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#### 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.
- 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 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.
- 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 ladgement 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

aforesald,	
	ACCIDENT STATEMENT
Date Of Report	29/10/2018 18:52
Date Of Accident	27/10/2018 20:10
Exact Location Of Accident	4 POINTS SHENTON HOTEL 382 , HAVELOCK ROAD
Country/State of Loss	SINGAPORE
图 40 5 5 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1829S
Insured/Policyholder	
Name Of Registered Owner	NG HOCK SENG
NRIC No	S1176059G
Email Address	STEVEN290256@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94300200
Alternative Phone No	OTHERS-94300200
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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

for repair to your vehicle?

If No, Please state action to be taken Vehicle Category THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMPCSN3019551800

Cover Note Number

Driver

 Name of Driver
 NG HOCK SENG

 NRIC No
 \$1176059G

 Date Of Birth
 29/02/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 10/07/1981

Driving Experience 37 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94300200

Fax Number

Contact Number OTHERS-94300200

EMail Address STEVEN290256@YAHOO.COM

Address

50 JALAN PARI KIKIS

Postcode

488580

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

e:

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

5 NO

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

#### **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?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SGF8866B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJV2880D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

SOMPO INSURANCE SINGAPORE PTE, LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SJQ5817U

Vehicle Make/Model/Colour

**Details Of Properties** 

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

SMC4338E

Vehicle Make/Model/Colour

**Details Of Properties** 

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)

#### SKETCH PLAN

# IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
  - 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:
  - 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:

BIC/FIN NO YOU

SLB 18295 E S6F 8866B SJV 28800 SJ648174 SMC 4338E HOTEL DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 20:08 hrs, My which was parked On 27-10-7018 Twolved 5 rehicles. DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Date & Time: GIAJUAC SketchPlanForm, V.)

4 POINTS SHEWTON HOTEL, 382 HAVEWOCK ROAD

SKETCH PLAN

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 27-10-9018 TIME: 20:08 ACCIDENT DATE: 27-10-9018	
LOCATION 4 points stempor Hotel, 382 tavelock	
VEHICLE NUMBER SLB 1929 S	
INSURED NAME NO HOCK SUME, STEWEN	
NRIC/FIN \$ 1760596 CONTA	CT: 94500 200
MAKE HOWDE MODEL VIZAL 1-5XX	
Are you claiming under your own insurance policy for repair to your vehi	cle?
( ) Yes, If No, Pls Select: ( V, ) Third Party ( ) Reporting Onl	ly
INSURANCE COMPANY CHILL	
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PART	Y ( ) TPFT
POLICY NUMBER: DM/CSN30[455] 800	
NAME DRIVER: NO HIXK SONS	( ) SAME AS INSURED
NRIC/FIN \$1/76/596 CONTA	CT: 84300 200
DATE OF BIRTH: 29.02.1656	
DRIVING PASS DATE: 10. M. 1991	
OCCUPATION: ( )INDOOR ( )OUTDOOR	
GENDER: (V)MALE ()FEMALE	
EMAIL ADDRESS: 576VEN 290256@ YANTOO, COM	( ) NO EMAIL
ADDRESS OF DRIVER: 50 July Pan Kikis (488)	580)
Number Of Passenger Include Driver:	
Was driver an employee of the Insured's Company? ( ) YES ( )	NO
If No, Relationship Of The Driver With The Insured	
( Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Childre	n ( ) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	//
Weather Conditions: ( ) Clear ( ) Raining ( ) Drizzlin	ng ( ) Others
Road Surface : ( ) Dry ( ) Wet ( ) Others	/
Was Any Foreign Vehicle Involved In This Accident? ( ) YES	
Was Anybody Injured In The Accident? ( ) YES (✓ ) No	0
If YES, Injured details :	)
Convey By Ambulance: ( ) YES ( V) NO	
A Company of the Comp	NO
	O If Yes Attach Police Report
Police Report Number (if any)	o ii i to minen i once neport
Details Of 3rd Party Name / NRIC	Contact
Veh B SEF 8866B (NTUC)	
Veh C SJV 28800 (SOMP)	
Veh D \$70 5817U	
Veh E SW 4538 E	
Veh F	
Veh G	

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1176059G





Name

NG HOCK SENG



CHINESE Date of birth

M

511780590

29-02-1958 Country/Place of birth

SINGAPORE

6029596

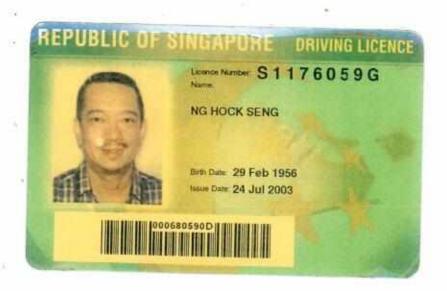




MIC No. S1176059G

24-08-2018

50 JALAN PARI KIKIS SINGAPORE 488580





PASS DATE

Class 3

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

10 Jul 1981

NP 428A

Licence No. S1176059G



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) FTE. LTD.

3 Anson Road #15-00 Springleaf Tower Singapore 079909 Tel: (9389 6111 Fax: 6222 1033 Website: www.sg.cnteiping.com Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency		Class of Policy Issued on			Policy	Number	DM	PCSN3019551800
				I SINGHFORM				
Client	3223513	Acceptance Date	08/03/2018					
Period o	of Insurance	from 01/04/2018	to 31/03/201	9 , both dates	inclusive			
Insured'	s Name		NG HOCK SENG					
	Address.		50 JALAN PAR	IKIKIS				
			SINGAPORE 48	8588				
		VICE PRESIDENT	est (filme accompany).	Participant Tolkholder				
Financia	al interest	UNITED OVERSEAS E	BANK LIMITED	AS HP OWNER				
Premium		Base Annual Premi	.um		5\$3,020.40			
		Less 80th Anniver	csary Discoun	t	S\$80.00-			
		Less 35% Autosafe	a Scheme		S\$1,029.14-			
		No Claim Discount			S\$955.63-			
		Promotion Discour			S\$200.00-	and the second second second	SERVICE OF	DSDD material and Color
		Total Annual Pres	nium	11111111	\$\$755.63			8\$755.6
						Premium Total Du		\$\$52.85 \$\$808.52
						Total Du	ie	55808.54
Risk No.	. 001	MOTOR PRIVATE CAN	R	and the state of t				
			ARTON DAME.	01-04-2016				
		ORIGINAL REGISTRA						
1. Reg	gistration			Make/Model	HONDA VEZEL	1		
Typ	pe of Cover	SLB1829S Comprehensive		Make/Model No. of seats	5	Body Typ	00	
Typ	pe of Cover	SLB1829S Comprehensive L15B4031535		Make/Model		Body Typ	00	SUV 2015/2016
Typ	pe of Cover	SLB1829S Comprehensive L15B4031535		Make/Model No. of seats	5	Body Typ Yr of Ma	e nuf/Regn	2015/2016
Typ Enq Cha	pe of Cover gine No assis No	SLB1829S Comprehensive L15B4031535 RU11111536		Make/Model No. of seats Capacity cc's	5	Body Typ Yr of Ma	00	2015/2016
Typ Enq Cha	pe of Cover gine No assis No m Insured!	SLB1829S Comprehensive L15B4031535 RU11111536 Market value at th	he time of lo	Make/Model No. of seats Capacity cc's	5 1496	Body Typ Yr of Ma	e nuf/Regn	2015/2016
Typ Eng Cha Sun Nan	pe of Cover gine No assis No m Insured med Drivers	SLB1829S Comprehensive L15B4031535 RU11111536 Market value at the	he time of lo	Make/Model No. of seats Capacity cc's	5	Body Typ Yr of Ma	e nuf/Regn	2015/2016
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Typ Enq Che Sun Nan Ado Ex	pe of Cover gine No assis No m Insured.! med Drivers ditional Ex Sect. I - :	SLB1829S Comprehensive L15B4031535 RU11111536 Market value at the Ex Sect. I Other than Named Age <= 25	he time of lo	Make/Model No. of seats Capacity cc's	5 1496 8\$500.00	Body Typ Yr of Ma	e nuf/Regn	2015/2016
Typ Enq Che Sun Nan Add Ex Ex	pe of Cover gine No assis No m Insured.! med Drivers ditional Ex Sect. I - :	SLB1829S Comprehensive L15B4031535 RU11111536  Market value at the Ex Sect. I Other than Named Age <= 25 Age >= 26	he time of lo	Make/Model No. of seats Capacity cc's	5 1496 8\$500.00	Body Typ Yr of Ma	e nuf/Regn	2015/2016
Typ Eng Che Sun Nan Add Ex Ex	pe of Cover gine No assis No m Insured med Drivers ditional Ex Sect. I - : Sect. I - :	SLB1829S Comprehensive L15B4031535 RU11111536 Market value at the Ex Sect. I Other than Named Age <= 25	he time of lo	Make/Model No. of seats Capacity cc's ss ss	5 1496 8\$500.00	Body Typ Yr of Ma	e nuf/Regn	2015/2016

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00 Notwithstanding anything contained to the contrary, we will waive up to the first S\$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC
Owner ID:	6059G
Vehicle Details	
/ehicle No.:	SLB1829S
/ehicle to be Exported:	No
ntended Deregistration Date:	30 Nov 2018
/ehicle Make:	HONDA
/ehicle Model:	VEZEL 1.5X A
Primary Colour:	White
Manufacturing Year:	2015
ngine No.:	L15B4031535
Chassis No.:	RU11111536
Maximum Power Output:	96.0 kW (128 bhp)
pen Market Value:	\$19,780.00
Original Registration Date:	01 Apr 2016
irst Registration Date:	01 Apr 2016
ransfer Count:	0
ctual ARF Paid:	\$9,780.00
ntended PARF Rebate Details	
ARF Eligibility:	Yes
ARF Eligibility Expiry Date:	31 Mar 2026
ARF Rebate Amount:	\$7,335.00
ntended COE Rebate Details	
OE Expiry Date:	31 Mar 2026
OE Category:	A - Car up to 1600cc & 97kW (130bhp
OE Period(Years):	10
P Paid:	\$45,504.00
OE Rebate Amount:	\$33,369.00
otal Rebate Amount:	\$40,704.00

The information contained herein is correct as at 29 Oct 2018