MVA318103329 / VAC - Kaki Bukit ENTRY DATE & TIME: 10/08/2018 15:39

SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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 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.

- 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 STATEMEN |
|------|-------------------|
| 0/ P | 10/00/2019 15:30 |

Date Of Report 10/08/2018 15:39

Date Of Accident 10/08/2018 09:05

Exact Location Of Accident COMMONWEALTH AVE WEST

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS7436L

Insured/Policyholder

Name Of Registered Owner GEMINI LEASING PTE LTD

Co Reg No 201736431H
Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-86689494

Vehicle Particulars

Manufacturer KIA

Model CARENS-1.7 D DCT 5DR FWD (A)

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
PRIVATE HIRE

Vehicle Category

PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5097388330

Cover Note Number

Driver

Name of Driver LIM TUCK KEONG

 NRIC No
 \$7528088B

 Date Of Birth
 19/09/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/02/1998

Driving Experience 20 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87521196

Fax Number

Contact Number

EMail Address NOEMAIL

Address

26 SIN MING LANE #08-126 MIDVIEW CITY

Postcode

573971

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

YES

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: PANG YUEN XIN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TECK GHEE NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 321 ANG MO KIO STREET 31, POSTCODE: 560321,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4599999 - FAX NO: 64574478

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20180810/2059

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

SKR744L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 17

Insurance Company Name

ERGO INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM TUCK KEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJS7436L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

PANG YUEN XIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJS7436L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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 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)

Lunderstand, 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.
- 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.

E NSING (REG. NO.) PH 201736431H

Palicyholder's Signatura Date & Time fano

Oriver's Signature (If driver is not the policyholder) Date & Time: IDAC KAKI BUKIT(VAC)

Reporting 23 KAKI BUKIT AVE 4 Name: Singapore 415933 Tel: 67416697

NRIC/FIN No.: Fax: 67492305

Email: vackb@singnet.com.sg

CONTRACTOR OF STREET

Common Statement Pg. 1

| SKETCH PLAN | | |
|--------------------------|-------------------------------------|--|
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| DESCRIBE CIRCUMSTANCE | OF THE ACCIDENT | |
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| Refer to poli | ce report. | |
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| ECLARATION | | |
| We as SING pragoing part | iculars are true in every respect. | |
| REG. NO; Th | (bxO) | |
| 201736431H | Xau | IDAC KAKI BUKIT(VAC) |
| olicy bicies Signifure | Driver's Somanine | PRODUCTION CONTINUE AND ADMINISTRATION DESIGNATION |
| ate & Time; | (If draver is not the policyholder) | Name: Singapore 412932 |
| | Date & Time: | NRIC/FIN No.: Tel: 67416097 |
| | | Email: vackb@singnet.com.sg |





Date of Expiry:

Police Station Of Origin:

Teck Ghee NPP

Occupation:

Food Delivery

321 Ang Mo Kio Street 31 SINGAPORE

560321

Tel No: 1800-4599999

Report No. T/20180810/2059

| REPORT (| OF A TRAFFI | CACCIDENT | | | |
|--|--------------------------|------------------------------|---|------------------|--------------------------|
| Date/Time Report Made: 10/08/2018 13:26 | | | Vide Report No.: D/20180810/0039 | | Station Diary No.: 14 |
| Informa | nt's Partic | ulars | CHARLETTIAL TO | | |
| | f Informant: CK KEONG | | Address: APT BLK 81 REDHILL | LANE #06-51 SING | GAPORE 150081 |
| ID Type / ID No.; NRIC NO / S7528088B | | | Contact No.: Home/Office: Mobile: 87521196 | | |
| National | lity: PORE CITIZ | ΈN | Email: | | 8 |
| Sex: Male | Age: | Date of Birth: 19/09/1975 | Type of Informant: Driver | | 10 |
| Race: Chinese | | Language: | Institution | / School Name: | |

Driving Licence Information:

Class: 3

| Type of Accident: | Attended by Police | | Date/Time of Accident: 10/08/2018 09:05 | Type of Location Straight Road | |
|---|-------------------------------------|----------------------|---|---|--|
| Location: Along Road 1 COMMONWE BOON LAY V Lamp Post No | | |) · | * | |
| Weather: Clear | | Road Surface: Dry | 1,550,000,001,000,000 | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | F 1 | Traffic Volume: No Traffic | |
| Type of Collis Moving Vehic | ion: le Against - Parked Vehicle | 1 | | Anyone conveyed by ambulance: Yes | |

| Vehicle No. | Type and the same | Make Maria | Model with | Color - Color | Condition | No of Passenge |
|-------------|-------------------|------------|------------|---------------|----------------------|----------------|
| SJS7436L | Car | | | | Seriously Damaged | 1 |
| SKR744L | Car | | | | Seriously Damaged | (2.2) (3.) |

| Details of Person Involved | 5. 26.30 行往(中元) 5.00 亿年(12.50 代) 隐述(26.56) |
|---------------------------------|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



T/20180810/2059

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Report No. T/20180810/2059

560321 CONTINUATION OF REPORT Tel No: 1800-4599999

| Name | LIM TUCK KEONG | | | ID No. | | S7528088B |
|------------------|----------------------------|------|-------------|--------------------------------------|------------|-----------------------------------|
| Related Vehicle | SJS7436L (Car) | | * | Conta | ct No. | 87521196 |
| Hospital/Clinic | NIL | | | Class Driving Licent Expiry | g ce &. | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL : | - IV Selluntor |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | | |
| 国研测器等均衡 | A STATE OF THE PARTY AND A | 力學的對 | 海水水水 | 400000 | 時關於 | 例如 是 对 |
| Name | LIM SEE WEE | | 12.5% | ID No. | | S7528023H |
| Related Vehicle | SKR744L (Car) | | 3 8 | Conta | ct No. | 91444143 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL | - + 1 |
| No. of Days gran | ted Medical Leave | NIL | Degree of | injury | NIL | |

Brief Details.

On 10/8/18 at about 0905hrs, I was working as a GrabHitch driver and stopped along Commonwealth Avenue West near Lamp Post 65 to prepare to alight my female passenger. Suddenly, I felt a big impact and realized that a car had banged into the rear of my car. I alighted and discovered that a grey Mercedes had banged into my car and the driver apologized to me. I checked with my female passenger and she complained of neck pain and was crying. I then called for ambulance and police. Ambulance conveyed my passenger to NUH and I was given a case card by the Traffic Police ref D/20180810/0039.

I also went to see a doctor and was diagnosed to have a strain/sprain of my upper back, right hand, right knee, and abrasion of my left knee. I was given 3 days MC.





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

3 of 3 Report No. T/20180810/2059

Tel No: 1800-4599999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Signature Of Informant: F/ Sgt 3 ONG KOK CHUAN Signature Of Interpreter: Date/Time: 10/08/2018 13:26 Not applicable Officer In Charge Of Case: Classification Of Case: TP / GIT / 2M 089 Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365 Authentication Stamp NP168