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## 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 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.

Any false reporting may be referred to the Police for investigation.

- 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

THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	06/03/2018 19:18
Date Of Accident	06/03/2018 08:35
Exact Location Of Accident	ALONG PRINCE CHARLES CRESCENT
Country/State of Loss	SINGAPORE
A A SAN A SAN A SAN A SAN A PARA PARA PARA PARA PARA PARA PARA	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB7299T
Insured/Policyholder	
Name Of Registered Owner	TAY GEK CHUAN
NRIC No	S0739578G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96391518
Alternative Phone No	OTHERS-96391518
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092093907
Cover Note Number	
Driver	
Name of Deliver	TAY GEK CHUAN

TAY GEK CHUAN Name of Driver S0739578G NRIC No 02/06/1942 Date Of Birth INDOOR Occupation 23/06/1961 Date Of Driving Pass

56 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96391518 Mobile Number

Fax Number

OTHERS-96391518 Contact Number

NOEMAIL EMail Address

Address

8 MOUNT ECHO PARK

Postcode

248772

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

SHA6610A

Vehicle Make/Model/Colour

HYUNDAI SONATA

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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.

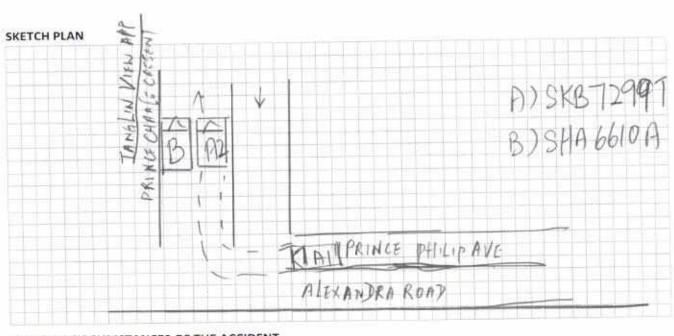
Driver's Signature

Policyhold r's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signat

NRIC/FIN No .:



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DECLARATION

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

Palicyholder's Signature

Date & Time:

03 06

Driver's Signiture (If driver is not the policyholder)

Date & Time:

0,6

NRIC/FIN No.:

Reporting Centre Personnel's Signature
Name: Kolal Watto

cident MT/0985001					
	5092093907		Vehicle No.	5K87299T	GST Registration No.
100000000000000000000000000000000000000	TAY GEK CHUAN		-04-19-06-19-06-		Policyholder NRIC
	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loeding
	96391518		Contact No.(Office)		Contact No.(Home)
	46341318		Special Remark		eCode
nall Address	Separation (SAS)		TCA	@ No : Yes	eCode Reason
rk	@ No Yes			50	Private Hire . 8
CD Protection	Yes		NCD Entitlement(%)	50	160000000000000000000000000000000000000
Accident Details	with the common control of the contr		MATERIAL PROPERTY AND A SAME AND	Upds:	Accident Type 1
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ate of Accident	06/03/2018		Time of Accident hit mm	08:30	Country of Accident 5
oparting Centre			Orange Force		ICM-No.
ccident Location	ALONG PRINCE CHARLES	CRESCENT			
9 Benefits					
₩ Excess					
Iwn damage Excess		500:00	Additional Excess	0.00	Windscreen Excess
Innamed Driver Escass		0.00	Outside Singapore OD Excest	600.00	
hint Party Excess		0.00	Outside Singapore TP Excess	0.00	
SST Registered Informs	ition				
ST Registered	No			GST Registration Date	
ST Registration No.				<b>GST Status Ventied</b>	Yes
fodification History					
→ Policyholder Mailing Ad	dress				
Address 1	B MOUNT ECHO PARK		Address 2	SINGAPORE 248772	Address 3
Address 4			Address Type	Sequipore address	Post Code
Jnit No.			Related Policy Number	5092093907	
OI Driver Info					
Driver Name	TAY GEK CHUAN		Driver Type	Main Driver	
Unnamed driver Name			Driver NRIC	50739578G	Driver DOB
Register Date of Driver License	23/06/1961		Driver Age	75	Driving Experience
Contact No (Mobile)	96391518		Contact No. (Office)		Cuntact No. (Home)
Appress I	8 MOUNT ECHO PARK		Address 2	SINGAPORE 248772	Address 3
Address 4			Address Type	Singapore address	Post Code
Unit No.					
Does he own a Singapore	Yes S No		Driver Vahicle No.	SK892777	Driver Insurer Company
Registered car?					
Deciaration					
Breathalyser or Blood Test	0 mg		Any injury?	Yes @ No	
Reading?					
Modification History					
Claim 001 New					
ecutolecus in	THE ME		Insured Name	TAY GEK CHUAN	Insured NRIC
Claim Type *	OD-MX	1.7		67329916	Contact No.(Office)
Contact No.(Mobile)	96391518		Contact No. [Home)	Part of the second seco	TP Vehicle Number
Email Address			OI Vehicle Number	SK87299T	Name of Preferred Workshop
Claim Description	SK872991 / SHA6610A	ON 6 Mar 2018:			
Preferred Workshop Contact No.			Insured Liability *	Not at Fault . *	
Require Finalisation			Preferered Repair Option	Preferred Workshop, Name unknown	<ul> <li>GIA report.</li> </ul>
	Yes		THE REPORT OF THE PARTY.		Date Received
Date Registered	06/03/2018 19:30		Claim Close Date		
	2/2/		Claim Close Date		
Date Registered Report Taken By	06/03/2018 19:30		Claim Glose Date		
Date Registered	06/03/2018 19:30		Claim Close Date	Saue Sultmit	
Date Registered Report Taken By	06/03/2018 19:30		Claim Cluse Date	Save Submit	
Date Registered Report Taken By Print AK letter Attachment	06/03/2018 19:30		Claim Cluse Date	Save Submit	
Date Registered Report Taken By  First AK letter  Attachment	06/03/2018 19:30 ROSLI WAHAD		555- 551-551-551-551-551-551-551-551-551		
Date Registered Report Taken By Print AK letter Attachment	06/03/2018 19:30		Claim Close Date  Claim No.  Upload Date	Save Submit. 801 801 96/83/2018 19:32	



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apolicy number: 509 701 790 PARTY	/ THIRD FACT TIME
BIMAKE & MODEL! INDU OVAN LORRY /	MOTORCYCLE, OTHERS
DIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL	ANOTORCICUS .
hipurpose of using at Accident himself	NCE (YES/NO)
I) ARE YOU CLAIMING UNDER TOUR OLAIM / REP.	ORTING ONLY)
2. INSURED / POLICY HOLDER GEK CHUAN	MALE LEEMALE
A)NAMEL 15073957887	CONTACTI 9639 IF
DIADDRESS: HOUNT ECHO PARK	V
CONTINUE TO 3, d IF DRIVER ALSO POLICY HOL	DER
A BRIVER W A CHARLE	IMALE FEMALEL
dINAME: TAY DIE TOL	CONTACT: 9639113
(Including driver) DINRIC/FIN/PASSPORTI FCH & PARI	<u> </u>
*d) DATE OF BIRTH: (02/06/1942)(DD/	MM/YYYY) ; ;
A COCCUPATION: (INDOOR)	
DATE OF DRIVING PINGUR	ED'S COMPANY? (YES / NO)
THE DRIVER WILL	H IMPOURD I
THE PERSON NOT THE PROPERTY OF THE PERSON NOT THE P	O[HERS
BIROAD SURFACE: DATE IYES /NO!	
7. O) REPORTED TO POLICE (YES / NO) (F YES, PLEASE STATE WHICH POLICE STATIO)	Nt. C . An
IF YES, PLEASE STATE OLD ALLO D	MODELITYUMONI SONAIN
IN A PARCAGET OF VEHICLE NUMBER!	
( Including delver) b) DRIVER'S NAME:	CONTACT:
( ) - TUIDE S'ARTY VEHICLE	MODELI
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(Including driver) 1) HRIC/FIN/PASSPORT!	CONTACTI
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email = BRATIMA @ HOODS - IMC - Com

fax =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0739578G





TAY GEK CHUAN

鄭鈺刎

CHINESE Date of Brist

02-06-1942 Courty of Note SINGAPORE REPUBLIC OF SINGAPORE DRIVING LICENCE

S 0 7 3 9 5 7 8 G

TAY GEK CHUAN

TAY GEK CHUAN

Date 02 Jun 1942

TAY ON 1942

TAY ON 1942







## 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: 5092093907

Cover : drivo CLASSIC : SKB7299T

Index mark and Registration Number of Vehicle

Chassis Number

: MR053BK4007046105

Name of Policyholder

: TAY GEK CHUAN

3. Effective Date of Insurance

: 24 Jun 2017

4. Expiry Date of Insurance

: 23 Jun 2018

Persons or Classes of Persons entitled to drive#

(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.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : 5\$100 WINDSCREEN EXCESS : N/A

ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE . YES NCD PROTECTION · NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER

: TAY GEK CHUAN

PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: VICOM LTD (00000612210) Agency : 20 Jun 2017 15:14 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive