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### 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.
- 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

STREET, DESCRIPTION OF STREET	ACCIDENT STATEMENT
Date Of Report	15/04/2019 16:21
Date Of Accident	13/04/2019 20:45
Exact Location Of Accident	SINGAPORE CHANGI AIRPORT TERMINAL 1 DEPARTURE HALL
Country/State of Loss	SINGAPORE
Company of the Company	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6984R
Insured/Policyholder	
Name Of Registered Owner	SKYLIGHT LIMOUSINE SERVICES
Co Reg No	53201674B
Ernail Address	ROMEOANGLM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93201591
Alternative Phone No	OFFICE-93201591
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	V-CLASS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100429566
Cover Note Number	
Driver	

Name of Driver ROMEO ANG LUOMEN

NRIC No S8914601A Date Of Birth 16/04/1989 Occupation OUTDOOR Date Of Driving Pass 26/07/2013

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93201591

Fax Number

Contact Number OTHERS-93201591

EMail Address ROMEOANGLM@GMAIL.COM Address BLK 368 BUKIT BATOK STREET 31

#07-479

Postcode 650368

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

**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 Witness 1** 

Name

VENE/ZANE

Phone Number

88692389

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHD4541M

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category Name of Driver TAXI

TEO SEOW HEE

NRIC/Passport Number

S0965883A

Contact Number

96370217

Address

Postcode

Insurance Company Name

Page 2 of 15

## SKETCH PLAN

Veh A. PC 6984R Veh B. SHD 4541M

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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 AWARED 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.

Skylight Limousine Se Co. Reg. No. 53201

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnelle Signaffire Name: NRIC/FIN No. 908 W. War Hari

SKETCH PLAN Veh A:PC 6984R Veh B: SHD 4541M

Changi Airport Terminal 1 Departure.



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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## DECLARATION

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

Skylight Limousine Salvie CB. Rag. No. 53201

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name: Name:

NRIC/FIN No.:

Accident HT/1040219					
Policy No.	TOWNS TO THE PERSON OF THE PER				
Gernificate No.	5100424566	Vetecos No.	FCEUSAR	GST Kegutrutan No.	
Policyholder Name	SKYLIGHT LIMOUSINE SERVICES				
Product Code				Policyholder NRIC	572036748
	BUS TRISURGENCE	Cover Type	Comprehensive	Loading	0.0
Contact No (Mobile)	99701591	Contact No.(Office)		Contact No. (Home)	
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ngoter Date of Driver License	29/97/2013	Driver Age	29	Onver DOS	16/04/1969
Intect No.(Mobile)	93201591	Contact No.(Office)	44.1	Officing Experience	ă .
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# Claim Handling(accident reporting Claim Task )

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MAR_BURIT_MERAM_BURITS MATICINAL ABSESSMENT CENTRE SERVICE S (BURIT MERAM)) to 19 Apr 2019 \$6:48	Prictor	Petronal	Photos 2019-4-15
NAC_BURIT_MERAH_BROKE( NATIONAL ASSESSMENT CENTRE SENVICE B (BURIT MERAH)) on 15 Apr 2019 16:48	Photos	Normal	Phonos 2019-4-28
NAC_BUKIT_MERAH_SOOGNO; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Apr 2018 16:48	Photos	Normal	Photos 2019-4-12
NAC_BUNIT_MERAH, 800676( NATIONAL ASSESSMENT CENTRE SERVICE S. (BUNIT MERAH)) on IS Apr 2019 16:44	morse	Normal	Photos 2013-4-15
NAC_BURIT, MERAH _600678; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 15 Apr 2019 16:44	Photos	Normal	Photos 2019-4-15
NAC_BURT_HERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BURT MERAH)) on 35 APT 2019-14-44	Pfyzijae	Normal	Photos 2019-4-15
NAC_BLACT_MERAH_8006/56 NATIONAL ASSESSMENT CENTRE SERVICE S (BURLT MERAH)) on 15 Apr 7019 18:49	Photos	Normal	Photos 2019-4-13
NAC_BLINIT_MERAN_BOOGTS; NATIONAL ASSESSMENT CENTRE SERVICE S (BURKT MERAN)) on 15 Apr 2019 18:44	Photos.	Diormal	Pronos 2015-4-15
NAC, BUKIT MERAH, BODG76( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Apr 2010 14:44	Phone	Normal	Photos 2012-4-15

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Source

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 \*Date of Accident: 13/04/19 \*Time of Accident: \*Accident Location: Singapore Changi Picport Terminal 1 VO20 CDI EXHA-LONGAT Vehicle Details \*Vehicle Number: PC 69842 \* Make & Model: Mercedus Banz V-Class Insured / Policyholder \*Owner Name: Skylight Limousine Savices \*Address: \*Email: rameoungly @ amail . com \*Occupation: Limousine Oriver (Indoor/ Outdoor) \* Tel /H /Other: Driver ( ) same as above \*Driver Name: Romes And Lupmen \*NRIC: S 8914601A \*Address: BIK 368 Bulkt Batok 9 31 # 07-499 S 650368 \*Date of Birth: 16/4 | 1989 \*Driving Pass Date: >6 /7/2013 \*Email: \*Gender: Male / Female \*Occupation: Limeusine Wiver (Indoor/Outdoor) \* Tel/H/Other: \*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: Passengers Details (Male/Female) \* P/Name: \* P/Name: \_\_\_\_ (Male/Female) \* P/Name: (Male/Female) \* P/Name: (Male/Female) Insurance Company MIUC \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_ \*Insurer: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SHD 4541M Vehicle No.: Make & Model: Huunda'i Comfort Taxi Make & Model: Vehicle Category: Teo Scow Hee Vehicle Category: Name of Driver: Teo Snow Hel Name of Driver: \_\_\_\_ NRIC : S0965 883A NRIC HP: 9637 0217 HP No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only \*Claiming against Own Ins.: Yes / (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: Ory / Wet / others: \_\_ (3) Zane 8869 2389 NRIC : HP: \*Witness: (Yes / Ma (Name: VINE

\*No. of passengers (include driver):

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

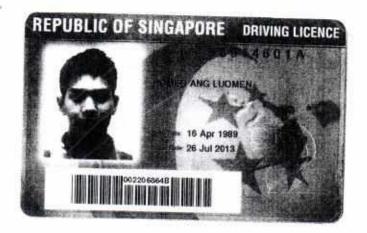
\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

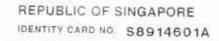
\*Accident reported to police: Yes No \*Summon against whom: \_\_\_\_

\*Injured party: Yes

-I/Name: \_\_\_\_

-I/Name:









ROMEO ANG LUOMEN



肿 濉 漫 Race

CHINESE 16-04-1989 M

159146014

3520975

SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <<7 passengers, exclusive 26 Jul 2013 of the driver; and other motor vehicles << 2500kg

NP 428A





NEC No. S8914601A

26-04-2004

APT BLK 368 BUKIT BATOK STREET 31 #07-479 SINGAPORE 650368



		Certifica	ate of Insurance
RO	OTOR VEHICLES (THIRD PAR OTOR VEHICLES (THIRD PAR AD TRANSPORT ACT, 1987 OTOR VEHICLES (THIRD PAR	TY RISKS AND COMPENSAT (MALAYSIA)	TION) RULES, 1960
	rtificate Number : 51004;		Cover : Comprehensive
1.	Index mark and Registrati	on Number of Vehicle	: PC6984R
	Chassis Number		: WDF44781523343410
2.	The state of the s		: SKYLIGHT LIMOUSINE SERVICES
3.	Effective Date of Insurance	ŧ	: 30 Apr 2018
4,	The state of the s		: 29 Apr 2019
5,	Persons or Classes of Pers	ons entitled to drive*	
	(a) The Policyholder.		
			lder's order or with his/her permission.
6.	the Motor Vehicle or	has been so permitted and ion in that behalf from driv	accordance with the licensing or other laws or regulations to drive it is not disqualified by order of a Court of Law or by reason of any ring the Motor Vehicle.
	(a) Use for the carriage of	f passengers in connection	with the Policyholder's business.
	(b) Umited to carry 10 pa		Open Control of the Processing Control Representation of the State of Tennes.
This	s Policy does not cover		
		naking, reliability trial or sp	
	(b) Use whilst drawing a vehicle.	raller except the towing (O	Other than for reward) of any one disabled mechanically propelled
	<ul> <li>Limitations rendered Act (Chapter 189) and headings.</li> </ul>	noperative by Section B of Section 95 of the Road Tra	f the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
GEO	GRAPHICAL LIMIT	: WITHIN THE REP	PUBLIC OF SINGAPORE ONLY
EXC	ESS (SECTION I)	: \$\$2,000	
	ESS (SECTION II)	: 5\$2,000	
	JRE WITH COE	; YES	[2] - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
			VCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUN	1 INSURED	: MARKET VALUE	OF INSURED VEHICLE AT TIME OF LOSS
I/Wa Vehi	e hereby Certify that the Po Icles (Third Party Risks and I	licy to which this Certificate Compensation) Act (Chapte	te relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Ager	ncy : CYCL	E & CARRIAGE AUTOMOTIV	VE PTE LTD (00000573702)
Date		ay 2018 09:51 hrs	
			For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
	To	not	Qu-
Cour	ntersigned By:	50	
	-	Authorised Officer	Chief Executive