





## 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   | 16/01/2019 17:32                       |
| Date Of Accident   | 16/01/2019 10:15                       |
| Exact Location Of Accident   | KAMPONG BAHRU RD TRAFFIC JUNC          |
| Country/State of Loss  | SINGAPORE                              |
| DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | YK8460Z                                |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | GEK HO PTE LTD                         |
| Co Reg No  | 201224357R                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-63483239                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | MITSUBISHI                             |
| Model  | FUSO FK617MJ                           |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                                |
| 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                     |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5075675218-02                          |
| Cover Note Number  | -                                      |
| <b>Driver</b>  |  |
| Name of Driver   | CHOO TENG HAI                          |
| NRIC No  | S1195696C                              |
| Date Of Birth  | 18/11/1955                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 20/02/1978                             |
| Driving Experience   | 40 YEARS AND 10 MONTHS                 |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-96170950                   |
| Fax Number   |  |
| Contact Number   |  |
| EMail Address  | NOEMAIL                                |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 6 BEDOK SOUTH AVE 2 #14-346 |
| Postcode  | 460006                          |
| 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   | 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?   | 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)   | 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

I WAS AT THE TRAFFIC JUNC OF KAMPONG BAHRU RD WAITING TO TURNING INTO PSA BUILDING. WHEN THE TURNING ARROW LIGHT TURN GREEN, I PROCEED TO TURNING RIGHT INTO PSA BUILDING, WHILE HALF WAY TURNING, SUDDENLY I FELT AN IMPACT FROM RIGHT SIDE. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SGK5378L) FROM BEHIND HIT ONTO MY VEH RIGHT REAR PORTION.

#### 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         | SGK5378L    |
| 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

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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.

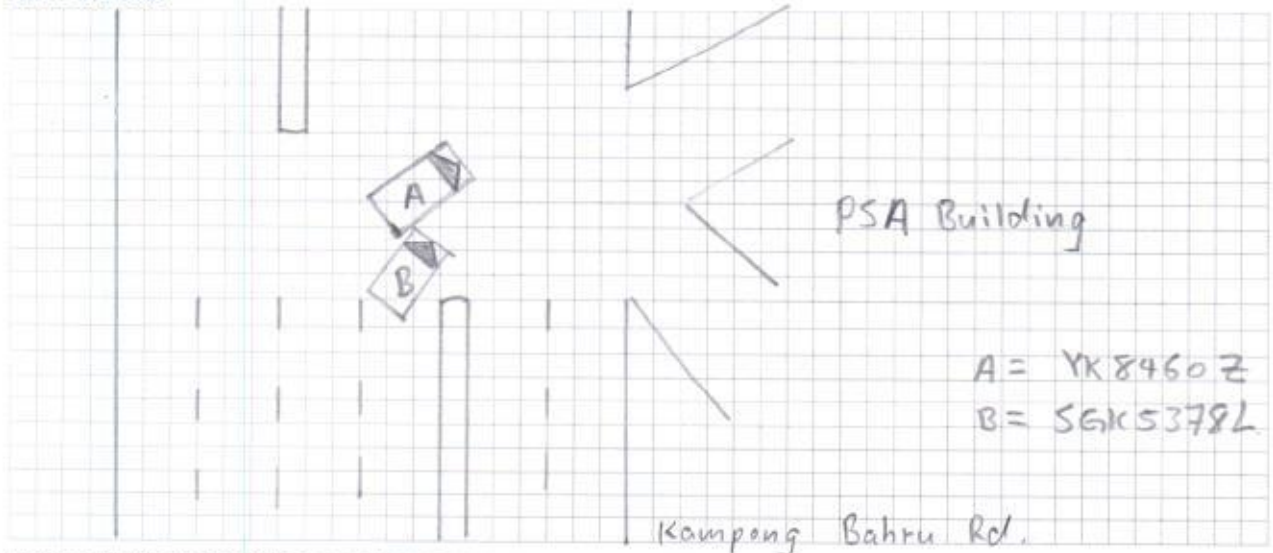


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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:

朱廷河

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

Handwritten signature of Reporting Centre Personnel.





## 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 :** 5075675218-02

**Cover :** Third Party, Fire & Theft

- |  |                  |
|--|------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>YK8460Z</b> |
| Chassis Number   | : FK617MB00284   |
| 2. Name of Policyholder  | : GEK HO PTE LTD |
| 3. Effective Date of Insurance   | : 01 May 2018    |
| 4. Expiry Date of Insurance  | : 30 Apr 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.<br>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       | : YES   |
| HIRE PURCHASE COMPANY | : EFIZZIG CREDIT PTE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)  
Date of Issue : 23 Apr 2018 10:05 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



## Claim Handling

Accident MT/1028186

|   |  |                               |   |                        |          |
|---|--|-------------------------------|---|------------------------|----------|
| Policy No.                              | 5075675218-02                                      | Vehicle No.                   | YK8460Z   | GST Registration No.   |          |
| Certificate No.                         |  |                               |   |                        |          |
| Policyholder Name                       | GEK HO PTE LTD                                     |                               |   | Policyholder NRIC      | 20122    |
| Product Code                            | COMMERCIAL VEHICLE INSURAN                         | Cover Type                    | Third Party, Fire & Theft                                     | Loading                | 0        |
| Contact No.(Mobile)                     | NA   | Contact No.(Office)           | 63483239  | Contact No.(Home)      |          |
| Email Address                           |  | Special Remark                |   | eCode                  | No       |
| KFK                                     | <input type="radio"/> No <input type="radio"/> Yes | TCA                           | <input type="radio"/> No <input type="radio"/> Yes            | eCode Reason           |          |
| NCD Protection                          | No   | NCD Entitlement(%)            | 15  | Private Hire           | No       |
| ▼ Accident Details                      |  |                               |   |                        |          |
| Report Date                             | 17/01/2019 09:47                                   | Accident Report Within 24 hrs | Yes   | Accident Type          | Collisio |
| Date of Accident                        | 16/01/2019   | Time of Accident hh:mm        | 10:15   | Country of Accident    | Singap   |
| Reporting Centre                        |  | Orange Force                  |   | ICM No.                |          |
| Accident Location                       | KAMPONG BAHRU RD TRAFFIC JUNC                      |                               |   |                        |          |
| ▼ Excess                                |  |                               |   |                        |          |
| Own damage Excess                       |  | Additional Excess             |   | Windscreen Excess      |          |
| Unnamed Driver Excess                   |  | Outside Singapore OD Excess   |   |                        |          |
| Third Party Excess                      |  | Outside Singapore TP Excess   |   |                        |          |
| ▼ Benefits                              |  |                               |   |                        |          |
| Coverage                                |  | Sum Insured                   |   |                        |          |
| Third Party Working Risk                |  | 99999999.99                   |   |                        |          |
| ▼ GST Registered Information            |  |                               |   |                        |          |
| GST Registered                          | No   | GST Registration Date         |   |                        |          |
| GST Registration No.                    |  | GST Status Verified           |   | Yes                    |          |
| Modification History                    |  |                               |   |                        |          |
| ▼ Policyholder Mailing Address          |  |                               |   |                        |          |
| Address 1                               | BLK 3016 #02-147                                   | Address 2                     | UBI ROAD 1  | Address 3              | SINGA    |
| Address 4                               |  | Address Type                  | Singapore address   | Post Code              | 40870    |
| Unit No.                                | 02-147   | Related Policy Number         | 5100996080  |                        |          |
| ▼ OI Driver Info                        |  |                               |   |                        |          |
| Driver Name                             | Unnamed Driver                                     | Driver Type                   | Unnamed Driver  |                        |          |
| Unnamed driver Name                     | CHOO TENG HAI                                      | Driver NRIC                   | S1195696C   | Driver DOB             | 18/11/   |
| Register Date of Driver License         | 20/02/1978   | Driver Age                    | 63  | Driving Experience     | 40       |
| Contact No.(Mobile)                     | 96170950   | Contact No.(Office)           |   | Contact No.(Home)      |          |
| Address 1                               | BLK 6 #14-346                                      | Address 2                     | BEDOK SOUTH AVENUE 2  | Address 3              | SINGA    |
| Address 4                               |  | Address Type                  | Singapore address   | Post Code              | 46000    |
| Unit No.                                | 14-346   |                               |   |                        |          |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input type="radio"/> | Driver Vehicle No.            |   | Driver Insurer Company |          |
| Declaration                             |  |                               |   |                        |          |
| Breathalyser or Blood Test Reading?     | 0 mg   | Any injury?                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |          |

Modification History

Claim 002 New

|   |                                   |                         |                                  |
|---|-----------------------------------|-------------------------|----------------------------------|
| Claim Type *  | OD-MX                             | Insured Name            | GEK HO PTE LTD                   |
| Contact No.(Mobile)                                 |                                   | Contact No.(Home)       |                                  |
| Email Address                                       |                                   | OI Vehicle Number       | YK8460Z                          |
| Claim Description                                   | YK8460Z / SGK5378L ON 16 Jan 2019 |                         |                                  |
| Preferred Workshop                                  | Insured Liability                 | Partially at Fault      |                                  |
| Contract No. Finalisation                           | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered                                     |                                   | GIA report              | Received                         |
| Report Taken By                                     |                                   | Claim Close Date        | 17/01/2019 10:05                 |
|   |                                   |                         | LIEW SHAN HUI                    |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |

Save Submit

Attachment



Accident No.

MT/1028186

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

17/01/2019 10:07

Path \*

Choose File

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Message Read

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Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Description                     |
|------------|--|-----------------------|---------|---------------------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:07 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-1-17 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:07 | SAS                   | Normal  | SAS 2019-1-17                   |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:07 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:07 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:07 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:05 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:05 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:05 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:05 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:05 | Photos                | Normal  | Photos 2019-1-17                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>17 Jan 2019 10:05 | Photos                | Normal  | Photos 2019-1-17                |

Video List

| Uploaded By/Date   | Folder Date | File Name | Source |
|--|-------------|-----------|--------|
| <div><div>Display in New Window</div><div>Scan and uploading</div></div> |             |           |        |