

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	16/04/2019 17:01
Date Of Accident	15/04/2019 18:00
Exact Location Of Accident	UPPER SERANGOON ROAD BEFORE KOVAN MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6591E
Insured/Policyholder	
Name Of Registered Owner	OLDS MOTOR CO.PTE LTD
Co Reg No	201010904R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97383088
Alternative Phone No	OFFICE-97383088

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5108621544
Cover Note Number	

Driver

Name of Driver	FAN LEI
Passport No/FIN	G1095049Q
Date Of Birth	09/07/1986
Occupation	INDOOR
Date Of Driving Pass	11/10/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97383088
Fax Number	
Contact Number	OFFICE-97383088
Email Address	NOEMAIL

Address	4 UPPER SERANGOON CRESCENT
	#11-07 RIVERSAILS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	1

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR9128U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

x



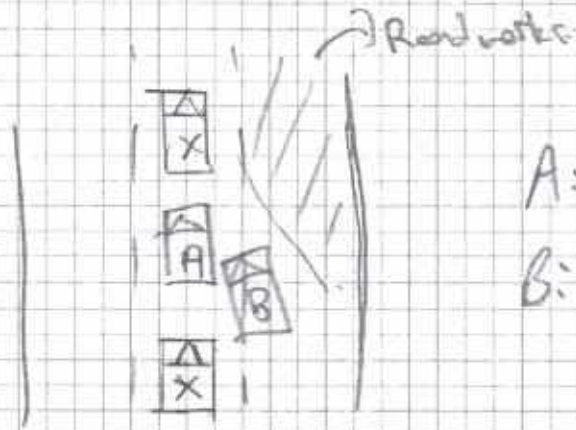
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

UPPER SERANGOON ROAD BEFORE KOREAN MTR



A: SLNG591E

B: SLR9128U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was stationary along Upper Serangoon Road due to heavy traffic when suddenly I felt an impact from the back. As there were roadworks on lane 1, vehicle B cut into my lane and accidentally hit onto my vehicle.

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.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1040727

Policy No.	5108621544	Vehicle No.	SLN6591E	GST Registration No.	NA
Certificate No.	5108621544-000005				
Policyholder Name	OLDS MOTOR CO. PTE. LTD.			Policyholder NRIC	201010904R
Product Code	FLEET MASTER INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No. (Mobile)	97383088	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	No
EPK	x No Yes	TCA	x No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	18/04/2019 11:34	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/04/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER SERANGGON ROAD BEFORE KOVAN MRT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	1,000.00	Driver is Covered?	Covered
YIELD OD Excess	0.00	YIELD TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	1,500.00	Total TP Excess Applicable	1,000.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	30/02/2012
GST Registration No.	201010904R	GST Status Verified	Yes
Modification History	18/04/2019 11:38:10 System changed GST Registration No. from NA to 201010904R 18/04/2019 11:38:30 System changed GST Registration Date from 01/01/2018 to 30/01/2012 18/04/2019 11:38:30 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	80 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408588
Address 4		Address Type	Singapore address	Post Code	408588
Unit No.		Related Policy Number	5108621544		

OD Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/07/1986
(Unnamed driver Name)	FAN LEE	Driver NRIC	G1095049Q	Driving Experience	7
Register Date of Driver License	11/10/2016	Driver Age	32	Contact No. (Home)	
Contact No. (Mobile)	97383088	Contact No. (Office)		Address 1	SINGAPORE 534033
Address 1	4 UPPER SERANGGON CRESCENT	Address 2	# RIVERVALE	Address 3	
Address 4		Address Type	Foreign address	Post Code	334033
Unit No.					
Does he own a Singapore Registered car?	Yes x No	Driver Vehicle No.	SLN6591E	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes x No
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Modification History

Claim 001 [Back](#)

Claim Type *	OD-ME	Insured Name	OLDS MOTOR CO. PTE. LTD.	Insured NRIC	201010904R
Contact No. (Mobile)		Contact No. (Home)	Nil	Contact No. (Office)	
Email Address		OT Vehicle Number	SLN6591E	TP Vehicle Number	SLN6128U
Claim Description	SLN6591E / SLN6128U ON 15 Apr 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No. / Modification	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/04/2019 11:34	Claim Close Date		Date Received	18/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print As letter

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

Attachment

Accident No.	MT/1040727	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/04/2019 11:42
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_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Apr 2019 11:42	Photos	Normal	Photos 2019-4-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Apr 2019 11:42	Photos	Normal	Photos 2019-4-18	

[illegible]

Email: 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: 18 00 (24-HR-FORMAT)
Vehicle No.: SLN 6591 E Vehicle Make & Model: Merc E250
Exact location of Accident: Upp Serangoon Road before Kovan MRT
Policyholder's Name / IC No. Olds Motor CO. Pte. LTD. 201010904R
Driver's Name / IC No.: Fan Lei G1095049Q (As Above) ☐
Driver's Contact No.: 97383088 Company Contact No.: _____
Driver's Address: 4 Upper Serangoon Crescent Riversails #11-07
Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: Hirer

or Others specify: _____

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?

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 1

Passenger Name : _____

Gender : _____

Passenger Name : _____

Gender : _____

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: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SLR 9128 U

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.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Passport Number: **G1095049Q**

NAME: **FAN LEI**

Birth Date: **09 Jul 1986**

Issue Date: **11 Oct 2016**

Valid Till: **10/10/2021**

002618666A

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	11 Oct 2016

NP 428A



514.44
1121.99
~~1234.5~~
1272.19
12445.6
2908.62
7



MINISTRY OF
MANPOWER

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

EVERGREEN F&B PTE. LTD.



Name

FAN LEI

FIN

G1095049Q



G1095049Q



K0764237

514.44
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~~1234~~ 1272.19

12445.6
2908.62

VISIT PASS
Immigration Regulations

07-09-2018

Name
FAN LEI

FIN
G1095049Q

Date of Birth Sex
09-07-1986 F

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass
App to check status



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5108621544"/>	Date of Accident	<input type="text" value="15/04/2019 11:33"/>
Vehicle No.(For Motor)	<input type="text" value="SLN6591E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5108621544	5108621544-000005	OLDS MOTOR CO. PTE. LTD.	201010904R	GFM	drive CLASSIC	SLN6591E	SLN6591E	01/04/2019	31/03/2020

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: 5108621544-000005

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SLN6591E |
| Chassis Number | : WDDKJ3EBXEF225540 |
| 2. Name of Policyholder | : OLDS MOTOR CO. PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Apr 2019 |
| 4. Expiry Date of Insurance | : 31 Mar 2020 |
| 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)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,000
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SINGAPURA FINANCE 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 : INSURE LINK PTE LTD (00000614836)

Date of Issue : 03 Apr 2019 13:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive