



## 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	14/01/2019 13:38
Date Of Accident	14/01/2019 09:05
Exact Location Of Accident	PIE TWDS CHANGI B4 ENG NEO EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD6822D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YES CAR LEASING PTE. LTD.
Co Reg No	201426231K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96827111
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PREVIA 8 SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072644775-04
Cover Note Number	-
<b>Driver</b>	
Name of Driver	KOH SEE KAW
NRIC No	S1592805J
Date Of Birth	04/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1983
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97297769
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 353 WOODLANDS AVE 1 #05-757
Postcode	730353
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN GENDER: : MALE

#### 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 ATTACHED STATEMENT.

#### 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	SLZ6230J
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

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:

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

### SKETCH PLAN

PIE towards Change Before Eng New Exh

A - SKD 6427D  
B - SLZ 6230J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Rte towards Chang on the 4<sup>th</sup> lane of a 6-lane, expressing Southbound before Exit 100, when I saw a vehicle (Veh A) that was traveling on the 5<sup>th</sup> lane, suddenly started to right without any <sup>signal</sup> ~~flag~~ <sup>mine</sup> causing the right rear portion of my vehicle to hit into the front left portion of my vehicle. After the impact, Veh A did not stop and I gave chase for some 100 ft before merging to stop Veh A driver.

A - SKD 6822P

B- SLZ 62307

## 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:

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

<b>Vehicle No.</b>	3K0 69220		Model / Make	Toyota Peria
<b>Date of Accident</b>	14/1/19			
<b>Time of Accident</b>	9.05 am HRS			
<b>Location of Accident</b>	PTE Islands Charge before Eng Neo Exit			
<b>Exact purpose use during accident</b>	Pte 8705 use			
<b>Name of Owner</b>	Yes for leaving etc Ltd			
<b>Telephone No.</b>	H/P: 96827111	Home:	Office:	
<b>NRIC</b>	201426281K			
<b>Address</b>	210, Turf Club Rd, #B-21, Lot-521, The Grandstand			
<b>Claim type</b>	OD	(THIRD PARTY)	REPORTING ONLY	S(287995)
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	(Comprehensive)	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	507264475-04			
<b>Name of Driver</b>	As Above If No, Koh See Kow			
<b>NRIC</b>	S1592805J		Any Passengers: 01 (male)	
<b>Date of birth</b>	04/7/1963			
<b>Occupation</b>	(Outdoor)	/	Indoor	
<b>Driving License Pass Date</b>	26/9/1983			
<b>Gender</b>	(Male)	/	Female	
<b>Contact No.</b>	H/P: 97297769	Home:	Office:	
<b>Address</b>	B1C 353, Westlakes Ave 1, #05-757, JCT 30-253			
<b>Driver have any own vehicle</b>	(No)	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state driver		
<b>Weather condition</b>	(Clear)	Raining	Other	
<b>Road Surface</b>	(Dry)	Wet	Other	
<b>Any Injuries</b>	(No)	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	S1E 6230J		Any Passengers: Nil	
<b>Name of Driver</b>	-		Contact No.:	
<b>Vehicle C No.</b>			Any Passengers: -	
<b>Vehicle D No.</b>			Any Passengers:	
<b>Vehicle E no.</b>			Any Passengers:	
<b>Vehicle F No.</b>			Any Passengers:	
<b>Vehicle G No.</b>			Any Passengers:	
<b>Witness Name</b>			Witness Contact:	
<b>Accident Portion</b>	Front Left Side			
<b>Camera Recorder</b>	Yes (No)			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	Tatara Automotive Sdn Bhd		(N51)	
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Kwong			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1592805J**  
 Name **KOH SEE KAW**

Birth Date: **04 Jul 1963**  
 Issue Date: **10 Jul 2003**

000644759J

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1592805J**



Name  
**KOH SEE KAW**

許時葵

Race  
**CHINESE**

Date of birth  
**04-07-1963**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

S1592805J

Land Transport Authority

**VOCATIONAL LICENCE**  
 Licence No : **S1592805J**  
 Name : **KOH SEE KAW**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

Class	Description	PASS DATE
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Sep 1983
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	08 Aug 1991

NP 428A

Licence No. **S1592805J**

5973861

**Barcode**

NRIC No **S1592805J**

**Fingerprint**

Date of issue  
**06-07-2018**

Address  
**APT BLK 353 WOODLANDS AVENUE 1  
 #05-757  
 SINGAPORE 730353**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/05/2018



## 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:** 5072644775-04

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKD6822D**  
 Chassis Number : JTEGD52M90A28790
2. Name of Policyholder : YES CAR LEASING PTE. LTD.
3. Effective Date of Insurance : 06 Dec 2018
4. Expiry Date of Insurance : 05 Dec 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE LTD
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
 Date of Issue : 07 Sep 2018 18:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1027738

Policy No.	5072644775-04	Vehicle No.	SKD6822D	GST Registration No.	
Certificate No.					
Policyholder Name	YES CAR LEASING PTE. LTD.			Policyholder NRIC	201421
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96827111	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement[%]	0	Private Hire	Yes

## Accident Details

Report Date	14/01/2019 19:06	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	14/01/2019	Time of Accident hh:mm	09:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGLI B4 ENG NEO EXIT				

## Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#LOT-B21	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	287991
Unit No.	LOT-B21	Related Policy Number	5067647906-04		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH SEE KAW	Driver NRIC	S15928053	Driver DOB	04/07/
Register Date of Driver License	26/09/1983	Driver Age	55	Driving Experience	35
Contact No.(Mobile)	97297769	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 353 #05-757	Address 2	WOODLANDS AVENUE 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	730351
Unit No.	05-757				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	YES CAR LEASING PTE. LTD.
Contact No.(Mobile)		Contact No. (Home)	64635155
Email Address		OI Vehicle Number	SKD6822D
Claim Description	SKD6822D / SLZ6230J ON 14 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	14/01/2019 19:09
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

## Attachment

Accident No.

Claim No.

901

☒ Yes ☐ No

Upload Date

14/01/2019 19:12








Pathy •

[illegible]

Mosses Dead

▼ Attachment List

[illegible]

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:12	SAS	Normal	SAS 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:12	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:11	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:11	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:11	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:11	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:11	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:09	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:09	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:09	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:09	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:09	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:09	Photos	Normal	Photos 2019-1-14

▼ Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	---	--------

☐ Display in New Window

Scan and uploading