

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 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	08/02/2018 11:18
Date Of Accident	07/02/2018 17:20
Exact Location Of Accident	IRWELL BANK ROAD TOWARDS RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5685S
Insured/Policyholder	
Name Of Registered Owner	PATRICIA SOKE YIN LOH
NRIC No	S2011719B
Email Address	TUNNELITE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96602348
Alternative Phone No	OTHERS-96602348

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.4 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5063030067-04
Cover Note Number	

Driver

Name of Driver	PATRICIA SOKE YIN LOH
NRIC No	S2011719B
Date Of Birth	03/01/1954
Occupation	INDOOR
Date Of Driving Pass	06/10/1982
Driving Experience	35 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96602348
Fax Number	
Contact Number	OTHERS-96602348
Email Address	TUNNELITE@GMAIL.COM

Address	40 LLOYD ROAD #06-48
Postcode	239107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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	SKA5678B
Vehicle Make/Model/Colour	ERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO HOCK CHENG
NRIC/Passport Number	S0418565Z
Contact Number	96468923
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time:

08 02 18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

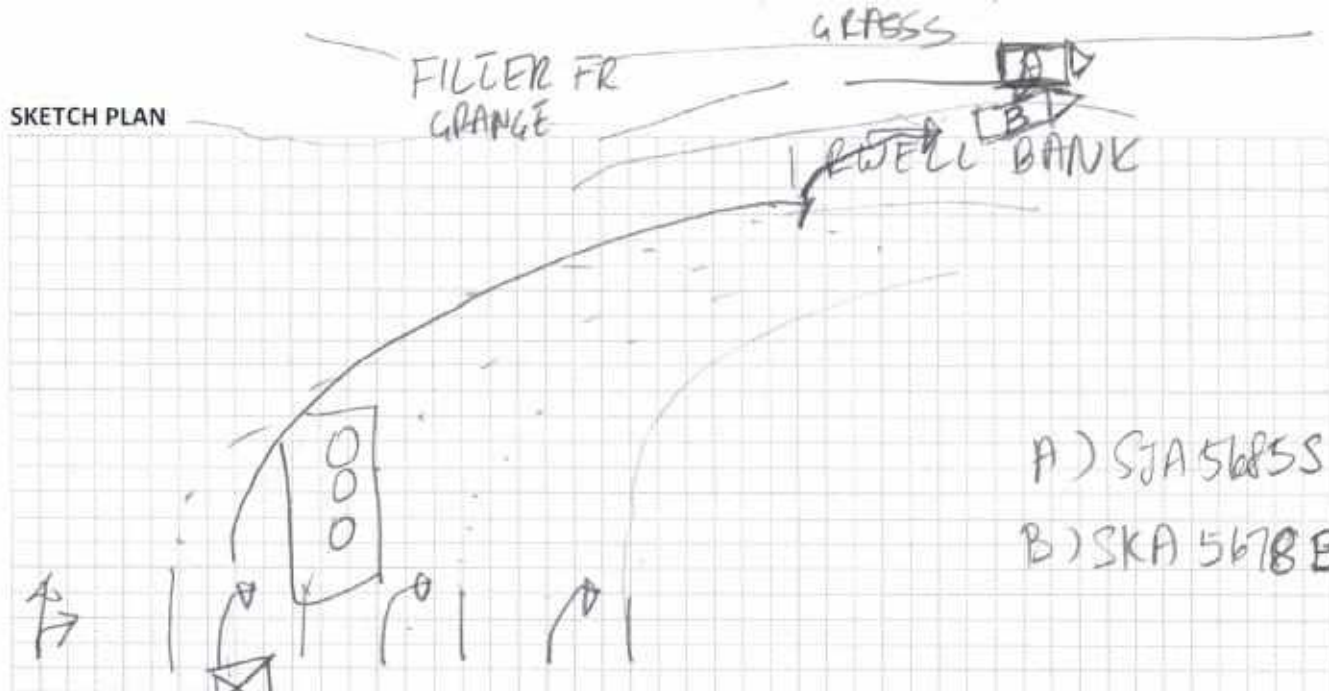
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

GRANGE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS COMING FROM GRANGE ROAD - (~~WOLLA~~ TANGUN)
TURN INTO IRWELL BANK RD
FR SECOND LANE FROM LEFT

I LOOK AT CARS COMING FROM GRANGE RD FR
DEVONSHIRE SIDE, ALL HAD STOPPED AT FILTER
(I AM GOING TOWARDS RIVER VALLEY CITY CENTRE)
AFTER COMPLETING TURN INTO 2nd Lane from left
onto Irwell bank, I signal and ~~cross~~ ^{2 lanes} into left
most lane. Cars in front of me also filtering in
Well before bus stop, the mercedes hit me
on driver's side.
We both pulled up a bit and stopped to
exchange info.

DECLARATION

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


Policyholder's Signature


Date & Time:

08 02 18 10:55am

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/0981544

Policy No.	5063030067-04	Vehicle No.	SJA56855	GST Registration No.	
Policyholder Name	PATRICIA SOKE YIN LOH			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96602348	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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	08/02/2018 14:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/02/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	IRWELL BANK ROAD TOWARDS RIVER VALLEY ROAD				

Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	
Transport Allowance		99999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	40 LLOYD ROAD	Address 2	#06-48 LLOYD COURT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-48	Related Policy Number	5063030067-04		

OI Driver Info

Driver Name	PATRICIA SOKE YIN LOH	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S20117198	Driving Experience	
Register Date of Driver License	05/10/1982	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	40 LLOYD ROAD	Address 2	#06-48 LLOYD COURT	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	06-48				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJA56855	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	PATRICIA SOKE YIN LOH	Insured NRIC	
Contact No.(Mobile)	96602348	Contact No.(Home)	62782270	Contact No.(Office)	
Email Address		OI Vehicle Number	SJA56855	TP Vehicle Number	
Claim Description	SJA56855 / SKA56788 ON 7 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GLA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	08/02/2018 14:14	Claim Close Date			
Report Taken By	RDSLI WAHAB				

☐ Print A4 letter

Save Submit

Attachment

Accident No.	MT/0981544	Claim No.	001
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Last Doc. Received

Yes ☐ No ☐

Upload Date

08/02/2018 14:16

Path *

Category *

Confidential

Urgency

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 14:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 14:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 14:16	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 14:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 14:16	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 14:16	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date

Folder Date

File Name



Search

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 07/02/18 (DD/MM/YYYY), TIME: 5:20 (HH:MM) pm

LOCATION: IRWELL BANK ROAD TOWARDS RIVER VALLEY ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIA 5685 S
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 50603030067-04
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA RAV 4
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: PATRICIA SOKE YIN LOH (MALE / FEMALE) (FEMALE)
 b) NRIC/FIN/PASSPORT: 52011719 B CONTACT: 96602348
 c) ADDRESS: 40, LLOYD RD #06-18
S 239107

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
(Including driver)
(1)

- DRIVER
 a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 03/01/1934 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) RET
 f) DATE OF DRIVING PASS: 1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
 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

No of passenger
(Including driver)
(1)

- a) VEHICLE NUMBER: SKA 5678 B MODEL: MERCEDES
 b) DRIVER'S NAME: HO HOCK CHENG
 c) NRIC/FIN/PASSPORT: 50418565 Z CONTACT: 96468923

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

email = tunnelite@gmail.com

fax =

V1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2011719B



Name

PATRICIA SOKE YIN LOH

羅淑然

Race

CHINESE

Date of birth

03-01-1954

Sex

F

Country of birth

UNITED KINGDOM

3616490



NRIC No. S2011719B

Date of issue

24-09-2004

Address

40 LLOYD ROAD
#06-48
SINGAPORE 239107

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 2011719 B**

Name:

LOH SOKE YIN PATRICIA



Birth Date: **03 Jan 1954**

Issue Date: **28 Aug 2003**



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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

06 Oct 1982

NP 428A



Licence No: S2011719B

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: 5063030067-04

Cover : drive CLASSIC

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJA56855 |
| Chassis Number | : ACA365008148 |
| 2. Name of Policyholder | : PATRICIA SOKE YIN LOH |
| 3. Effective Date of Insurance | : 13 Dec 2017 |
| 4. Expiry Date of Insurance | : 12 Dec 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: PATRICIA SOKE YIN LOH
NAMED DRIVER (1)	: TANG SHEUNG CHING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
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 : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 29 Nov 2017 16:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:




Authorised Officer



Chief Executive