## 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 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.

5. 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

THE DESIGNATION OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	12/04/2019 10:32
Date Of Accident	08/04/2019 15:50
Exact Location Of Accident	BUKIT HO SWEE CRESCENT
Country/State of Loss	SINGAPORE
ELECTRICAL PROPERTY OF THE PARTY OF THE PART	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV1044T
Insured/Policyholder	
Name Of Registered Owner	FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY
Co Reg No	53124418X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94764165
Alternative Phone No	OFFICE-96818735
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DIESEL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5075608057-03
Cover Note Number	-
Driver	
Name of Driver	CHIA YEOW THIANG
NRIC No	S0165971E
Date Of Birth	05/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	22/11/1975
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83831201
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 108 POTONG PASIR AVE 1 #07-478

Postcode 350108

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 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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

#### **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

I WAS TRAVELLING ALONG BUKIT HO SWEE CRESCENT, WHILE APPROACHING THE TIONG BAHRU PLAZA LOADING/UNLOADING BAY ENTRANCE, A TAXI WAS STOP AT THE ROAD SIDE BEFORE THE ENTRANCE, WHILE I PASS BY THE TAXI FROM THE RIGHT SIDE, SUDDENLY THE TAXI MAKE A RIGHT TURN FROM THE STATIONARY POSITION AND HIT ONTO MY VEH LEFT HAND SIDE.

#### 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 SHD4084D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

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- 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:
  - 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.

地煌麵粉粿制造廠 ti HUANG MEE HGON KUAY MANUFACTURING FACTURY

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

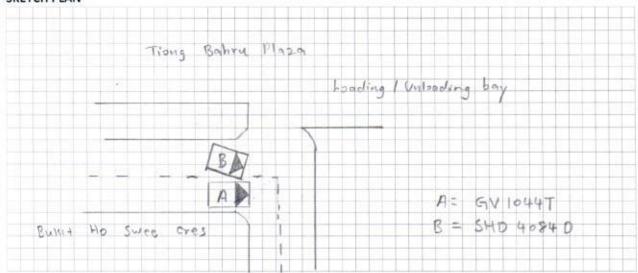
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	Statement	
	3		8558	
			/	
			/	
		1/1		

# **DECLARATION**

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

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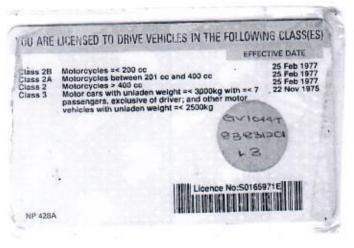
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

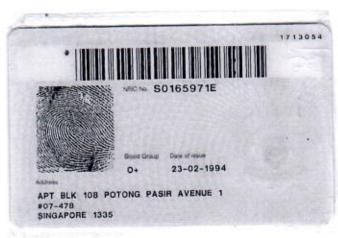
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:











## Certificate of Insurance

Certificate Number: 5075608057 L. Index mark and Registration N Chassis Number L. Name of Policyholder Effective Date of Insurance Expiry Date of Insurance	7-03		Cover : Third Party	
Chassis Number  Name of Policyholder  Effective Date of Insurance	umber of Vehicle			and the second second
Chassis Number  Name of Policyholder  Effective Date of Insurance		0.00	GV1044T	
8. Effective Date of Insurance			LH1721008763	
			FEI HUANG MEE HOON KUAY	MANUFACTURING FACTOR
. Expiry Date of Insurance		:	22 Nov 2018	
		:	21 Nov 2019	
5. Persons or Classes of Persons	entitled to drive#			
(a) The Policyholder.				
(b) Any other person who is d	driving on the Policyhold	er's orde	er or with his/her permission.	
	been so permitted and i	s not dis	ce with the licensing or other la qualified by order of a Court of lotor Vehicle.	
5. Limitations as to Use#		52		
(a) Use for social domestic ar	nd pleasure purposes an	d in con	nection with the Policyholder's	business or profession.
(b) Use for the carriage of pa	ssengers or goods in cor	nection	with the Policyholder's busines	SS.
his Policy does not cover				
(a) Use for hire or reward.				
(b) Use for racing, pace-making	ng, reliability trial or spe	ed-testi	ng.	
(b) Use for racing, pace-making			ng. disabled mechanically propelle	d vehicle.
(b) Use for racing, pace-making (c) Use whilst drawing a traile  # Limitations rendered inop	er except the towing of perative by Section 8 of t	any one	273	d Compensation)
(b) Use for racing, pace-making (c) Use whilst drawing a traile  # Limitations rendered inop Act (Chapter 189) and Secheadings.	er except the towing of perative by Section 8 of t	any one	disabled mechanically propelle or Vehicle (Third Party Risks and	d Compensation)
(b) Use for racing, pace-making (c) Use whilst drawing a trailed  # Limitations rendered inop Act (Chapter 189) and Secheadings.  EXCESS (SECTION 1)	er except the towing of perative by Section 8 of t ction 95 of the Road Tra	any one	disabled mechanically propelle or Vehicle (Third Party Risks and	d Compensation)
(b) Use for racing, pace-making (c) Use whilst drawing a trailed # Limitations rendered inop Act (Chapter 189) and Secheadings.  EXCESS (SECTION 1) EXCESS (SECTION 2)	er except the towing of perative by Section 8 of to ction 95 of the Road Train	any one	disabled mechanically propelle or Vehicle (Third Party Risks and	d Compensation)
(b) Use for racing, pace-making (c) Use whilst drawing a traile  # Limitations rendered inop Act (Chapter 189) and Sec	er except the towing of perative by Section 8 of totion 95 of the Road Trans.  : N/A : N/A	any one	disabled mechanically propelle or Vehicle (Third Party Risks and	d Compensation)

**Chief Executive** 

**Authorised Officer** 

# LKK Paya Ubi

From:

ODsupport <ODsupport@income.com.sg>

Sent:

Monday, 15 April 2019 10:39 AM

To:

LKK Paya Ubi; ODsupport

Subject:

RE: CLAIMS NUMBER:MT/1039671 VEH NO: GV1044T

Dear Shan Hui

Please quote this claim nbr when billing MT/1039671-001

## With Regards

Theresa Vimala Senior Administrator Motor Insurance T+65 6430 7898 www.income.com.sg











At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.

Find out more at income.com.sg/careers



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]

Sent: Friday, 12 April 2019 4:32 PM

To: ODsupport <ODsupport@income.com.sg>

Subject: CLAIMS NUMBER:MT/1039671 VEH NO: GV1044T

Hi All,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

# Thank

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

This email has been checked for viruses by AVG antivirus software.  www.avg.com	

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