

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	28/07/2018 11:14
Date Of Accident	27/07/2018 16:00
Exact Location Of Accident	PIE BEFORE TOA PAYOH EXIT 17D.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2544D
Insured/Policyholder	
Name Of Registered Owner	AUTO MART SUPPLY PTE LTD
Co Reg No	19902339H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64815290

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083031962-01
Cover Note Number	

Driver

Name of Driver	CHUA HUAY LENG
NRIC No	S0942579I
Date Of Birth	27/10/1941
Occupation	INDOOR
Date Of Driving Pass	27/06/1970
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98516736
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 466 TAMPINES ST 44 #02-24
Postcode	520466
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 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I WAS DRIVING STRAIGHT ALONG PIE BEFORE TOA PAYOH EXIT 17D AT 2ND LANE OF 5 LANES. HEAVY TRAFFIC, ALL VEHICLE INFRONT OF ME SLOWED DOWN, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT, VEHICLE B COLLIDED ONTO REAR LH PORTION OF MY VEHICLE AND CAUSED DAMAGED. I ALIGHTED AND REALISED THAT VEHICLE B SLANT IN BETWEEN 2 LANES. I WISH MAKE REPORT FOR CLAIM AGAINST VEHICLE B.

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	SGB6299Y
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

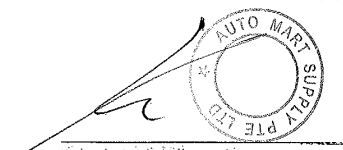
SKETCH PLAN

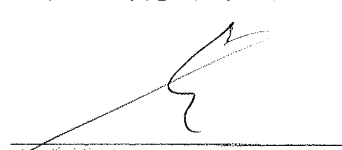
IMPORTANT NOTICE

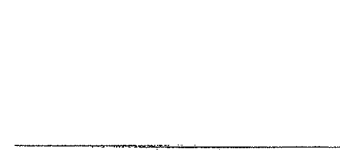
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

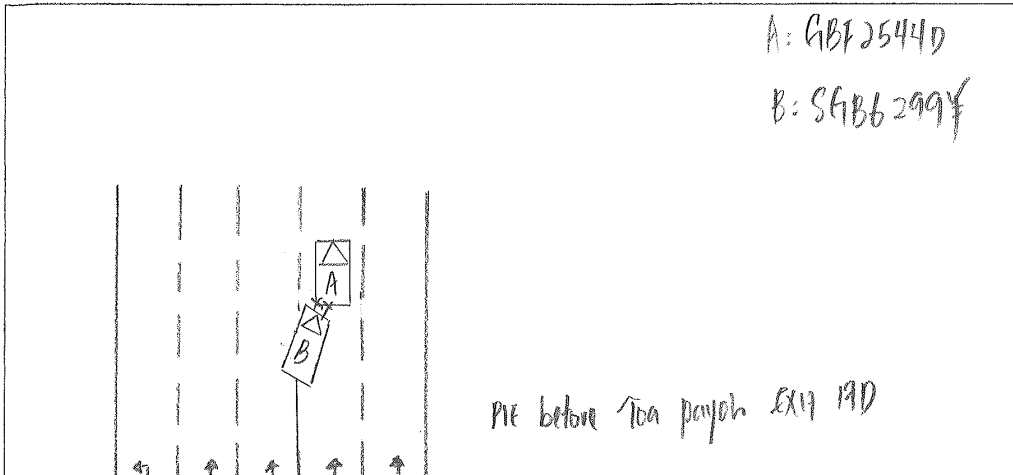

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE before Toa payoh Exy 17D at 2nd lane of 5 lanes.

Heavy traffic, all vehicle in front of me slowed down, I followed suite. Suddenly, I felt an impact. Veh "B" collided onto rear LH portion of my vehicle and caused damaged.

I alighted and realised that Veh "B" slant in between 2 lanes.

I wish make report for claim against Veh "B".

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:

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

NHT

MOTOVERDE (1-100-964-8) SPS AND COMPENSATION ACT (CHAPTER 88)
 MOTOVERDE (1-100-964-8) SPS AND COMPENSATION RULES, 1997
 ROAD TRANSPORT ACT, 1997 (MAGLAW)
 MOTOVERDE (1-100-964-8) SPS, 1997, 1997 (MAGLAW)

1. **NAME :** _____

- | | |
|--|--------------------------------|
| 1. Firms name and registered, or KRA number or Ghana
Credits Number | GRF25440
DGN/PRD/007/000290 |
| 2. Name of Beneficiary | ADUO MARK SHERIFF RUTTO |
| 3. Effective Date of Insurance | 16 Aug 2017 |
| 4. Expiry Date of Insurance | 17 Aug 2018 |
| 5. Comments/Remarks/Remarks on the work | |

- (d) Any other person who is living in the Polysphoid's owner's new long-term premises.
- For the purpose of the power-sharing agreement, it is understood with the foregoing that the new immigrants to the Waterfalls will have been in the new and long-established community for a number of years by the time of the power-sharing agreement, and the Polysphoid will be the beneficiary.

- g. In relation to the fact:
- (i) the intended domestic and foreign purposes and in connection with the Polzevelde's business or profession;
 - (ii) the intended carriage of passengers or goods in connection with the Polzevelde's business;

This figure does not meet

- Use for fire or rescue.
- Use for lifting, positioning, chocking, jacking or spreading.
- Use for lifting, positioning, chocking, jacking or spreading, and also for traction only, especially on ice.

- e.** The authors acknowledge assistance by Seether Jav for the kinetic studies [1] and Perry Ellis and Daniel Arnold, A.C. Hunter, [28] and Seether Jav for the heat capacity data [1, 28] (Molpro, version 6.0) (all other thermodynamic functions).

EXCESS (OPTIONAL)	: 50,000
EXCESS (NON-optional)	: 0.0%
WORKING ON EXCESS	: 55,000
INSURANCE TYPE	: YES
INSURANCE COMPANY	: MARITIME INSURANCE, AL SERVICES SINGAPORE LTD
INSURANCE	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(b)(7)(b). Confirms the Policy to which the Certificate holder is bound is substantially with the provisions of the Motor Vehicle Theft Prevention Act and Consensus, one for Chapter 143 and Part 1 of the Road Transport Act, 1990 (MVA 143).

2014年12月31日
 2014年12月31日

For NTUC Income Insurance Co-operative Limited

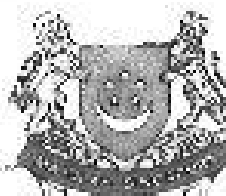
Conversion: 95

Editorial Office:

Chen, 1998, 1999

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S09425791



CHUA HUAY LENG

Race
CHINESE
Date of Birth 27-10-1941 Sex M
Country of Origin
SINGAPORE



NRIC No. S09425791



Religion Date of issue
04 28-12-1995

APT BLK 466 TAMPINES STREET 44 #02-24
SINGAPORE 520466

NRIC No. S09425791

Date: 20-06-2007


No: 5781404

2768260

482-11

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Registration Number: **S09425791**

CHUA HUAY LENG

Birth Date: **27 Oct 1941**

Valid Date: **28 Jan 2012**

00203 /900F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Effective Date
Class 1B	Motorcycles <= 200 cc	11 Aug 1977
Class 2A	Motorcycles between 201 cc and 400 cc	11 Aug 1977
Class 2	Motorcycles > 400 cc	11 Aug 1977
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	27 Jun 1970

NP 428A

Licence No: S09425791

Accident Photo



Accident Photo



Accident Photo



Accident Photo



AUTO MART SUPPLY PTE LTD
10 ANG MO KIO INDUSTRIAL PARK 2A
#05-17 AMK AUTOPOINT
(S) 568047
REG NO : 199902339H
1 DRIVER 2 OTHERS

Accident Photo



Accident Photo



