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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.
- 3, information provided must be as truthful and accurate as possible. Any wiful 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.
- 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,	and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/04/2019 10:20
Date Of Accident	09/04/2019 07:10
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
CA TO THE MENT OF STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBH1516G
Insured/Policyholder	
Name Of Registered Owner	TAN QUEE HONG
NRIC No	S0162187D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93525624

(LOCAL) +65-93525624

OFFICE-64667413

Alternative Phone No. Vehicle Particulars

Manufacturer AUDI

Model Q3-1,4 TFSI (A)

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5100099924

Cover Note Number

Driver

Name of Driver TAN QUEE HONG

NRIC No S0162187D Date Of Birth 15/09/1941 Occupation INDOOR Date Of Driving Pass 06/10/1965

Driving Experience 53 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93525624

Fax Number

Contact Number OFFICE-64667413

EMail Address NOEMAIL Address

BLK 13 TOH YI DRIVE

#05-03

Postcode

590013

OWNER

Was driver an employee of the Insured's Company NO 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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

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:

: TOH CHU WAT

GENDER:

: FEMALE

**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 SKETCH PLAN

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

SKW8128L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR LIM

NRIC/Passport Number

Contact Number

96361917

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)
Passenger 1

2

NAME: : PASSANGER

GENDER: : FEMALE

Veh A SEH 1516 G Veh B: SKW 8128L

# 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.
- 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:
- 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

for complying with requirements upder any regulations, laws or court orders.

MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS. " I AM AWARED THA

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting

Name:

NRIC/FIN No.:

Centre Person

SKETCH PLAN		4 Y 1 W 14	01549 H W 134		
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DECLARATION					
I/We declare the foregoing particula	ars are true in every res	pect.		./.	, ,
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Policyholder's Signature Date & Time:	Orlver's Signature (If driver is not the	7 - 4 - 19 policyholder)	Reporting Cent Name:	re Personmel's Si	gnature Ann
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\*Injured party: Yes (No)

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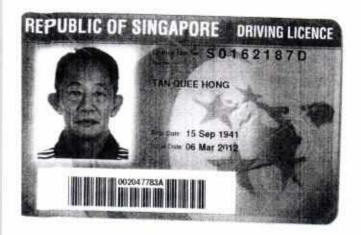
-I/Name:

Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report G - 4 -\*Time of Accident: 7:10 a. nz \*Date of Accident: \*Accident Location: Newton Vehicle Details \*Vehicle Number: SBH 1516 G \* Make & Model: Audi Q3 Insured / Policyholder N QUEE 140NB \*NRIC: 0/62187D \*Owner Name: \*Address: /34/4 13. 70 H \*Email: \*Occupation: Retince (Indoor / Outdoor) \* Tel /H /Other: 64 Driver ( ) same as above \*Driver Name: TAN QUEG / FONG \*NRIC: 0/62/870 \*Address: BUC 13, TOH YI DRIVE #05-03 Spine 590013 \*Date of Birth: 15-9-1981 \*Driving Pass Date: 1965 \*HP: 93005606 \*Email: / \*Gender: Male / Female \*Occupation: Retines (Indoor/Outdoor) \* Tel/H Other: 64674/3 \*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: Passengers Details Toh Chu Wat (Male/Female) \* P/Name: (Male/Female) \* P/Name: \* P/Name: (Male/Female) \* P/Name: (Male/Female) N.T. U.C. Insurance Company \*Coverage: C / TPFT / TPO \* Policy No: \*Insurer: Accor-Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 SKW8D8L Vehicle No.: -SRH 1516 Vehicle No.: Make & Model: Audi @3 Make & Model: Vehicle Category: Vehicle Category: Name of Driver: THIN COLLE Name of Driver: \_\_\_ NRIC 96361917 No. of Passengers (Including Driver): Unknown Ewal No. of Passengers (Including Driver): For Official Use Only \*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) General Information of the accident \*Type of accident: Head-Rear / Sige swipe / others: \*Any video cam: Yes / 80 \*Weather conditions: @fear / Raining / others: \*Road Surface: (OP) / Wet / others: \*Witness: Yes / No (Name: \_\_\_\_\_ NRIC:\_\_\_\_\_HP: \*Accident reported to police: Yes / No \*Summon against whom:

\*No. of passengers (include driver):

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0162187D





TAN QUEE HONG



Date of pirth 15-09-1941 M Country/Place of Jarm. CHINA

F1497870

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<? passengers, exclusive 06 Oct 1965 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No. 50162187D

5457612



25-09-2015

APT BLK 13 TOH YI DRIVE #05-03 SINGAPORE 590013



## 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: 5100099924

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SBH1516G

Chassis Number

: WAUZZZ8U0HR058249

2. Name of Policyholder

: TAN QUEE HONG

3. Effective Date of Insurance

: 27 Apr 2018

4. Expiry Date of Insurance

: 26 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.

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 headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 55100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : TAN QUEE HONG NAMED DRIVER (1) = N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

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)

VALUE AT TIME OF LOSS

Agency

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

SUM INSURED

: 20 Apr 2018 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF

Countersigned By:

Authorised Officer

Chief Executive