

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	08/04/2019 12:25
Date Of Accident	06/04/2019 15:00
Exact Location Of Accident	YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4477S
Insured/Policyholder	
Name Of Registered Owner	TAN BOON ANN
NRIC No	S1429338H
Email Address	BATAN.STEVEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98186858
Alternative Phone No	OFFICE-98186858

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099149475
Cover Note Number	

Driver

Name of Driver	TAN BOON ANN
NRIC No	S1429338H
Date Of Birth	25/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98186858
Fax Number	
Contact Number	OFFICE-98186858
Email Address	BATAN.STEVEN@GMAIL.COM

Address	BLK 74 WHAMPOA DRIVE #10-322
Postcode	320074
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 - CHANGE/CROSS LANE
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: : PASSENGER 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

ON 06/04/2019 AT ABOUT 1500HRS, I WAS DRIVING MY CAR (SJW4477S) DROP THE 1ST PASSENGER AT NORTH POINT SHOPPING CENTRE DROPPING POINT, MOVING OUT SLOWLY OUT TO THE MAIN ROAD TO 2ND DESTINATION TO DROP POINT. UPON THAT, I TURNOUT FROM THE DROPPING POINT TO THE 1ST LANE OF THE ROAD AND AFTER CHECKING THE 2ND LANE IS CLEAR, I MOVE SLOWLY TO THE 2ND LANE. AT THAT TIME I ONLY SAW THE VAN MOVING SLOWLY ON THE 3RD LANE. WHEN I WAS CHECK THE FRONT MOVING FORWARD, SLZ5183T WITHOUT APPLYING HIS SIGNAL INDICATOR SUDDENLY DRIVING SO FAST TURNING INTO 2ND LANE AND HIT MY VEHICLE. (MAY REFER TO VIDEO FOOTAGE AND SCENE PHOTOS) AFTER THE COLLISION, SLZ5183T AND MINE BOTH STOPPED ALONG THE ROADSIDE, THERE WAS A FEMALE PASSENGER IN MY CAR AND I MADE A CHECK WITH HER, SHE WAS NOT INJURED. UPON CHECKING SLZ5183T LEFT SIDE BODY HAD HIT THE FRONT RIGHT SIDE OF MY CAR. MY CAR SUFFERED A DENT AT THE SIDE SPOT WHILE HIS CAR SUFFERED SOME SCRATCHES. AFTER WHICH WE DISCUSSED AND WILL CLAIM FROM INSURANCE. WE THEN WENT BACK TO OUR OWN CAR AND DROVE OFF. NO POLICE ATTENDED. I AM LODGING THIS REPORT FOR RECORD AND INSURANCE CLAIM PURPOSES.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ5183T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON PIN

NRIC/Passport Number

Contact Number

91834438

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time: 8/4/19

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

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

Accident Sketch Plan

SKETCH PLAN

Refer to the attached sketch.

DOA = 6-4-19

Insured: SJW 4477S Third Party: SLZ 5183T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached statement.

DECLARATION

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

Policyholder's Signature

Date & Time: 8/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

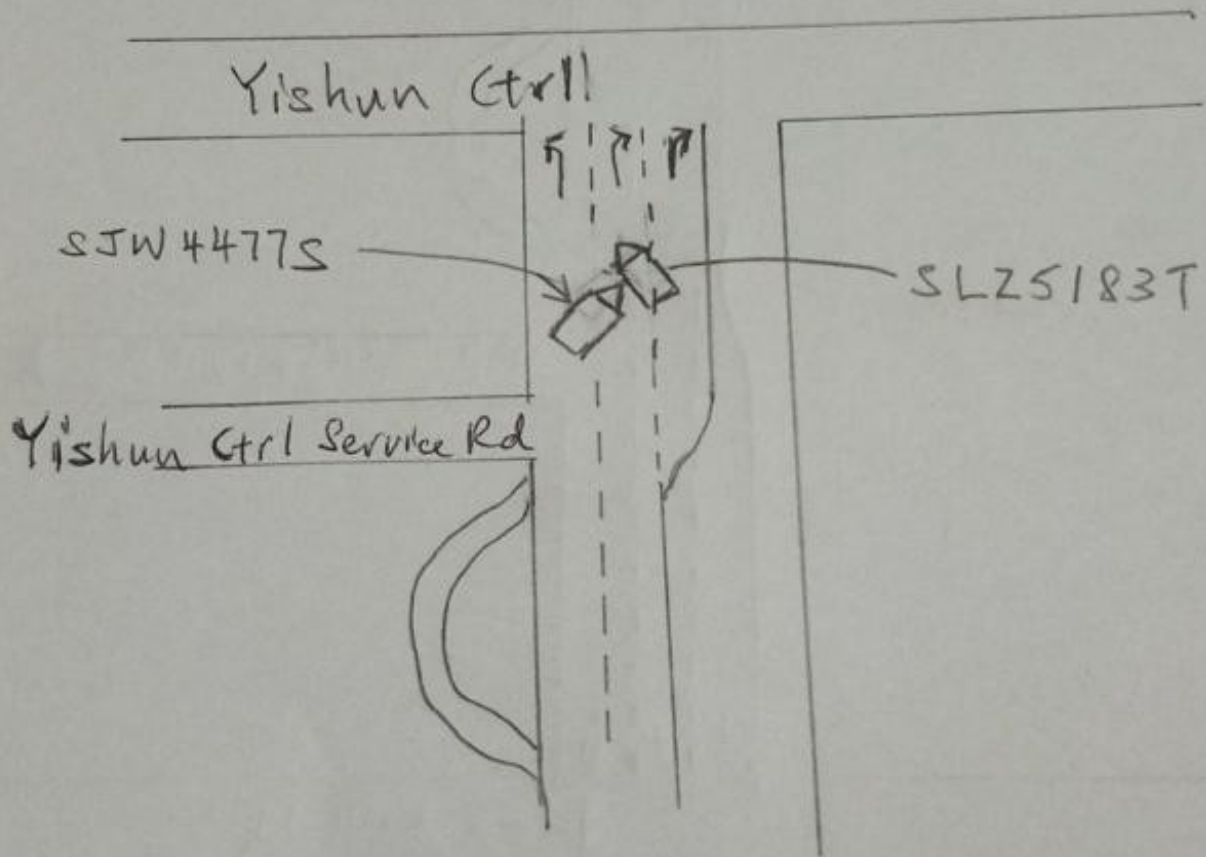
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

DOA = 6/4/2019



Accident Sketch Plan

On 06/04/2019 at about 1500hrs, I was driving my car (SJW4477S) drop the 1st passenger at North Point shopping centre dropping point, moving out slowly out to the main road to 2nd destination to drop point.

Upon that, I turnout from the dropping point to the 1st lane of the road and after checking the 2nd lane is clear, I move slowly to the 2nd lane. At that time I only saw the van moving slowly on the 3rd lane.

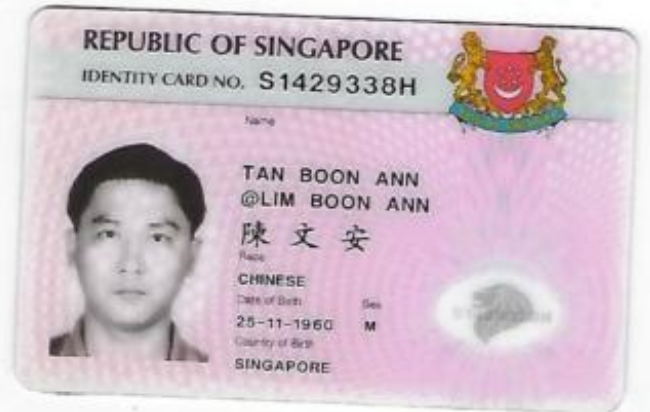
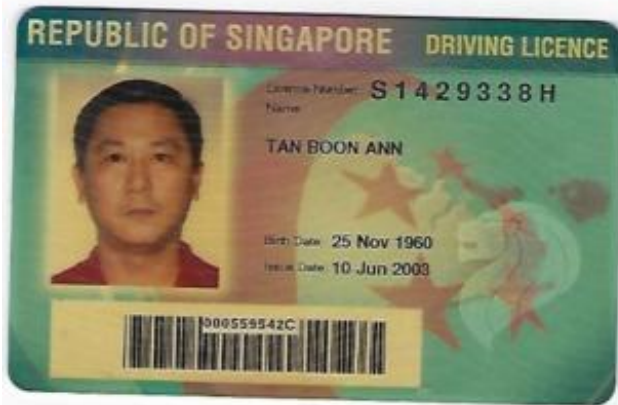
When I was check the front moving forward, SLZ5183T without applying his signal indicator suddenly driving so fast turning into 2nd lane and hit my vehicle. (May refer to video footage and scene photos)

After the collision, SLZ5183T and mine both stopped along the roadside , there was a female passenger in my car and I made a check with her, she was not injured.

Upon checking SLZ5183T left side body had hit the front right side of my car. My car suffered a dent at the said spot while his car suffered some scratches. After which we discussed and will claim from insurance. We then went back to our own car and drove off. No police attended. I am lodging this report for record and insurance claim purposes.

A handwritten signature in black ink, appearing to be 'E. J. M.', is written over the text. The signature is stylized with a large loop at the top and a crossbar.

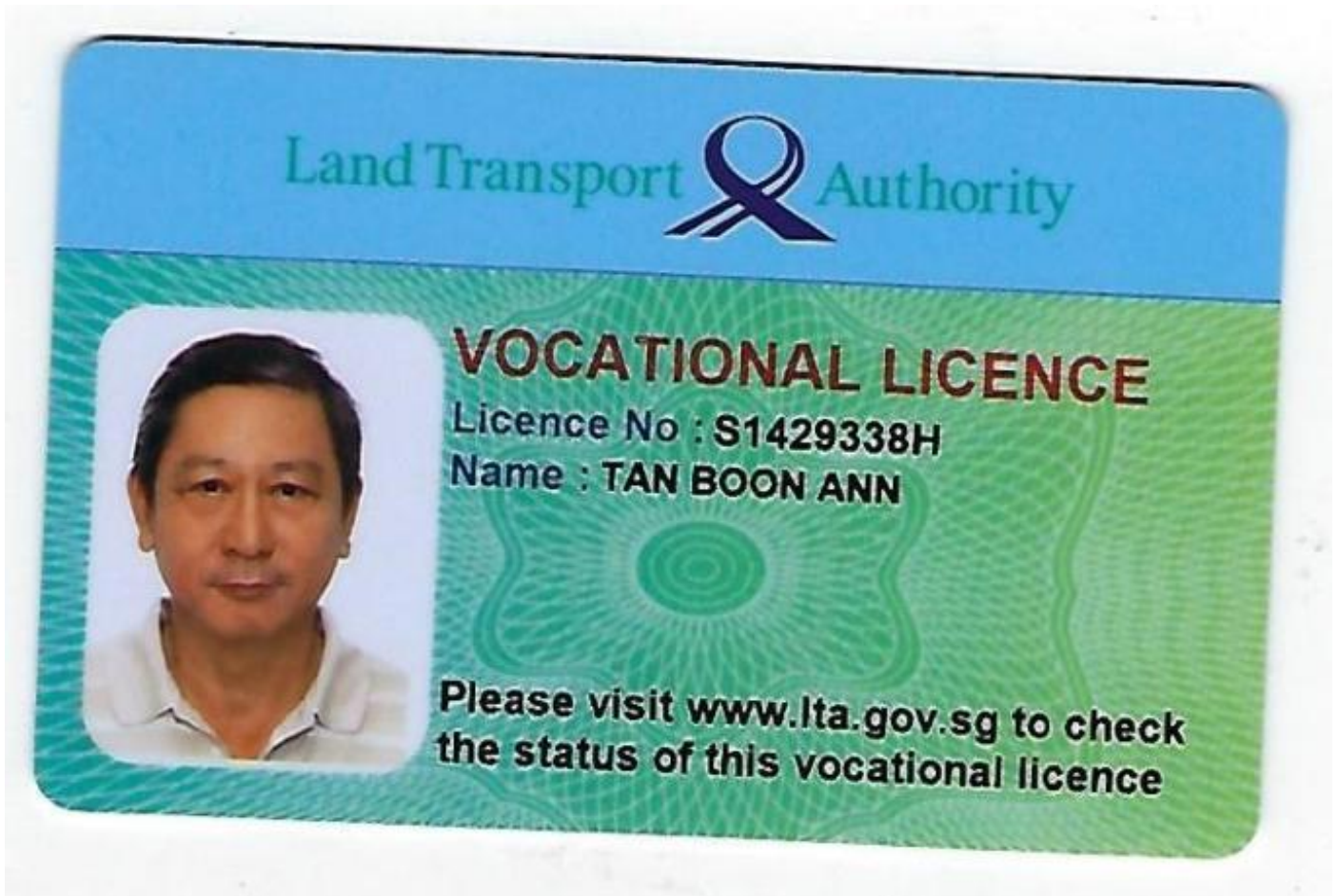
IDENTITY CARD



DRIVING LICENSE



VOCATIONAL LICENCE



VOCATIONAL LICENSE

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	14/06/2018



CERTIFICATE FOR INSURANCE



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, 1967 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099149475	Cover : drive PREMIUM
1. Index mark and Registration Number of Vehicle	: SJW4477S
Chassis Number	: KNAFX411MH5720676
2. Name of Policyholder	: TAN BOON ANN
3. Effective Date of Insurance	: 01 Apr 2018
4. Expiry Date of Insurance	: 01 May 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 or Hirer's business.	
This Policy does not cover	
(a) Use for racing, pace-making, reliability trial or speed-testing.	
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(c) 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, 1967 (Malaysia), are not to be included under these headings.	

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN BOON ANN
NAMED DRIVER (1)	: TAN KIAN WEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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, 1967 (Malaysia)

Agency : M PLUS CONSULTANCY (00000571872)
 Date of Issue : 21 Mar 2018 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

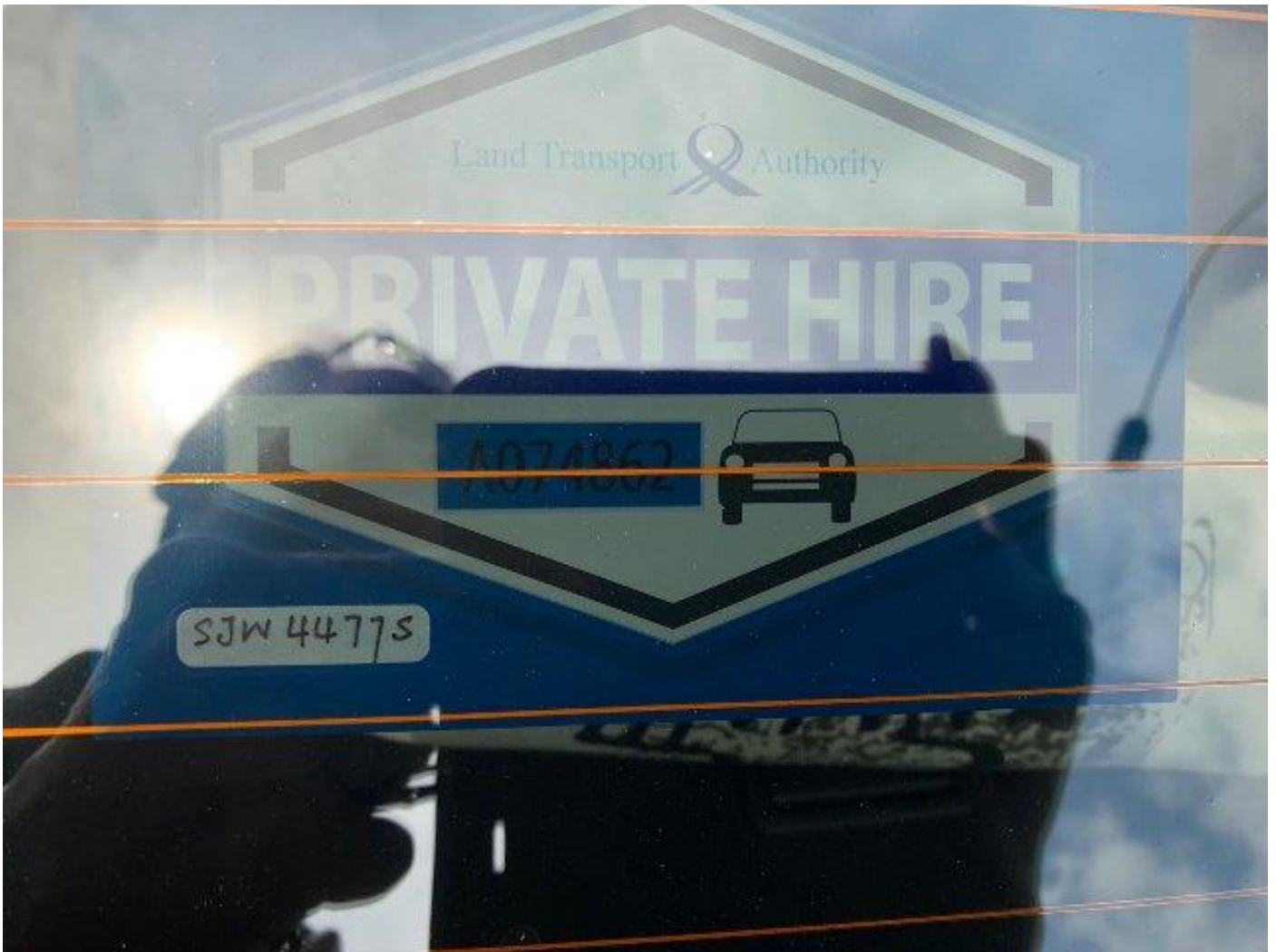


Accident Photo





Accident Photo



Accident Photo



