



## 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	20/03/2018 16:24
Date Of Accident	20/03/2018 12:50
Exact Location Of Accident	JUNCTION OF YUAN CHING RD/BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6497T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	201414828K
Email Address	KUCINTA1221@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-97311221
Alternative Phone No	OFFICE-97311221

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING UBER
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082409493-01
Cover Note Number	

### Driver

Name of Driver	SAFIE BIN EDI
NRIC No	S1761056B
Date Of Birth	23/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1998
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97311221
Fax Number	
Contact Number	OFFICE-97311221
Email Address	KUCINTA1221@HOTMAIL.SG



Address	BLK 667D JURONG WEST STREET 65 #04-129
Postcode	644667
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	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?	YES
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY2076T
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SINGANALLUR VENKATARAMA SARMA SRIPRIYA
NRIC/Passport Number	S7581137C
Contact Number	92973304
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	SAFIE BIN EDI
------	---------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLS6497T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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:

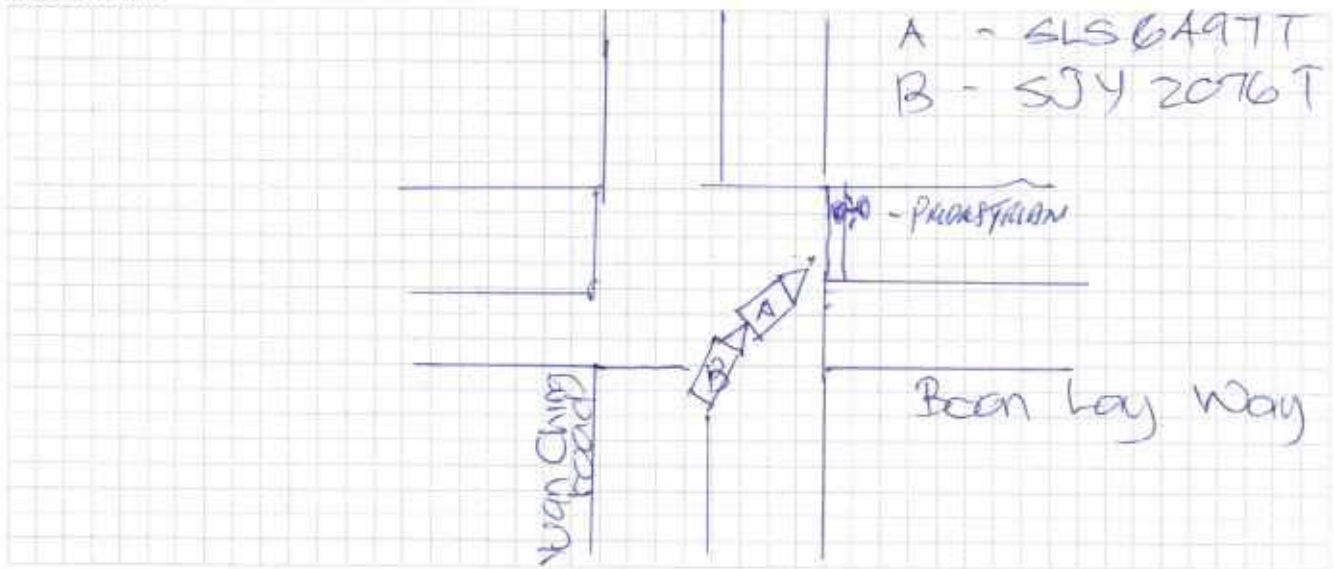
*[Signature]* 20/3/18

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

*[Signature]* 20/03/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1250pm as I was driving from Yuan Ching Road junction toward Boon Lay Way while turning right I slowed down to give way to pedestrian crossing suddenly I heard a loud bang and surged forward. The car behind me SJY 2076T model Kia forte had hit my rear car and caused damaged to the bumper and rear trunk door.

The driver apologised and after taking few photos and exchanged details, I made a accident report to my hirer Vincer: ~~ee~~

## DECLARATION

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



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/3/18

Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]* 20/03/2018

## Claim Handling

Accident MT/0986906

Policy No.	5082409493-01	Vehicle No.	SLS6497T	GST Registration No.	
Policyholder Name	VINCAR LEASING AND RENTAL PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Leading	
Contact No.(Mobile)	97311221	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFE	<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	No

**Accident Details**

Report Date	20/03/2018 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	20/03/2018	Time of Accident(h:mm)	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF YUAN CHING RD/BOON LAY WAY				

**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	Yes	GST Registration Date	08/09/2014
GST Registration No.	201414828K	GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	1 CHANG CHARN ROAD	Address 2	#05-02 OC	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-02	Related Policy Number	5086599910-03		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	SAFIE BIN EDI	Driver NRIC	S17610568	Driving Experience	
Register Date of Driver License	20/10/1998	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	97311221	Contact No.(Office)		Address 3	
Address 1	BLK 6670 #04-129	Address 2	JURONG WEST STREET 85	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	04-129				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SLS6497T	Driver Insurer Company	

**Declaration**

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	VINCAR LEASING AND RENTAL	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLS6497T	TP Vehicle Number	
Claim Description	SLS6497T / SJY2076T DN 20 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	20/03/2018 17:30	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0986906	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 17:32
Path *		Category *	Confidential
		Urgency	Normal

Browse Clear Please Select

Attachment List

Video List

Display in New Window



# ACCIDENT STATEMENT

ACCIDENT DATE: 20/08/2019 (DD/MM/YYYY), TIME: 12:50 (HH:MM)

LOCATION: Junction of Boon Lay Way / Yuen Ahn Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 6497T  
 b) INSURANCE COMPANY: Vincar  
 c) POLICY NUMBER: 5082409493-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Freed  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: UBER  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Vincar (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: Safie Bin Edli (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 517610508 CONTACT: 97311221  
 c) ADDRESS: Blk 660, Jurong West Street 65  
#04-124, 644667

\* d) DATE OF BIRTH: 23/04/1998 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 29.10.1998

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

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

No of passenger  
(including driver)  
(1)

- a) VEHICLE NUMBER: SJY 2076T MODEL: Kia Forte  
 b) DRIVER'S NAME: Singapudur  
 c) NRIC/FIN/PASSPORT: S75811376 CONTACT: 92973304

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

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

email = kucinta1221@hotmail.sg

fax = rhoperations@vincar.com.sg

V1020

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1761056B



SAFIE BIN EDI

سافيح بن ادبي

Race  
MALAY

Date of Birth 23-04-1966 Sex M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1761056B

Name  
SAFIE BIN EDI

Birth Date 23 Apr 1966

Issue Date 10 Mar 2004

001166575E

04594



NRIC No. S1761056B



Blood Group Date of issue  
B+ 04-08-1992

APT BLK 667D JURONG WEST STREET 65 #04-129  
SINGAPORE 644667


NRIC No. S1761056B Date: 12-01-2005 No: 6116543

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	20 Oct 1966
Class 2A Motorcycles between 201 cc and 400 cc	20 Oct 1966
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Oct 1966

NP 425A

Licence No: S1761056B





## 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: 5082409493-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SLS6497T  
 Chassis Number : GB71038893
2. Name of Policyholder : VINCAR LEASING AND RENTAL PTE LTD
3. Effective Date of Insurance : 29 Sep 2017
4. Expiry Date of Insurance : 28 Sep 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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE 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	: MAYBANK
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 : VINCAR PTE LTD (00000614250)  
 Date of Issue : 19 Jul 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive