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TP Insurer:			to Owner/Wksp			
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	71121720	INC ()/Non-INC	()		
Owner / Driver: (JN 31 67 R.		Tel:)	
	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time)	
Insured/Driver Liability: (%) [N	ote-Est. Status (V	VO): N: 0-2	0%; P: 21-79%	. P: 80-10	00%]	
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1) Apply for Transfort Allowance ()/Co	urtesy Car ()				
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3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		لل نند		
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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.
- 3. 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.
 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 19:29
Date Of Accident	12/01/2019 02:00
Exact Location Of Accident	BEDOK NORTH RD JUNC WITH BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR2240Y
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE. LTD.
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090735902-01
Cover Note Number	S. Constitution of the con
Driver	
Name of Driver	LIM CHONG HWEE RICHARD (LIN ZONGHUI)
NRIC No	S7237672B
Date Of Birth	16/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91550371
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 977 JURONG WEST ST 93 #09-357

Postcode 640977

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 - CROSS JUNCTION

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?

YES

Was any injured conveyed to hospital by

NO

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:

: WEIJIAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4428999 - FAX NO: 62447678

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SJN3167R

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 INJURED PERSON 1

Name

LIM CHONG HWEE RICHARD (LIN ZONGHUI)

Approximate Age

Injuries Sustain

SHOULDER SJR2240Y

Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

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.
- 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.
- 5. 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:
 - (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.

PH Suises

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 .:

		SJR 224
		SJN 316
10%	A 8	
servoir Rd	1	
A A	A P P Bedok Worth Rd	
DESCRIBE CIRCUMSTANCE	2 07/	
Please	Refer to Police Report	
1.6656	Refer to Police Report	
	the state of the s	
DECLARATIONS AN		
DECLARATION H	ticulars are true in every respect.	
DECLARATION® H	ticulars are true in every respect.	

Date & Time:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 1 / 19)(DD/MM/YYYY), TIME: (02 : 02	_)(HH:MM)
LOCATION: Bedok Worth Rd Junction of Bedok	Reservoir
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 538 2240 Y.	
b)INSURANCE COMPANY:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIF	RE &THEFT)
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER	10 1000 (1000)
A)NAME: H & H. (MALE / F b)NRIC/FIN/PASSPORT: CONTACT:	
c) ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER THE PRISON OF PRIS	
(Including driver) a)NAME: Lim chang Huce Michard (MALE / FE (2) b)NRIC/FIN/PASSPORT: CONTACT: 915 C)ADDRESS:	
*d) DATE OF BIRTH: (/)(DD/MM/YYYY)	
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	*1
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YI IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ES/NO) Grer.
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) Priver - only 7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION: Marine Part	ade NPC
(Including driver) b) DRIVER'S NAME: SJN 3167 R. MODEL:	
c) NRIC/FIN/PASSPORT:CONTACT:	
No of passanger at Dente Planter and Model:MODEL:MODEL:MODEL:	***
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:	
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ling chop	
VIDEO = No	





1 of 4

Report No. T/20190113/2027

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/01/2019 10:36		31

13/01/20	113 10.50				
Informa	nt's Partic	ulars	to any other property of the	电路外线器或三大	
Name of Informant: LIM CHONG HWEE RICHARD		Address: APT BLK 977 JURONG WEST ST 93 #09-357 SINGAPORE 640977			
	ype / ID No.: C NO / S7237672B		Contact No.: Home/Office: Mobile: 91550371		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age:	Date of Birth: 16/10/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2019 02:00	Type of Location X-Junction	
BEDOK NOR BEDOK RES	ERVOIR ROAD	tion of Bedok Reservoir F	Road	Road Speed Limit:	
Clear Dry					
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJN3167R	Car	HYUNDAI		Black		0
SJR2240Y	Car	TOYOTA	Wish	Black		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20190113/2027

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver				-10-5		alan days
Name	MOHAMED ISWANDI BIN MOHAMED KAMARUDDIN			ID No	•	S9247373B
Related Vehicle	SJN3167R (Car)		Contact No.		92352586	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver	A CONTRACTOR OF THE PARTY OF TH		AND SHIP LINE			Man the Man was
Name	LIM CHONG HWEE RICHARD			ID No.		S7237672B
Related Vehicle	SJR2240Y (Car)			Contact No.		91550371
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2019 Date Dis		Date Disch	narge	13/01	/2019
	ted Medical Leave	07	Degree of			
Passenger	计上数字字符					
Name	WEIJIAN			ID No	20	NIL
Related Vehicle	SJR2240Y (Car)			Contact No.		81637510
Hospital/Clinic	NIL		- 93	Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	/_1000
	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

I am currently working as a Go-Jek driver and on the 12/01/2019 at about 0200hrs, I was travelling along Bedok North Road with a passenger inside my car. When I was approaching the junction of Bedok Reservoir Road, the traffic light showed green so I proceeded to drive ahead across the junction. However, when I was at the junction, another car from the opposite direction turned right to turn into Bedok Reservoir Road and it collided into the rear right side of my car.

My passenger and I were fine at that time and the other driver was not injured also. The rear right door of my car was dented as a result. We exchanged particulars and left the location. Today on the 13/01/2018, after I woke up from sleep, I felt pain from my shoulder so I went to see the doctor and he gave me 7 days of MC due to the accident.





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3 of 4 Report No. T/20190113/2027

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 4 of 4 Report No. T/20190113/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt SYED FAIZ BIN SYED SHAMSHUDIN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	13/01/2019 10:36
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	
Contact No.: 65476204	
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7237672B



Name

LIM CHONG HWEE RICHARD (LIN ZONGHUI)

林 i

4

Hace CHINESE

16-10-1972 Country of birth SINGAPORE









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

25/05/2018





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND (OMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND (OMPENSATION) RULES 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	1,1000
MOTOR VEHICLES (THIRD PARTY RISKS) RULE	S 1050 (MANIAVCIA)

ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959	(MALAYSIA)
Certificate Number: 5090735902-01	Cover : drive CLA

1. Index mark and Registration Number of Vehicle

: SJR2240V

Cover : drivo CLASSIC

Chassis Number

: ZGE200004823

2. Name of Policyholder

: H & H RENTAL & LEASING PTE. LTD.

3. Effective Date of Insurance

: 28 Mar 2018

4. Expiry Date of Insurance

: 27 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 Usell

(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.

The state of the s
: 5\$2,000
: \$\$1,500
: S\$100
N/A (& UIA)
PLEASE REFER OVERILA
: NO
: YES
: NO
: NO
: NO
: N/A
: N/A
: N/A
: MAYBANK

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

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

SUM INSURED

: 26 Mar 2018 09:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive

1/14/2019 Claim Handling Policy No. Certificate No.

premium on this policy has not been collected. Accident MT/1027762 5090735902-01 Vehicle No. SJR2240Y GST Registration No. H & H RENTAL & LEASING PTE, LTD, Policyholder Name Policyholder NRIC 201703 Product Code FLEET INSURANCE Cover Type drivo CLASSIC Contact No.(Mobile) 97234411 Contact No. (Office) Contact No.(Home) Email Address Special Remark eCode. No * + No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) 0 Private Hire Yes Accident Details Report Date 14/01/2019 19:46 Accident Report Within 24 hrs Ves Accident Type Collisio Date of Accident 12/01/2019 Time of Accident hh:mm 02:00 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location BEDOK NORTH RD JUNC WITH BEDOK RESERVOIR RD ♥ 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 Yes Modification History Policyholder Mailing Address 61 UBI AVENUE 2 Address 2 #04-12 AUTOMOBILE MEGAMAR Address 3 SINGA Address 4 Address Type Singapore address Post Code 408891 Unit No 04-12 Related Policy Number 5104976511 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name LIM CHONG HWEE RICHARD (LI Driver NRIC 57237672B Driver DOB 16/10/ Ragister Date of Driver License 12/12/2003 Driver Age Driving Experience 15 Contact No.(Mobile) 91550371 Contact No.(Office) Contact No.(Home) Address 1 BLK 977 #09-357 Address 2 JURONG WEST STREET 93 SINGAL Address 4 Address Type Singapore address Post Code 64097 Unit No. 09-357 Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test 0 mg Any injury? · Yes No Reading Modification History Claim 001 New Claim Type * Name H & H RENTAL & LEASING PTE. OD-MX Contact No. (Home) Contact No.(Mobile) OI Email Address Claim Description SJR2240Y / SJN3167R ON 12 Jan 2019 Preferred Preference Liability Not at Fault Workshop Bonuest No. Yes Finalisation • GIA eport Received Preferred Workshop, Name unknown Claim Close Date Date Registered 14/01/2019 19:49 Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment Claim No. https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

MT/1027762 Last Doc. Received Upload Date Yes No 14/01/2019 19:51 Path * Category * Confidential Urgency * * NO Choose File No file chosen ▼ Normal Clear Please Select Choose File No file chosen * NO ▼ Normal Clear Please Select Choose File No file chosen Clear Please Select * NO * Normal Choose File No file chosen Clear Please Select * NO Normal Choose File No file chosen * NO * Normal * Clear Please Select Choose File No file chosen * NO Clear Please Select ▼ Normal Message Read Attachment List Attachment 9 Uploaded By/Date Category Urgency Description

		39 53		
e Toron	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14
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₩	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:49	Photos	Normal	Photos 2019-1-14
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:49	Photos	Normal	Photos 2019-1-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:49	Photos	Normal	Photos 2019-1-14
6	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:49	Photos	Normal	Photos 2019-1-14
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