

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	27/06/2018 14:58
Date Of Accident	25/06/2018 17:40
Exact Location Of Accident	ALONG QUEEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5751B
Insured/Policyholder	
Name Of Registered Owner	ASCENDANT CARS & RENTAL PTE. LTD.
Co Reg No	201425372K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84886288

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5090240588-01
Cover Note Number	

Driver

Name of Driver	EDDIE CHUA HIEN WEI
NRIC No	S9424098J
Date Of Birth	06/07/1994
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2013
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82531129
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 184A RIVERVALE CRESCENT #10-161
Postcode	541184
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	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	
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)	2
Passenger 1	NAME: : TAN YAN CHONG,ANTHONY GENDER: : MALE

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

I WAS TRAVELLING STRAIGHT ALONG QUEEN ST JUST AFTER THE ERP GANTRY.SUDDENLY VEH(B)BEARING REG NO SLG6919G FROM THE OPPOSITE DIRECTION LEFT TURNING LANE ONLY MAKE AN ILLEGAL U-TURN AND HIT ONTO MY RIGHT SIDE PORTION OOF MY VEH.

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	SLG6919G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LEONG WAI KIN ANDREW
NRIC/Passport Number	S1707766Z
Contact Number	93854275
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	EDDIE CHUA HIEN WEI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJL5751B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN YAN CHONG,ANTHONY
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJL5751B
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.

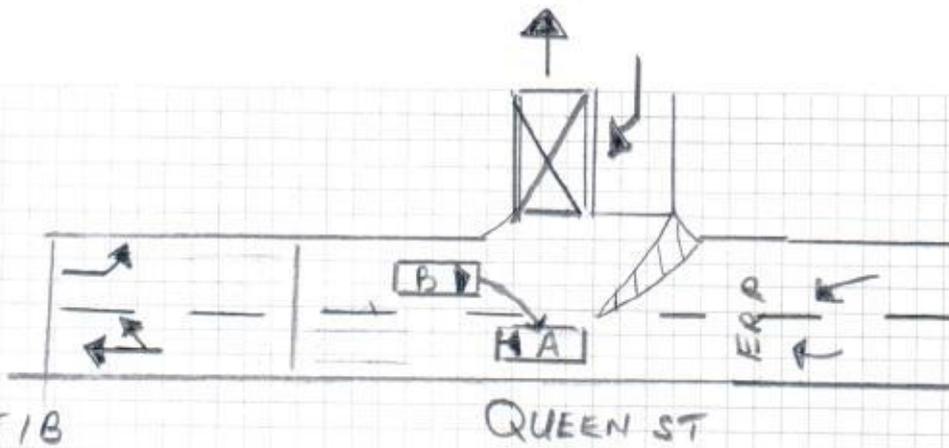


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - SJL 5751B
B - 5LG 6919G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls ref to the statement.

DECLARATION

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



[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 27/06/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9424098J



Name

EDDIE CHUA HIEN WEI

蔡 显 威

Race

CHINESE

Date of birth

Sex

06-07-1994

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S9424098J

Name

EDDIE CHUA HIEN WEI.

Birth Date 06 Jul 1994

Issue Date 26 Dec 2013



4373676



NRIC No. S9424098J

Date of issue

19-03-2009

Address

APT BLK 184A RIVERVALE CRESCENT
#10-151
SINGAPORE 541184

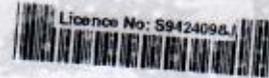
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

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

EFFECTIVE DATE

26 Dec 2013

42a



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: 5090240588-01

Cover : Third Party

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SJL5751B |
| Chassis Number | : KMHDU41BR9U623312 |
| 2. Name of Policyholder | : ASCENDANT CARS & RENTAL PTE. LTD. |
| 3. Effective Date of Insurance | : 28 Apr 2018 |
| 4. Expiry Date of Insurance | : 27 Apr 2019 |
| 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : JZ ASSURE PTE. LTD. (00000573155)

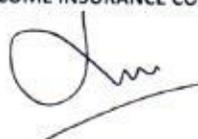
Date of Issue : 30 Apr 2018 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090240588-01	ASCENDANT CARS & RENTAL PTE. LTD.	201425372K	GFT	Third Party	SJL5751B	SJL5751B	28/04/2018	

Continue

Claim Handling

The premium on this policy has not been collected.

Accident MT/1000613

Policy No.	5090240588-01	Vehicle No.	SJL5751B	GST Registration No.	
Policyholder Name	ASCENDANT CARS & RENTAL PTE. LTD.			Policyholder NRIC	201425372K
Product Code	FLEET (INSURANCE)	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	84886288	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	Yes

Accident Details

Report Date	27/06/2018 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/06/2018	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALDNG QUEEN ST				

Benefits

Excess					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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	BLK 505 #01-428	Address 2	BISHAN STREET 11	Address 3	SINGAPORE 570505
Address 4		Address Type	Singapore address	Post Code	570505
Unit No.		Related Policy Number	5090240588-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	EDDIE CHUA HIEN WEI	Driver NRIC	S9424098J	Driver DOB	06/07/1994
Register Date of Driver License	26/12/2013	Driver Age	23	Driving Experience	4
Contact No.(Mobile)	82531129	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 184A	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 541184
Address 4		Address Type	Foreign address	Post Code	541184
Unit No.	#10-161				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History**Claim 001** **New**

Claim Type *	OD-MX	Insured Name	ASCENDANT CARS & RENTAL PT	Insured NRIC	201425372K
Contact No.(Mobile)	91735951	Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	SJL5751B	TP Vehicle Number	SLG6919G
Claim Description	SJL5751B / SLG6919G ON 25 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/06/2018 00:00
Date Registered	27/06/2018 18:03	Claim Close Date			
Report Taken By	ROSLINDA				

 Print AK letter **Attachment**

Accident No.	MT/1000613	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/06/2018 18:04

Path *

Category *

Confidential

Urgency *

Descr

- No file chosen
-

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
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Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 18:04	SAS	Normal	SAS 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 18:04	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 18:03	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 18:03	Photos	Normal	Photos 2018-6-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 18:03	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 18:03	Photos	Normal	Photos 2018-6-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading