





## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH1516G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN QUEE HONG
NRIC No	S0162187D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93525624
Alternative Phone No	OFFICE-64667413

### 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?	NO
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
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	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) involved in the accident	2
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)	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)

2

Passenger 1

NAME: : PASSANGER

GENDER: : FEMALE

## SKETCH PLAN

Veh A: SDH 1516 G

Veh B: SKW 8128 L

### 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. 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

\*\* I AM AWARE THAT 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.

Policyholder's Signature  
Date & Time:

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

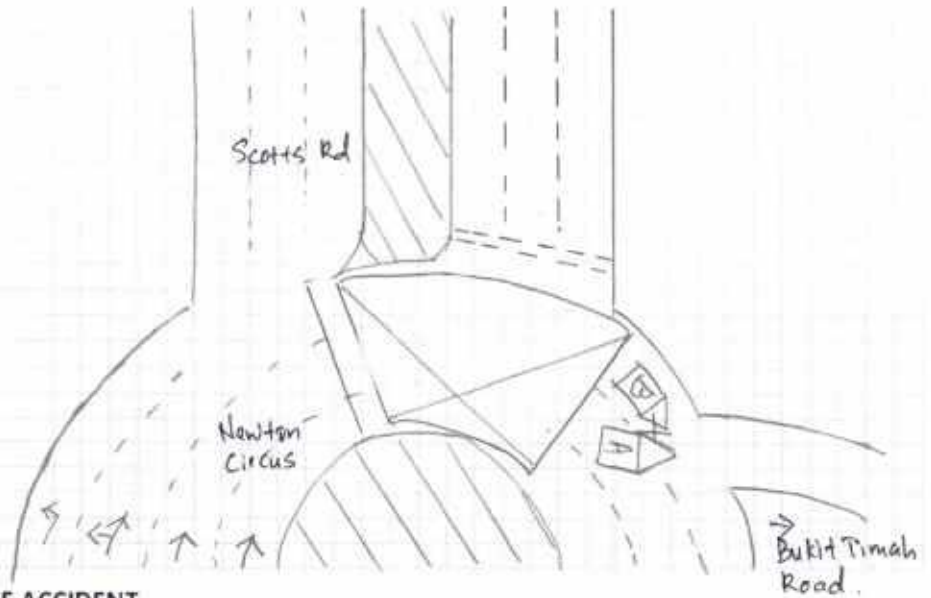
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SKETCH PLAN**

Veh A: SBH 1516 G

Veh B: SKW 8128 L



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

While i travelling along Newton Circus towards Bukit Timah Rd and Collision with Vehicle B.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature *[Signature]*  
(If driver is not the policyholder)  
Date & Time: 9-4-19 1.30 p.m.

Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: 10101/2019

## Claim Handling

## Accident MT/1039569

Policy No.	S100099924	Vehicle No.	SBH1516G	GST Registration No.	
Certificate No.					
Policyholder Name	TAN QUEE HONG	Cover Type	Drive PREMIUM	Policyholder NRIC	S0162187D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leasing	S
Contact No.(Mobile)	92525624	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No / Yes	eCode	No
KPK	+ No / Yes	NCD Entitlement(%)	90	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	10/04/2019 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/04/2019	Time of Accident (h:mm)	07:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	NEWTON CIRCUS ROUNDABOUT				

## ▼ Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification history					

## ▼ Policyholder Mailing Address

Address 1	BLK 13 #05-03	Address 2	TOH YI DRIVE	Address 3	SINGAPORE 590013
Address 4		Address Type	Singapore address	Post Code	590013
Unit No.		Related Policy Number	S100099924		

## ▼ D1 Driver Info

Driver Name	Tan Quee Hong	Driver Type	Main Driver	Driver DOB	15/09/1941
Uninsured driver Name		Driver NRIC	S0162187D	Driving Experience	42
Register Date of Driver License	01/01/1977	Driver Age	77	Contact No.(Home)	
Contact No.(Mobile)	92525624	Contact No.(Office)		Address 3	SINGAPORE 590013
Address 1	BLK 13 #05-03	Address 2	TOH YI DRIVE	Post Code	590013
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SBH1516G	Driver Insurer Company	NTUC

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No
-------------------------------------	------	-------------	----------

## Modification History

Claim 001 

Claim Type *	DD-MR	Insured Name	TAN QUEE HONG	Insured NRIC	S0162187D
Contact No.(Mobile)	92394891	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SBH1516G	Vehicle Number	SBH1516G
Claim Description	SBH1516G / SBH1516G ON 9 Apr 2019				
Preferred Workshop		Insured Liability	Fully at Fault		
Garage No.	Yes	Insured Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Date	10/04/2019 11:20	Date Received	10/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print As letter

Save Submit

## Attachment

Accident No.	MT/1039569	Claim No.	001
Last Qtr. Received	Yes No	Upload Date	10/04/2019 11:21
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read	Send Message		

## ▼ Attachment List:

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (G)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	SAS	Normal	SAS 2019-4-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:21	NRSC/ Driving License	Normal	NRSC/ Driving License 2019-4-10

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 9-4-19

\*Time of Accident: 7:10 a.m.

\*Accident Location: Newton Circle

### Vehicle Details

\*Vehicle Number: SBH 1516 G

\*Make & Model: Audi Q3 1.4 TFSI S

Tronic

### Insured / Policyholder

\*Owner Name: TAN QUEE HONG \*NRIC: 0162187D

\*Address: BLK 13, TOH YI DRIVE, #05-03, SPURE 590013

\*Email: / \*HP: 93525624

\*Occupation: Retiree (Indoor / Outdoor) \*Tel / H / Other: 64667413

### Driver ( ) same as above

\*Driver Name: TAN QUEE HONG \*NRIC: 0162187D

\*Address: BLK 13, TOH YI DRIVE, #05-03, SPURE 590013

\*Date of Birth: 15-9-1961 \*Driving Pass Date: 1965 \*HP: 93525624

\*Email: / \*Gender: Male / Female

\*Occupation: Retiree (Indoor / Outdoor) \*Tel / H / Other: 64667413

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder : /)

### Passengers Details

\*P/Name: Toh Chu Wat (Male/Female) \*P/Name: / (Male/Female)

\*P/Name: / (Male/Female) \*P/Name: / (Male/Female)

### Insurance Company

\*Insurer: Accord Insurance N.T.U.C. \*Coverage: C / TPFT / TPO \*Policy No: /

### Detail of other vehicle / Property 1

Vehicle No.: SBH 1516 G SKW8128 L

Make & Model: Audi Q3

Vehicle Category: /

Name of Driver: TAN QUEE HONG Mr Lim

NRIC : 0162187D

HP : 93525624 96361917

No. of Passengers (Including Driver): Two (Unknown / Female)

### Detail of other vehicle / Property 2

Vehicle No.: /

Make & Model: /

Vehicle Category: /

Name of Driver: /

NRIC : /

HP : /

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 / Side swipe / others: /

\*Weather conditions: Clear / Raining / others: / \*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: /

\*Witness: Yes / No (Name: / NRIC: / HP: /)

\*Accident reported to police: Yes / No \*Summon against whom: /

\*Injured party: Yes / No \*No. of passengers (include driver): /

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

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence No. **S0162187D**  
**TAN QUEE HONG**  
 Birth Date: **15 Sep 1941**  
 Validity Date: **06 Mar 2012**

002047783A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S0162187D**




Name  
**TAN QUEE HONG**  
**陈 贵 宏**  
 Race  
**CHINESE**  
 Date of birth  
**15-09-1941**  
 Country/Place of birth  
**CHINA**

Sex  
**M**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 06 Oct 1965



NP 428A

5457612



NRIC No. **S0162187D**



Date of issue  
**25-09-2015**

Address

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 :** drive 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
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	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)  
Date of Issue : 20 Apr 2018 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive