

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/04/2019 (dd/mm/yy) Time of Accident: 09:45 (24-HR-FORMAT)  
Vehicle No.: SJT 1493 E Vehicle Make & Model: Volkswagen Golf GTI 2.0  
Exact location of Accident: Woodlands Ave 12  
Policyholder's Name / IC No.: Ng Sing Keat Clement S8901588Z  
Driver's Name / IC No.: Ng Sing Keat Clement S8901588Z (As Above) ☐  
Driver's Contact No.: 8588 3210 Company Contact No.: \_\_\_\_\_  
Driver's Address: Blk 630 Woodlands Ring Road #04-234 S(730630)  
Insurance Company: NTUC Income Email address (if any): \_\_\_\_\_

#### Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / Others specify: Owner

#### What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

#### Exact purpose for which the vehicle Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 03

Passenger Name: Lai Kooi Mui

Gender: Female

Passenger Name: Carine

Gender: Female

#### Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Clement, Lai Kooi Mui, Carine

Injuries Sustain: Chest Ribs Neck Back Injured Person in Which Vehicle: SJT 1493 E

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 Ubi Ave 3

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: GBH 2310 B

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

## SKETCH PLAN

### 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.

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

Woodlands Ave 12

Vehicle A: SJT 1493 E

Vehicle B: GBH 2310 B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20190415/7005

Would like to state that my aircon is spoilt due to the accident.

## DECLARATION

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

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.:





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190415/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2019 12:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG SING KEAT, CLEMENT			Address: APT BLK 630 WOODLANDS RING ROAD #04-234 SINGAPORE 730630		
ID Type / ID No.: NRIC NO / S8901588Z			Contact No.: Home/Office: Mobile: 85883210		
Nationality: SINGAPORE CITIZEN			Email: skng.clement@gmail.com		
Sex: Male	Age: 30	Date of Birth: 15/01/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Interior designer		Driving Licence Information: Class: Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2019 09:45	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2310B	Car					0
SJT1493E	Car	VOLKSWAGO N	GOLF+GTI+ 2.0L+AT+5D R+5K19V3	White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT1493E	NTUC Income Insurance Co-Operative Limited	5106541525	22/12/2018	24/09/2019



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190415/7005

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG SING KEAT, CLEMENT	ID No.	S8901588Z
Related Vehicle	SJT1493E (Car)	Contact No.	85883210
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/04/2019	Date Discharge	15/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Passenger</b>			
Name	Carine Ng Ya Wei	ID No.	T1424496J
Related Vehicle	SJT1493E (Car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/04/2019	Date Discharge	15/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Passenger</b>			
Name	Lai Kooi Mui	ID No.	S9176884D
Related Vehicle	SJT1493E (Car)	Contact No.	85883212
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/04/2019	Date Discharge	15/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On the stated date & time, I vehicle A (SJT 1493 E ) was travelling straight on my rightful lane. Suddenly Vehicle B (GBH 2310 B) abruptly cut into my lane without checking his blindspot. I could not react in time as it was too sudden and hit onto vehicle B (GBH 2310 B) rear right portion.



**SINGAPORE  
POLICE FORCE**



T/20190415/7005

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190415/7005

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65472076

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
15/04/2019 12:55

Classification Of Case:

## 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:** 5106541525

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJT1493E**  
 Chassis Number : WVWZZZ1KZ9W550061
2. Name of Policyholder : NG SING KEAT CLEMENT
3. Effective Date of Insurance : 22 Dec 2018
4. Expiry Date of Insurance : 24 Sep 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, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: NG SING KEAT CLEMENT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : VICOM LTD (00000612210)

Date of Issue : 22 Dec 2018 13:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8901588Z**



Name  
**NG SING KEAT, CLEMENT**

**黄星杰**

Race  
**CHINESE**

Date of birth  
**15-01-1989**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

**S8901588Z**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8901588Z**

Name:  
**NG SING KEAT, CLEMENT**


Birth Date: **15 Jan 1989**

Issue Date: **31 Dec 2015**


**002508324G**

**SG 50**

**5553798**



**NPIC No. S8901588Z**



Date of issue  
**06-01-2016**

Address  
**APT BLK 630 WOODLANDS RING ROAD  
#04-234  
SINGAPORE 730630**

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

	<b>EFFECTIVE DATE</b>
<b>Class 2B</b> Motorcycles $\leq 200$ cc	<b>27 Sep 2012</b>
<b>Class 3</b> Motor cars with unladen weight $\leq 3000$ kg with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500$ kg	<b>01 Oct 2010</b>
<b>Class 4</b> Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500$ kg	<b>01 Oct 2010</b>
Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250$ kg	

**NP 428A**

Licence No: **S8901588Z**

