

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 liability.
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	29/10/2018 11:54
Date Of Accident	27/10/2018 13:45
Exact Location Of Accident	18 TAI SENG CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7975U
Insured/Policyholder	
Name Of Registered Owner	LIM FANG WEI
NRIC No	S1744499I
Email Address	FWLIM@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97328775
Alternative Phone No	OTHERS-97328775

Vehicle Particulars

Manufacturer	LEXUS
Model	GS300
Exact Purpose for which vehicle was being used at time of accident	LUNCH WITH MUM
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098871905
Cover Note Number	

Driver

Name of Driver	LIM FANG WEI
NRIC No	S1744499I
Date Of Birth	08/05/1966
Occupation	INDOOR
Date Of Driving Pass	28/06/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97328775
Fax Number	
Contact Number	OTHERS-97328775
Email Address	FWLIM@SINGNET.COM.SG

Address	90 JOO CHIAT AVENUE
Postcode	428196
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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: : MOTHER 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL9262H
Vehicle Make/Model/Colour	KIA SORENTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FABIAN LEOW
NRIC/Passport Number	S7805450F
Contact Number	96818202
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 29/10/18
11:16am

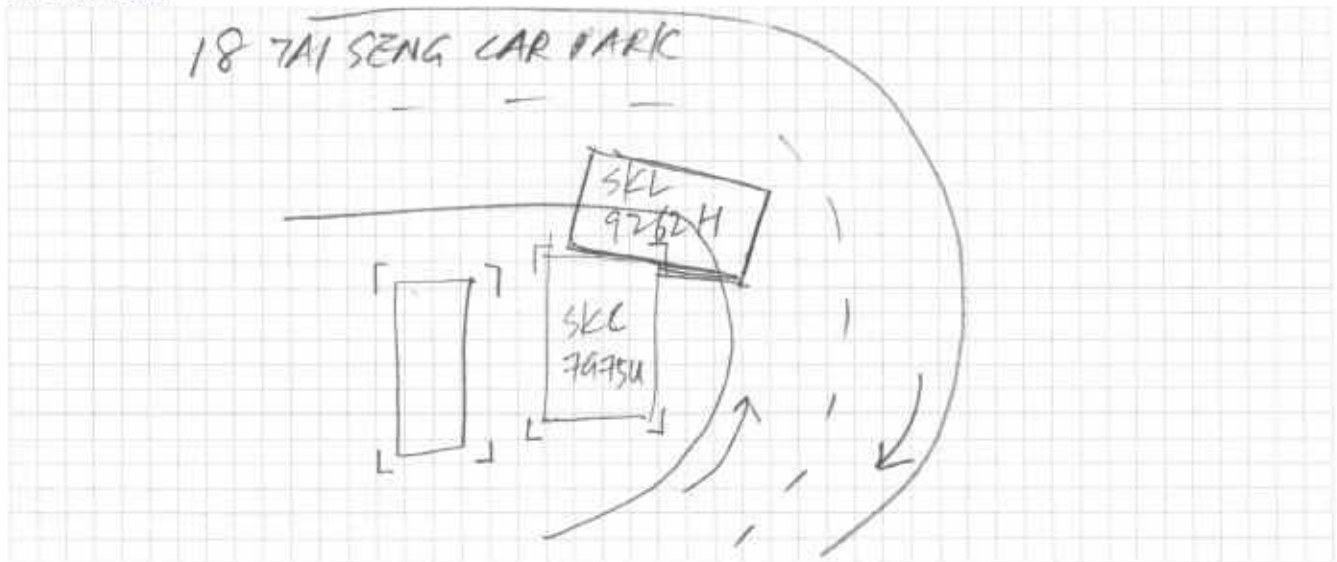
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: 29/10/2018
NRIC/FIN No.: Roshan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① My mum & I were seated in the car ~ 13:43 hrs. Car engine was started but stationary and parked as I was awaiting traffic in the car park to clear before moving off. My head lights were turned on at all times prior to moving out. The car was parked at the last lot nearest the car park ramp coming up.
- ② At 13:44:10, Fabian's car SKL 9262H had turned left from the ramp but came extremely close to the right side of my car. His left side rammed & scraped the right front bumper, causing deformation & dislodged the fog lamp.
- ③ I got off the car & we exchanged personal details to make necessary accident report.
- ④ I have a video of the accident caught on the in-car camera.

DECLARATION

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

Pauline

Policyholder's Signature

Date & Time: 29/10/18
11:16am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/10/2018

Pauline

Claim Handling

Accident MT/1017511

Policy No.	5098871905	Vehicle No.	SKC7975U	GST Registration No.	
Certificate No.					
Policyholder Name	LIM FANG WEI			Policyholder NRIC	S17444951
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	II
Contact No.(Mobile)	97328775	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KF#	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	29/10/2018 12:28	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	29/10/2018	Time of Accident Incomm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	18 TAI SENG CARPARK				

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ Benefits

Coverage		Sum Insured	99999999.99
Transport Allowance			99999999.99
Excess Waiver			

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	90 JOO CHIAT AVENUE	Address 2	SINGAPORE 438196	Address 3	
Address 4		Address Type	Singapore address	Post Code	438196
Unit No.		Related Policy Number	5098871905		

▼ 01 Driver Info

Driver Name	LIM FANG WEI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S17444951	Driver DOB	08/05/1954
Register Date of Driver License	01/01/2016	Driver Age	52	Driving Experience	2
Contact No.(Mobile)	97328775	Contact No.(Office)		Contact No.(Home)	
Address 1	90 JOO CHIAT AVENUE	Address 2	SINGAPORE 438196	Address 3	
Address 4		Address Type	Singapore address	Post Code	438196
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SKC7975U	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No

Modification History

Claim 001


















Claim Type *	OD-MX	Insured Name	LIM FANG WEI	Insured NRIC	S17444951
Contact No.(Mobile)	97328775	Contact No.(Home)	63455076	Contact No.(Office)	
Email Address	fwlm@singnet.com.sg	GI	SKC7975U	TP	SKL921
Claim Description	SKC7975U / SKL921 ON 27 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GA report	Received
Date Registered	29/10/2018 12:32	Claim Close Date		Date Received	29/10/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017511	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/10/2018 12:33
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category	?	Urgency	Description	PC
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 12:33	Photos		Normal	Photos 2018-10-29	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 12:33	Photos		Normal	Photos 2018-10-29	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 12:33	Photos		Normal	Photos 2018-10-29	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 12:33	Photos		Normal	Photos 2018-10-29	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 12:33	Photos		Normal	Photos 2018-10-29	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 12:33	SAS		Normal	SAS 2018-10-29	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 12:33	NRUC/ Driving License		Normal	NRUC/ Driving License 2018-10-29	
Video List						
Uploaded By/Date	Folder Data	File Name	?	Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						

ACCIDENT STATEMENT

ACCIDENT DATE: 27/10/2018 (DD/MM/YYYY), TIME: 13.44 (HH:MM)

LOCATION: 187A1 SENG CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC 7975LL
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5098871905
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS GS300
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LUNCH WITH MUM
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) MSG 27.8200980MY

2. INSURED / POLICY HOLDER

- a) NAME: LIM FANG WEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7444997 CONTACT: 97328775
 c) ADDRESS: 90 JOO CHAT AVE SINGAPORE 42896

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM FANG WEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 08/05/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28/6/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____
 6. WAS ANYBODY INJURED (YES / NO) NO
 7. a) REPORTED TO POLICE (YES / NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKL 9262H MODEL: KIA SORENTO
 b) DRIVER'S NAME: FARIAN LEOW
 c) NRIC/FIN/PASSPORT: S7805450F CONTACT: 96818202 (MSG)

9. THIRD PARTY VEHICLE

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

email = fwlim@singnet.com.sg

fax = 63455076

V1 060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S17444991



Name
LIM FANG WEI


林方偉

Race
CHINESE

Date of Birth
08-05-1966

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S17444991

Name
LIM FANG WEI

Birth Date 08 May 1966

Issue Date 24 May 2003




0433644



NRIC No. S17444991



Blood Group A+ Date of issue 19-07-1992

80 JOO CHIAT AVENUE
SINGAPORE 428186

NRIC No. S17444991 Date: 03-02-2001 No: 3933973

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID UNTIL 26 Jun 1994

NP 425A

Licence No: S17444991



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: 5098871905

Cover : drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKC7975U |
| Chassis Number | : JTHBH96S605070313 |
| 2. Name of Policyholder | : LIM FANG WEI |
| 3. Effective Date of Insurance | : 30 Mar 2018 |
| 4. Expiry Date of Insurance | : 29 Mar 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 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LIM FANG WEI
NAMED DRIVER (1)	: WOON SOOK YI
NAMED DRIVER (2)	: LIM FANG WEI
HIRE PURCHASE COMPANY	: N/A
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 : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 12 Mar 2018 09:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive