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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the datalis 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.

foresaid.	ACCIDENT STATEMENT
	William Control of the Control of th
Jale Of Report	07/03/2018 19:02
	27/02/2018 11:05
Exact Location Of Accident	CTE TOWARDS AYE(B/F BUKIT TIMAH ROAD EXIT)
Country/State of Loss	SINGAPORE
and all the contract of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP3609Y
Insured/Policyholder	
Name Of Registered Owner	KHENG CHEONG CO PTE LTD
Co Reg No.	195900079C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93587309
Alternative Phone No	OFFICE-62987222
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5055490013-05
Cover Note Number	
Driver	
Name of Driver	KOH POH HENG
NRIC No	S0678064D
Date Of Birth	29/08/1947

29/08/1947 Date Of Birth OUTDOOR Occupation 18/12/1972 Date Of Driving Pass 45 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93587309 Mobile Number

Fax Number

OFFICE-62987222 Contact Number

NOEMAIL EMail Address

Address

BLK 441B FERNVALE ROAD

#24-313

Postcode

Vehicle

792441

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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)

2

Passenger 1

NAME:

: BOSS

GENDER:

: FEMALE

**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

SKK887U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NG KIANG TECK SEBASTIAN

NRIC/Passport Number

S8126120B

Contact Number

92382335

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### 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.
- 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.
- 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.
- 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

Date & Time:

V/

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 4

TCH PLAN COK	70WTROS PHYK	BIF BUKN 7 MAN #547
		A) SJP3609 Y B) SKK8274
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DECLARATION		
Policyholder's Signature	Driver's Signature (If driver is not the p	Reporting Centre Personnel's Signature

I, ng Klang Teck 1/581261203 has
agreed to the Settlement \$100/todays accident

27/02/18

Rosh anthors



Our Ref: MT/CA/TP/001/0984004-001/ET/VU

28 Feb 2018

KHENG CHEONG CO PTE LTD 2 CAVAN ROAD SINGAPORE 209843

- 7 MAR 2018

Dear Policyholder

CLAIM NUMBER: MT/0984004-001 ACCIDENT INVOLVING SJP3609Y / SKK887U on 27 Feb 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. Information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong

Manager

Motor Insurance

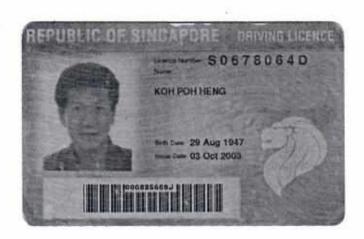
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y No. 50	55490013-05	Vehicle No.	53F3609Y	GST Registration No.	
	HENG CHEONG CO PTE LTD			Policyholder NAIC	
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Policyholder Mailing Add	iress		Color	Address 3	
ddress 1	2 CAVAN ROAD	Address 2	SINGAPORE 209843	Pust Code	
daress 4		Address Type	Singapore address	) Ceesases	
nit No.		Related Policy Number	5055490013-05		
O OI Driver Info					
lover Name		Driver Type		Driver DOB	
Innamed driver Name		Driver NRIC		Driving Experience	
begister Date of Driver License		Driver Age			
Contact No.(Mobile)		Contact No. (Office)		Contact No.(Home)	
		Address 2		Address 3	
Address 1		Address Type	Foreign address	Post Code	
Address 4					
Jnit No. Does he liwn a Singapore	€ Yes © No	Driver Vehicle No.		Criver Insurer Company	
Registered car?					
Registered car?  Modification History  Claim 002 GO-MX No.	w.				
Registered (AP)		Annual Name	KHENG CHEONG CO PTE LTD	Tiniured NRIIC	
Registered (AP)	00-HX •	Insured Name	KHENG CHEONG CO PTE LTD	Innured NRIC Contact No. (Office)	
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## Certificate of Insurance

MOTOR VEHICLES	(THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES	(THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
	r act, 1987 (MALAYSIA)

MOTOR VEHICLES	THIRD PARTY	RISKS)	RULES,	1959	(MALAYSIA)
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Certificate Number: 5055490013-05

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJP3609Y

Chassis Number

: JHMFD168095200530

2. Name of Policyholder

: KHENG CHEONG CO PTE LTD

3. Effective Date of Insurance

: 20 Sep 2017

4. Expiry Date of Insurance

: 19 Sep 2018

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. Umitations 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.

: NO

: 5\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS - N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: YES : YES (FREE) NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** 

: CHING PUI SIM PRIMARY DRIVER : N/A NAMED DRIVER (1)

: N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY + N/A : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which of is 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

: ABWIN PTE LTD (000°2614234)

Date of Issue

: 18 Aug 2017 21:50 ho

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive