





## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6984R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYLIGHT LIMOUSINE SERVICES
Co Reg No	53201674B
Email 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
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)	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	VERNE/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	TAXI
Name of Driver	TEO SEOW HEE
NRIC/Passport Number	S0965883A
Contact Number	96370217
Address	
Postcode	
Insurance Company Name	

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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.

Skyline Limousine Services  
Co. Reg. No. 532015748

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: PC 6984R  
Veh B: SHD 4541M

Changi Airport Terminal 1  
Departure.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary and drop off my passengers. Suddenly Vehicle B hit onto my rear of Vehicle.

DECLARATION

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

15  
Skyline Limousine Services  
Co. Reg. No. 532019-AB

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.:

## Claim Handling

## Accident HT/1040218

Policy No.	5100429166	Vehicle No.	PC69848	GST Registration No.	
Certificate No.					
Policyholder Name	SKYLIGHT LIMOUSINE SERVICES			Policyholder NRIC	S12016748
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93201591	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eFile	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	RCD Entitlement(%)	0	Private Hing	No

## Accident Details

Report Date	15/04/2019 16:19	Accident Report Within 26 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/04/2019	Time of Accident (hours)	20:43	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SINGAPORE CHANGI AIRPORT TERMINAL 1 DEPARTURE HALL				

## Excess

Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 161 #04-331	Address 2	MEILING STREET	Address 3	SINGAPORE 140181
Address 4		Address Type	Singapore address	Post Code	140181
Unit No.	04-331	Related Policy Number	5100429166		

## OS Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GEORGE ANG LUOHEN	Driver NRIC	S8914601A	Driver DOB	16/04/1985
Register Date of Driver License	26/07/2013	Driver Age	29	Driving Experience	5
Contact No.(Mobile)	93201591	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 161 #07-479PC69848PC69	Address 2	BUNGT BATOK STREET 21	Address 3	SINGAPORE 670358
Address 4		Address Type	Foreign address	Post Code	670358
Unit No.	07-479				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	PC69848	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

## Modification History

Claim 001 [View](#)

Claim Type *	CO-HK	Insured Name	SKYLIGHT LIMOUSINE SERVICE	Insured NRIC	S12016748
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		CI Vehicle Number	PC69848	TP Vehicle Number	S104541M
Claim Description	PC69848 / S104541M ON 13 Apr 2019			Name of Preferred Workshop	
Preferred Workshop		Injured Liability	Not at Fault		
GAWS No.		Repair Option	Preferred Workshop, Name unknown	GA report	Received
Date Registered		Claim Close Date	15/04/2019 16:44	Date Received	15/04/2019 00:00
Report Taken By	ROSNI WAHAB				

Print AX letter

[Save](#) [Submit](#)

## Attachment

Accident No.	HT/1040218	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/04/2019 16:48
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (CO)
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 15 Apr 2019 16:48	SAS	Normal	SAS 2019-4-15	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 15 Apr 2019 16:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 15 Apr 2019 16:48	Photos	Normal	Photos 2019-4-15	



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Apr 2019 16:48

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S (BUKIT MERAH)) on 15 Apr 2019 16:48

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S (BUKIT MERAH)) on 15 Apr 2019 16:44

Photos

Normal

Photos 2019-4-15

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Photos

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Photos 2019-4-15

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: 13/04/19 \*Time of Accident: 8.45PM  
\*Accident Location: Singapore Changi Airport Terminal 1 Departure.

### Vehicle Details

\*Vehicle Number: PC 6984R \*Make & Model: MERCEDES Benz V-class V220 CDI Extra-Long AT

### Insured / Policyholder

\*Owner Name: Skylight Limousine Services \*NRIC: 53201674B  
\*Address: 5(650368)  
\*Email: romeoanglim@gmail.com \*HP: 93201591  
\*Occupation: Limousine Driver (Indoor / Outdoor) \*Tel / H / Other: -

### Driver ☒ same as above

\*Driver Name: Romeo Ang Luomen \*NRIC: S 8914601A  
\*Address: B1K 368 Bukit Batok 9 31 #07-429 S 650368  
\*Date of Birth: 16/4/1989 \*Driving Pass Date: 26/7/2013 \*HP: 93201591  
\*Email: - \*Gender: Male / Female  
\*Occupation: Limousine Driver (Indoor / Outdoor) \*Tel / H / Other: -  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: -)

### Passengers Details

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

### Insurance Company

\*Insurer: NHC \*Coverage: C / TPFT / TPO \*Policy No: -

### Detail of other vehicle / Property 1

Vehicle No.: SHD 4541M  
Make & Model: Hyundai Comfort Taxi  
Vehicle Category: Taxi  
Name of Driver: Teo Seow Hee  
NRIC : S0965883A  
HP : 9637 0217  
No. of Passengers (Including Driver): 1

### 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: ① Vene ② Zane 8864 2389 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**

**ROMEO ANG LUOMEN**

16 Apr 1989

26 Jul 2013

0022069648

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8914601A**

**ROMEO ANG LUOMEN**

**洪羅漫**

Race  
**CHINESE**

Date of birth  
**16-04-1989**

Sex  
**M**

Country of birth  
**SINGAPORE**

**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 26 Jul 2013



3520975



NRIC No: **S8914601A**

Date of issue  
**26-04-2004**

Address  
**APT BLK 388 BUKIT BATOK STREET 31  
#07-479  
SINGAPORE 650368**



Licence No: **S8914601A**

NP 428A

**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 : 5100429566

Cover : Comprehensive

- |  |                               |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : PC6984R                     |
| Chassis Number   | : WDF44781523343410           |
| 2. Name of Policyholder  | : SKYLIGHT LIMOUSINE SERVICES |
| 3. Effective Date of Insurance   | : 30 Apr 2018                 |
| 4. Expiry Date of Insurance  | : 29 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.<br>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 the carriage of passengers in connection with the Policyholder's business.   |                               |
| (b) Limited to carry 10 passengers   |                               |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
- \* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$2,000
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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, 1987 (Malaysia)

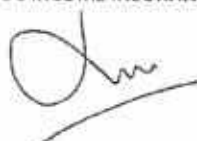
Agency : CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (00000573702)  
Date of Issue : 03 May 2018 09:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive