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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- This Form must be completed by the Puncyholder and for the Administration provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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 Insurence Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

San	available upon application by interested parties. consent to the archiving of this report at the centre and to copies of the report being made available ACCIDENT STATEMENT
Date Of Report	18/03/2019 16:49
Date Of Accident	15/03/2019 16:49
Exact Location Of Accident	
Country/State of Loss	AYE (CITY) AFTER JURONG TOWN HALL FLYOVER SINGAPORE
· 1000 ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA6058X
Insured/Policyholder	20A0036X
Name Of Registered Owner	AND DESCRIPTION
NRIC No	ANG BOON AIK S7323599E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	(LOCAL) +65-96261687
Vehicle Particulars	OFFICE-96261687
Manufacturer	Have v
Model	HONDA
Exact Purpose for which vehicle was being used at time of accident	STREAM-1.8 (A) PRIVATE US
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	Service Cont.
lame of Insurance Company	NTUC INCOME INSURANCE
ype Of Coverage	NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE
leet Policy	NO NO
olicy Number	5106639511
over Note Number	ESTANAMO I
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ame of Driver	ANG BOON AIK
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Driver	
Name of Driver	ANG BOOM
NRIC No	ANG BOON AIK
Date Of Birth	S7323599E
Occupation	03/07/1973
Date Of Driving Pass	INDOOR
Driving Experience	05/08/1996
Gender	22 YEARS AND 7 MONTHS
Mobile Number	MALE
Fax Number	(LOCAL) +65-96261687
Contact Number	OFFICE ASSA
EMail Address	OFFICE-96261687

NOEMAIL

Address

BLK 856 JURONG WEST STREET 81

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

3

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190315/2093

Attachment(s)

Are accident photos available for attachment?

VES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBN9454S

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

MOTORCYCLE

Name of Driver

AIDOL

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJV8199Z

PRIVATE CAR

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

LEE

Name of Driver NRIC/Passport Number

84842052

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 Personne

Name:

NRIC/FIN No.

			(A) SJAGO 58x
			@ FBN6454S
			@ 3JV81997
			C) 30 Voci /Z
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DECLARATION			
	iculars are true in every respect.		
	The state of the spect		/ 1 -
XXXX	i.	nd	18/05/2018
Policyholder's Signature	Driver's Signature	Minoritina Ca	000

Policyholder's Date & Time:

(If driver is not the policyholder) Date & Time:





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Report No. T/20190315/2093

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 15/03/2019 14:45
 D/20190315/0039
 101

Informant's Particulars Name of Informant: Address: ANG BOON AIK APT BLK 856 JURONG WEST STREET 81 #02-546 SINGAPORE 640856 ID Type / ID No .: Contact No.: NRIC NO / \$7323599E Home/Office: Mobile: 96261687 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 45 03/07/1973 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: SALESMAN Class: 3 Date of Expiry:

Type of Accident:	Non-Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 15/03/2019 09	1441110	Type of Location Straight Road
	HEXPRESSWAY				
Clear		Road Surface: Dry		Roa	d Speed Limit:
Traffic Flow: One Way		Traffic Control Not Controlled			fic Volume:
Type of Collis	11.14			Any	

Туре	Make	Model	Cale		· 一种 和 2007 图
Motorcycle		model	Color	Condition	No of Passange
				Sugntry	0
Car	HONDA	Commercial	100	Damaged	
	HONDA	STREAM 1.8	Black		0
Car	-	A		1000 to 1000 at 1000 to 1000 t	
	1			Slightly	0
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Details of Venicle Insurance	
Vehicle No. Insurance Company Insurance No. 157	ACTALONIUS INCOME.
	10000000000000000000000000000000000000
Tallestiad Company	Expiry Date





2 of 3

Report No. T/20190315/2093

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

	ehicle insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	The second secon	26/12/2018	13/12/2019
SJA6058X	NTUC Income Insurance Co-Operative	5106639511	20/12/2010	

On 15/03/2019 at about 0905hrs, I was driving a vehicle bearing registration SJA6058X along AYE (After Jurong Town Hall). I was at the first lane of four lane road, I was travelling behind vehicle bearing registration number SJV8199Z. The front vehicle slowed down and as such I slowed down my vehicle as well. Suddenly, I felt an impact from the rear portion and I saw a motorcycle bearing registration number FBN9454S lost control and collided into rear left portion of vehicle SJV8199Z.

After the accident, the motorcyclist was conveyed by ambulance and Traffic Police came down to scene and I was given a police case card reference to incident D/20190315/0039. I was advised by the police to lodge a police report.

I wish to state that my vehicle sustained dents and scratches at the rear left bumper, front passenger door and front left bumper(near to the front passenger door).





3 of 3

Report No. T/20190315/2093

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

ATEMORRAL TERMS

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:	Signature Of Informant:
Sgt 2 TAN WEI REN	at the
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2019 14:45
Officer In Charge Of Case:	Classification Of Case:
Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	ON 685
uthentication Stamp	

Accident MT/1038380					
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Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 15/03/2019 (dd/mm/yy) (24-HR-FORMAT) Vehicle Make & Model: JOSEPHA TOWN HE Policyholder's Name / IC No. : Driver's Name / IC No. : (As Above) Company Contact No (Company Veh Only): Email address: Insurance Company: Relationship between Owner & Driver: (Please CIRCLE one only) Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Private use / Work purpose *No. of Passengers (Including Driver): *Passanger Name: Gender: Male / Female *Passanger Name: _ Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Ruining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / 1 No from vehicle Any Injuries: No (If YES) Injured Person' Name: by ambulance Injured Person in Which Vehicle: Copyley Injuries Sustain: _ Police Report filed: No (If YES) Which Police Station: Yes / The Other Party(s) Details: 1. Driver's Name / IC No: Driver's Contact No: Insurance Company: Driver's Name / IC No (If Any): Vehicle No: SJV8 199 Driver's Contact No: _Insurance Company : ___ *Independent Witness (If Any): _ Contact No: Preferred Workshop Name: ___ Contact No:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7323599E .





Name

ANG BOON AIK (HONG WENYI)

洪 Face

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CHINESE Date of birth 03-07-1973

Country(Place of birth SINGAPORE

Ses M

200



5380548





MICH. S7323599E

Date of lines 18-10-2014

Attorne

APT BLK 855 JURONG WEST STREET 81 #02-546 SINGAPORE 640856 YOU ARE LICENSED TO DRAY VEHICLES IN THE FOLLOWING CLASSIES:

PARS DATE

Class 3 Motor Care and Mafor Tractors the weight of which unlader does not account 2900 kilograms

95 Aug 1956

NP 428A

IN THE BUT OF STREET



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: 5106639511

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SIAGOSBX

Chassis Number

: RN61049226

2. Name of Policyholder

: ANG BOON AIK

3. Effective Date of Insurance

: 26 Dec 2018

4. Expiry Date of Insurance

: 13 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

WINDSCREEN EXCESS

: N/A : 5\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: ANG BOON AIK

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: KENSO LEASING PTE LTD

: 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)

: VICOM LTD (00000612210)

Date of Issue

: 26 Dec 2018 16:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive