay and asked him go to workshop and get a quote and let me know, if he had any video to prove it of course. After which he asked me if I had any preferred workshop, I said yes at Kaki Bukit, he said too far so will go his workshop and get a quote I have done simple paint touch ups before and it costs less than \$100. So this guy came back to me and told me his workshop quotes \$280 I told him its too expensive and to go my workshop, because I already asked my workshop for quote and was given \$100. However, this guy suddenly texted me next that he had submitted an insurance claim. ~~For~~ From \$280 to \$4,500, its insurance fraud.

DECLARATION

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

Policyholder's Signature: *Paul*
 Date & Time: 29/11/18 16:08



Driver's Signature: *Miggy*
 (If driver is not the policyholder)
 Date & Time: 29/11/18 16:08

Reporting Centre Personnel's Signature: *[Signature]*
 Name: *ROSE KATHAS*
 NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/0977406

Policy No.	5088463295	Vehicle No.	SLCB365L	GST Registration No.	
Policyholder Name	ALPHA DRIVE PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive 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(%)	0	Private Hire	Not available

Accident Details

Report Date	11/01/2018 16:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	10/01/2018	Time of Accident (hh:mm)	19:00	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	JURONG EAST MALL(JEM) PICKUP POINT				

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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	38 CHAY YAN STREET	Address 2	#10-06 REGENCY AT TIONG BA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	10-06	Related Policy Number	5088464827		

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	ALPHA DRIVE PTE LTD	Insured NRIC	
Contact No.(Mobile)	92239161	Contact No.(Home)		Contact No.(Office)	
Email Address		OJ Vehicle Number	SLCB365L	TP Vehicle Number	
Claim Description	SLCB365L / SLB9441Z ON 10 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	29/01/2018 19:03	Claim Close Date			
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0977406	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2018 19:05
Path *		Category *	
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select

ACCIDENT STATEMENT

ACCIDENT DATE: 10/01/2018 (DD/MM/YYYY), TIME: 16:30 (HH:MM)
LOCATION: Jurong East MRT Pick Up

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FLC 8365L
- b) INSURANCE COMPANY: AIWA INCOME
- c) POLICY NUMBER: 5088463295
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA VEZEL 1.5X
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- 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: ALPHA DRIVE PTE LTD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 201418046D CONTACT: 9144014
- c) ADDRESS: 2 LENG KEE ROAD #02-08 S1159086

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Nigel Lim HSIANG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8717246E CONTACT: 97464435
- c) ADDRESS: Blk 124 Lor 1 Toa Payoh #04-477
S (310124)

*d) DATE OF BIRTH: 16/06/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/06/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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: SLB9441Z MODEL: TOYOTA CAMRY
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT: 9366192

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

Email = nigellimh@gmail.com

Fax = MICHAEL @ ALPHA

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8717246E



Name

LIM HSIANG, NIGEL
(LIN XIANG)

林 祥

Race

CHINESE

Date of birth

18-06-1987

Sex

M

Country/Place of birth

SINGAPORE



5503115



NRIC No. S8717246E



Date of issue

07-07-2015

Address

APT BLK 124 LORONG 1 TOA PAYOH
#04-477
SINGAPORE 310124

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8717246E

Name
LIM HSIANG, NIGEL
(LIN XIANG)

Birth Date 16 Jun 1987
Issue Date 21 Jul 2006

001433256H

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Jul 2006

NP 420A

Licence No: S8717246E

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: 5088463295

Cover : drive CLASSIC

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SLC8365L |
| Chassis Number | : RU11112697 |
| 2. Name of Policyholder | : ALPHA DRIVE PTE LTD |
| 3. Effective Date of Insurance | : 01 Apr 2017 |
| 4. Expiry Date of Insurance | : 31 Mar 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.

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 : PROMISELAND INDEPENDENT PTE LTD (00000690009)

Date of Issue : 10 Mar 2017 08:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive