

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	01/11/2018 13:27
Date Of Accident	31/10/2018 00:15
Exact Location Of Accident	ALONG TRYWITT ROAD TOWARDS LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL8550S
Insured/Policyholder	
Name Of Registered Owner	SIM LEE HENG INVESTMENT P/L
Co Reg No	198105690E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82641773
Alternative Phone No	OFFICE-82641773

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5062677842-04
Cover Note Number	

Driver

Name of Driver	LIM WEE MING
NRIC No	S6936686D
Date Of Birth	22/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82641773
Fax Number	
Contact Number	OTHERS-82641773
EMail Address	NOEMAIL

Address	BLK 116 ANG MO KIO AVENUE 4 #08-429
Postcode	560116
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	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)	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

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	SLP4297H
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

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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.

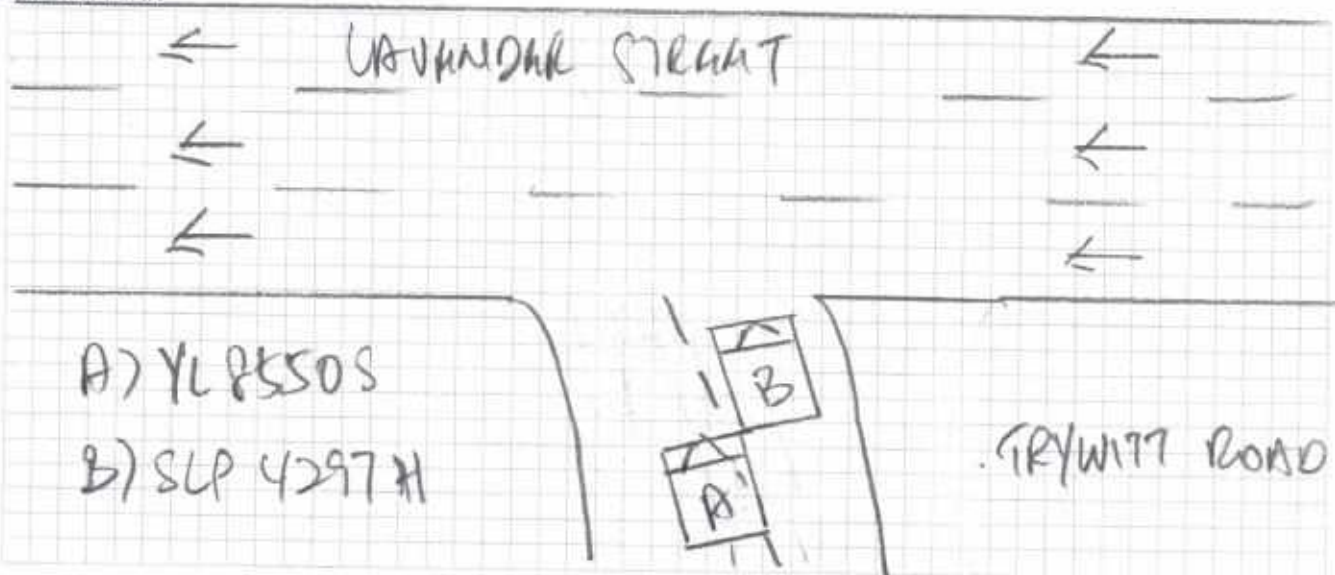
JIN LEE HENG INVESTMENT PTE LTD.
32, JALAN KILANG BARAT
(OFF JALAN BUKIT MERAH)
SINGAPORE 150384

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Resli*
NRIC/FIN No.: *10111/2018*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

one 31/10/2018 AT ABOUT 2 I WAS AT TRYWITT ROAD
 & WANTED TO TURN ON TO LAVANDER STREET I WAS DRIVING
 YL 8550 S & A CAR SLP 4297 H WAS TURNING LEFT & I
 WAS SLIGHTLY OFF CENTRE & MY Lorry IN THE PATH LEFT OF
 THE SAID CAR THAT ALL

DECLARATION

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

THE LEE HONG INVESTMENTS PTE LTD
 32, JALAN KILANG BARAT
 (OFF JALAN BUKIT MERAH)
 SINGAPORE 150054

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.:

Claim Handling

Accident HT/1018144

Policy No.	5062672842-04	Vehicle No.	VL85505	GST Registration No.	M200446674
Certificate No.					
Policyholder Name	SIM LEE HENG INVESTMENT P/L	Policyholder NRIC	198105650E		
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	82641773	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFE	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	02/11/2018 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	31/10/2018	Time of Accident (hh:mm)	00:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TRYWITT ROAD TOWARDS LAVENDER STREET				
Excess					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefit					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200446674	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	32 JALAN KILANG BARAT	Address 2	KEWALRAM HOUSE	Address 3	SINGAPORE 159364
Address 4		Address Type	Singapore address	Post Code	159364
Unit No.		Related Policy Number	5014856082-01		
Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM WEE MING	Driver NRIC	509366850	Driver DOB	22/10/1989
Register Date of Driver License	05/10/2017	Driver Age	49	Driving Experience	1
Contact No.(Mobile)	82641773	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 116 #08-429	Address 2	ANG MO KEO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560116	Address Type	Foreign address	Post Code	560116
Unit No.	08-429				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	VL85505	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Modification History

Claim 001

New

Claim Type *	OG-MX	Insured Name	SIM LEE HENG INVESTMENT P/L	Insured NRIC	198105650E
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	827001
Email Address		OT		TP	
Claim Description		Vehicle Number	VL85505	Vehicle Number	SLP421
Preferred Workshop		Name of Preferred Workshop			
Insured Liability	Fully at Fault				
Preferred Workshop	Name unknown				
GA report	Received				
Date Registered	02/11/2018 12:14	Claim Close Date		Date Received	02/11/2018
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	HT/1018144	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/11/2018 12:14
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desc
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUNIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 02 Nov 2018 12:14		Photos	Normal	Photos 2018-11-2	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	Photos	Normal	Photos 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 12:14	SAS	Normal	SAS 2018-11-2

Video List

Uploaded By/Date	Folder Data	File Name		Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 31/10/2018 (DD/MM/YYYY) TIME: 00 (HH:MM)

LOCATION: TRYMUN ROAD TURN LEFT TO LAUNDRY ST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL 85505
b) INSURANCE COMPANY: NMC
c) POLICY NUMBER: 5067677
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI CANZAR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82641773
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING PASS

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SUP 4297H MODEL: _____
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: _____

email =

VIDEO

Fax 62700980

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6936686D



Name
LIM WEE MENG

林 伟 明

Race
CHINESE

Date of birth
22-10-1969

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S6936686D**

NAME

LIM WEE MENG

Birth Date: **22 Oct 1969**

Issue Date: **30 Dec 2016**



3742200



NRIC No: **S6936686D**



Date of issue
16-07-2005

APT BLK 116 ANG MO KIO AVENUE 4 #08-428
SINGAPORE 560118

NRIC No: **S6936686D**

Date: **10/09/2017**

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

EFFECTIVE DATE

Class 3A	Motor cars without clutch pedals ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles without clutch pedals ≤ 2500 kg	30 Dec 2016
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg	30 Dec 2017

S6936686D

S / No. 9000302932

NP 428A



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 : 5062677842-04

Cover : Third Party

- | | |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YL85505 |
| Chassis Number | : FB511BA46753 |
| 2. Name of Policyholder | : SIM LEE HENG INVESTMENT P/L |
| 3. Effective Date of Insurance | : 23 Nov 2017 |
| 4. Expiry Date of Insurance | : 22 Nov 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.
 (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : PRO-LINK INSURANCE AGENCY (00000571869)
 Date of Issue : 31 Oct 2017 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive