





## 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 19:46
Date Of Accident	28/10/2018 17:30
Exact Location Of Accident	OUTSIDE VIVO CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ9139E
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#### Insured/Policyholder

Name Of Registered Owner	ROBERTS MICHAEL JOHN
Passport No/FIN	G5765934W
Email Address	ELLA.MAGEE@TTS.EDU.SG
Mobile Phone No	(LOCAL) +65-90665720
Alternative Phone No	OTHERS-98595162

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTING CHILDREN HOME/PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5087212570-01
Cover Note Number	

#### Driver

Name of Driver	ELLA JOVITA MAGEE
Passport No/FIN	G0438978L
Date Of Birth	07/04/1980
Occupation	INDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90665720
Fax Number	
Contact Number	OTHERS-98595162
Email Address	ELLA.MAGEE@TTS.EDU.SG

Address 5 WHITCHURCH ROAD  
 Postcode 138813  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 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 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) 7  
 Passenger 1 NAME: : COUSIN  
 GENDER: : FEMALE  
 Passenger 2 NAME: : SON  
 GENDER: : MALE  
 Passenger 3 NAME: : SON  
 GENDER: : MALE  
 Passenger 4 NAME: : DAUGHTER  
 GENDER: : FEMALE  
 Passenger 5 NAME: : FRIEND KID  
 GENDER: : MALE  
 Passenger 6 NAME: : FRIEND KID  
 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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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 SHD2736G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

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. 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.
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: 29<sup>th</sup> Oct 2018

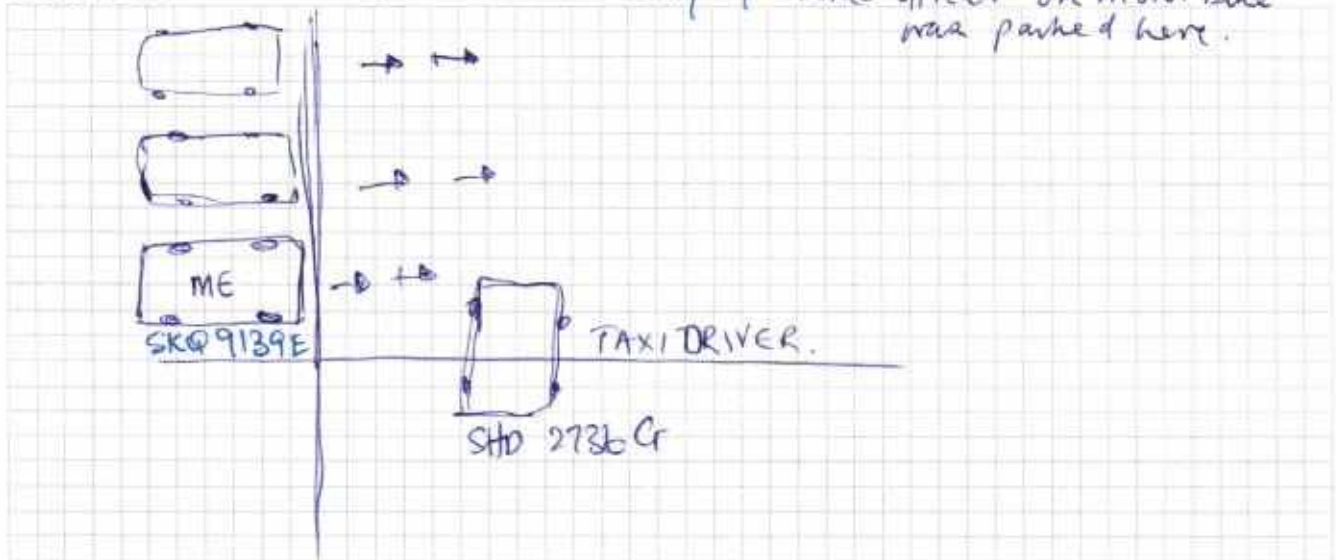
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

# SKETCH PLAN

OUTSIDE VIVO CITY & Police officer on motor bike was parked here.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards a green light, taxi pulled out in front of me. There was very little impact because I slammed on my brakes. No damage to my vehicle, small dent in his although, this may have happened before as his car had many dents. The taxi driver was very aggressive, the police man who was parked near by managed the old man and asked him to stop shouting at me. I gave the old man my phone number and name. I took pictures and the scene of the incident.

## 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: 29<sup>th</sup> October 2018

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



Claim Handling

Accident MT/1017652

Policy No.	507212570-01	Vehicle No.	SKQ9139E	GST Registration No.	
Certificate No.					
Policyholder Name	ROBERTS MICHAEL JOHN	Cover Type	drive CLASSIC	Policyholder NRIC	G5765934W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90663720	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
eRf	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
▼ Accident Details					
Report Date	29/10/2018 20:06	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	29/10/2018	Time of Accident (hh:mm)	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	OUTSIDE VIVO CITY				
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	5 WHITCHURCH ROAD	Address 2	SINGAPORE 138613	Address 3	
Address 4		Address Type	Singapore address	Post Code	138613
Unit No.		Related Policy Number	507212570-01		
▼ OI Driver Info					
Driver Name	ELLA JOVITA NAGEE	Driver Type	Named Driver	Driver DOB	07/04/1960
Unnamed driver Name		Driver NRIC	QD438978L	Driving Experience	3
Register Date of Driver License	01/01/2011	Driver Age	78	Contact No.(Home)	
Contact No.(Mobile)	98595162	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKQ9139E	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mp	Any Injury?	Yes = No		
Modification History					

Claim 001 New

Claim Type *	OD-PX	Insured Name	ROBERTS MICHAEL JOHN	Insured NRIC	G5765934W	
Contact No.(Mobile)	90663720	Contact No. (Home)	N/A	Contact No. (Office)		
Email Address	MICHAEL.ROBERTS@TTB.RDU.SG	Vehicle Number	SKQ9139E	TP Vehicle Number	SHD27	
Claim Description	SKQ9139E / SHD2736G ON 28 Oct 2018				Name of Preferred Workshop	
Preferred Workshop Evaluation	Yes	Insured Liability	Not at Fault	UJA report	Received	
Date Registered	29/10/2018 20:06	Claim Close Date		Date Received	29/10/	
Report Taken By	ROSLI WAHAB					
▼ Print AX letter						
Save Submit						

Attachment

Accident No.	MT/1017652	Claim No.	001
Last Doc Received	Yes No	Upload Date	29/10/2018 20:07
Path =			
Choose File No file chosen	Clear	Category *	Confidential
Choose File No file chosen	Clear	Urgency *	Normal
Choose File No file chosen	Clear	Urgency *	Normal
Choose File No file chosen	Clear	Urgency *	Normal
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Choose File No file chosen	Clear	Urgency *	Normal
Message Read			
▼ Attachment List			

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
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Photos 2018-10-29

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

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NRIC/ Driving License

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NRIC/ Driving License 2018-10-29

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 29 Oct 2018 20:06

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-29

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 29 Oct 2018 20:06

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SAS 2018-10-29

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading



## ACCIDENT STATEMENT

ACCIDENT DATE: 28/10/2018 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: outside vivacity

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ9139E  
b) INSURANCE COMPANY: NTUC INCOME INSURANCE COMPANY  
c) POLICY NUMBER: 5087212570  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA WISH  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORTING CHILDREN HOME / LEISURE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

Cousins 1 (F)  
1 son  
1 daughter  
FRAND: B/G

### 2. INSURED / POLICY HOLDER

- a) NAME: MICHAEL ROBERTS (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G5765934N CONTACT: 90665720  
c) ADDRESS: 5 Whitchurch Road, Singapore, 138813

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ELLA MAGEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G0438978L CONTACT: 98595162  
c) ADDRESS: 5 Whitchurch Road Singapore, 138813

\* No of passengers  
(including driver)  
(2)

\* d) DATE OF BIRTH: 07/04/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) TEACHER

f) YEARS OF DRIVING PASS 21 years

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) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) - Although Police man was present.  
IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 2736 G MODEL: TOYOTA  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(  )

\* No of passenger  
(including driver)  
(  )

email = Ella.magee@tts.edu.sg  
VIDEO



FIN G0438978L



Name \_\_\_\_\_

ELLA JOVITA MAGEE

Date of Birth

07-04-1980

Sex

F

Nationality

BRITISH

G0438978L

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

PASSPORT  
PASSEPORT

Type/Type

P

Code/Code

GBR

PASSPORT NO. PASSPORT NO.

500787074

Surname, Vorname (1)

MAGEE

Given names/Prénom(s) (2)

Nationality/Nationalité (3)

Nationality/Nationalité (3)  
BRITISH CITIZEN  
Occupation (4)

Date of birth/Date de naissance (4)

07 APR / AVR 80

07 APR / AVR 68  
Sex/Sexe (15) Place of birth/Lieu de naissance (B)

F DOUGLAS

Date of issue/Date de délivrance (F)

08 DEC /DÉC 11

Date of expiry/Date of expiration (R)

08 SEP / SEPT 22

Authority: Automatic (E)

IPS

IPS  
Holder's signature/Signature du titulaire (10)

[illegible]

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REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of ELLA JOVITA MAGEE

License Number: G0438978L

Name: ELLA JOVITA MAGEE

Birth Date: 07 Apr 1960

Issue Date: 23 Feb 2015

Valid Till: 22 Feb 2020

Barcode: 002396274D

Small circular logo with '20' in the bottom right corner.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	VEHICLE CLASS	EFFECTIVE DATE
Class 3	Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg	09 Feb 2010

Barcode: Licence No: G0438978L

NP 428A





MINISTRY OF  
MANPOWER

## EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

TANGLIN TRUST SCHOOL LIMITED



Name

ROBERTS MICHAEL JOHN

FIN

G5765934W

G5765934W

K0692820



**VISIT PASS**  
Immigration Regulations

16-08-2018

Name  
**ROBERTS MICHAEL JOHN**

FIN  
**G5765934W**

Date of Birth  
**12-09-1974**

Sex  
**M**

Nationality  
**BRITISH**



Download SGWorkPass  
App to check status



**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





## 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:** 5087212570

**Cover :** drivo CLASSIC

- |   |                        |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKQ9139E             |
| Chassis Number  | : ZGE200034503         |
| 2. Name of Policyholder   | : ROBERTS MICHAEL JOHN |
| 3. Effective Date of Insurance  | : 06 Jan 2017          |
| 4. Expiry Date of Insurance   | : 11 Apr 2018          |
| 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)	: S\$600
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ROBERTS MICHAEL JOHN
NAMED DRIVER (1)	: ELLA JOVITA MAGEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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)

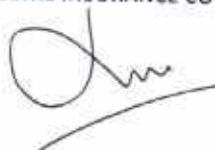
Agency : JIN-SHI (HOLDINGS) PTE LTD (00000614399)  
Date of Issue : 06 Jan 2017 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive