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Confirmed by : (Date:	Time:		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

- 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.
- 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.	
State of the state	ACCIDENT STATEMENT
Date Of Report	21/01/2019 20:07
Date Of Accident	19/01/2019 13:15
Exact Location Of Accident	WOODLANDS AVE 2 TWDS WOODLANDS AVE 9
Country/State of Loss	SINGAPORE
De la companya del companya de la companya del companya de la comp	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT2933X
Insured/Policyholder	
Name Of Registered Owner	RENO BOX PTE LTD
Co Reg No	198500568M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96609354
Alternative Phone No	OFFICE-96609354
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071353980-03
Cover Note Number	
Driver	
Name of Driver	DAVID NAH TECK HENG
NRIC No	S1523136Z
Date Of Birth	05/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96609354
Fax Number	

OFFICE-96609354

NOEMAIL

Address

BLK 661 YISHUN AVENUE 4

#08-425

Postcode

760661

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

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

REFER TO 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

SDN88C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

LOH LE YU (LUO LEYU)

Name of Driver NRIC/Passport Number

S8734555F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YM7106T

Page 2 of 28

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE
TEO WEI JUN EDMUND

S9534466F

1

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.

Policyholder's Signature Date & Time:

Driver's Signature

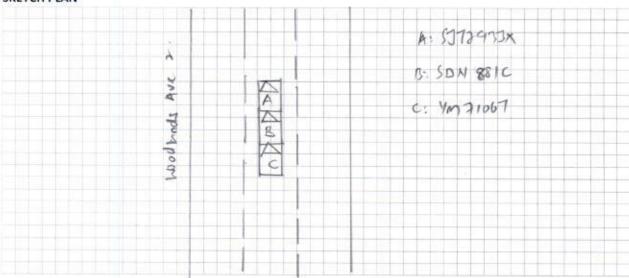
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

And the Color of the Angeles and Color of the Angeles and Angeles	EN MES AND EN AT THE OTHER WAS DISCHARD MESSAGES	
Refer to st	atement.	
		and to be a second

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.:

Date: 21/01/19

Accident Report by SJT 2933X

Accident Report involving SJT 2933X, SDN 881C & YM 7106T on Saturday 19/01/19 at around 1.15pm along Woodlands Ave 2.

On Saturday afternoon, around 1.15pm 19/01/19 I was travelling along Woodland Ave 2 toward Ave 9. I stopped at a traffic light just outside the Singapore Sports School. In front of me there were a few cars. Behind me was also another car.

As the traffic light turns green and I was about to move off, I heard a loud squeaking sound from behind me and after a few second I felt my car jerk forward.

I applied brake to my car & stopped my vehicle. Luckily the few cars in front of me had already move off. Upon inspection, I discovered that my car was hit from behind by SDN 881C. Right behind SDN 881C was a Lorry YM 7106T.

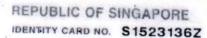
The Lorry YM 7106T had hit SDN 881C from the back resulting in SDN 881C hitting my vehicle SJT 2933X from behind.

Upon confirming that there were no injury, I exchanged particulars & took some photograph & I left the accident scene around 1.45pm.

ACCIDENT STATEMENT

AC	CCIDENT DATE:)(DD/MM/YYYY	(), TIME:(13 : 15	(HH:MM)
LOC	100 100 100		Journal AV	2 220
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER:ST b) INSURANCE COMPANY: _ c) POLICY NUMBER:ST d) POLICY TYPE: [COMPREH e) MAKE & MODEL: _ f) TYPE: (SALOON / COUPE / g) VEHICLE CATEGORY: [PRIV h) PURPOSE OF USING AT AC i) ARE YOU CLAIMING UNDER	MPV /VAN / LORRY	RTY / THÍRD PARTY I Y / MOTORCYCLE AL / MOTORCYCL	/ OTHERS)
2	IF NO, PLEASE STATE (THIRD INSURED / POLICY HOLDER A) NAME: Proposition b) NRIC/FIN/PASSPORT: c) ADDRESS:	PARTY CLAIM / RE	PORTING ONLY) (MALE / CONTACT: 96	
The of passenga (Including driver	* CONTINUE TO 3.d IF DRIVER DRIVER a) NAME: Pavid hyb Te b) NRIC/FIN/PASSPORT: SI C) ADDRESS: DI k 661 Yish	olc Hing 5231762.	(MQLE/)	609754
	*d)DATE OF BIRTH: (7 / 4 e)OCCUPATION: (INDOOR / 6 f)YEARS OF DRIVING EXPRERIE WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF TO a)WEATHER CONDITION: (CLE	OUTOODR) ENCE: 11 1982 OF THE INSURED HE DRIVER WITH	D'S COMPANY? (X	(ES / NO)
6.	WAS ANYBODY INJURED (YES A) REPORTED TO POLICE (YES A) IF YES, PLEASE STATE WHICH	T / OTHERS / (10) / (10)		
. Including driver) (1) 9.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SPNS. b) DRIVER'S NAME: Lah L. c) NRIC/FIN/PASSPORT: STHIRD PARTY VEHICLE	8774222 in	_CONTACT:	
the of passenger Induding driver)	e) DRIVER'S NAME: 10 W	1 Jun Famor	MODEL:	***************************************
	h. h.	de 1 - 04	Yaala:	# 842 II -
	Cmail =	david nuh @1	S We), Yecom	J ·









DAVID NAH TECK HENG

蓝德典

CHINESE
Date of birth
05-04-1962
Country Place of birth
SINGAPORE

Sex M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

no Dac 1

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

09 Dac 1982

Licence No: \$1523136Z

Merc No. 5 1525 10





5725517

Date of lessue 06-04-2017

APT BLK 661 YISHUN AVENUE 4 #08-425 SINGAPORE 760661

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy I	No.				Date	of Accident	1	9/01/2019	13:15	
	Vehicle	No.(For Motor)	SJT293	13X		Certif	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5071353980- 03		PTE, LTD.	198500568M	GPC	drivo CLASSIC	S)T2933X		30/09/2018	29/09/2019
						Continue					

Policy No. Certificate	5071353980-03	Policyholder Name	RENO BOX	PTE. LTD.	Policyholder NRIC	198500568M	
lo.							
Address	BLK 9003 #01-176 T	AMPINES STREET 93 SI	NGAPORE 52	8837			
Product Name	PRIVATE CAR INSURA	ANCE Plan			Group Policy Flag	N	
Policy ssue Date	30/08/2018	Effective Date	30/09/201	8 00:00	Expiry Date	29/09/2019 2	3:59
Excess Type		All Claims Excess					
Third	1272111	Own			Windscreen		
Party Excess	0.0	damage Excess	600.0		Excess	100.0	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600.0	Singapore TP Excess	0.0			Young	g/Inexperience Driver Excess
Agent	LIM THIAM CHOON	Agent Tel.	62149877		GST Flag	Υ	
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insurance Flag Open Policy	No						
insurance Flag Open Policy Info Certificate	No						
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icy No.						
	5071353980-03	1	Vehicle No.	SJT2933K	GST Registration No.	M200696165
ertificate No.						
Hickholder Name	RENO BOX PTE.				Poscyholder NRIC	198500588M
oduct Code	PRIVATE CAR II	NSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	96609354		Contact No.(Office)	0	Contact No.(Home)	0
mail Address	00		Special Remark		eCode	76. V
*	® No ○Yes		TCA	® No ○ Yes	eCode Reason	
2) Protection	No.		NCD Entitlement(%)	30	Private Hire	No
Accident Details						
port Date	21/01/2019 21	39	Acadent Report Within 24 hrs	Yes	Accident Type	Chain Collision
te of Accident	19/01/2019		Time of Accident hhomm	13:15	Country of Accident	Singapore
porting Centre			Orange Force		JCM No.	
cident Location	WOODLANDS A	WE 2 TWDS WOODLANDS AV	E 9			
Excess						
m damage Excess		600.00	Additional Excess	03	Windscreen Excess.	100.00
named Driver Excess			Outside Singapore OD Excess	600.00		
ird Perty Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	stion					
T Registered		Yes		GST Registration Date	01/01/2015	
T Registration No.		M200696166		GST Status Venfied	No	
dification History						
Policyholder Mailing Ad	dress					
dress t	BLK 9003 #01-	176	Address 2	TAMPINES STREET 93	Address 3	SINGAPORE 528837
ktress 4			Address Type	Singapore address	Post Code	528837
et No.			Related Policy Number	5040592939-09		
OI Driver Info						
ver Name	DAVID NAH TEO	OK HENG	Driver Type	Named Driver		
named driver Name			Driver NRIC	\$15231362	Driver DOB	05/04/1962
gister Date of Driver License	19/12/1982		Driver Age	56	Driving Experience	36
ntacz No.(Mobile)	96609354		Contact No.(Office)	0	Contact No.(Home)	0
dress I	BLK 661		Address 2	YISHUN AVENUE 4	Address 3	NEE SOON CENTRAL VIEW
dress 4	SINGAPORE 76	0661	Address Type	Singapore address	Post Code	760661
it No.	08-425					
es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
CAMBREST AND						
TANANGS CO.						
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