





## 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	24/04/2019 18:00
Date Of Accident	12/04/2019 16:00
Exact Location Of Accident	PIE AFTER STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4824A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LESLIE TAY KAH YEW
NRIC No	S9002934G
Email Address	LESLIE_TAY90@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91815712
Alternative Phone No	OFFICE-91815712

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
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	REPORTING ONLY
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	5101118866
Cover Note Number	

### Driver

Name of Driver	LESLIE TAY KAH YEW
NRIC No	S9002934G
Date Of Birth	20/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91815712
Fax Number	
Contact Number	OFFICE-91815712
Email Address	LESLIE_TAY90@HOTMAIL.COM

Address	BLK 166A YUNG KUANG ROAD #08-08
Postcode	611166
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)	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	SGN754B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW LI LIN
NRIC/Passport Number	S7126353C
Contact Number	96411442
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 24/3/19  
0930



Driver's Signature

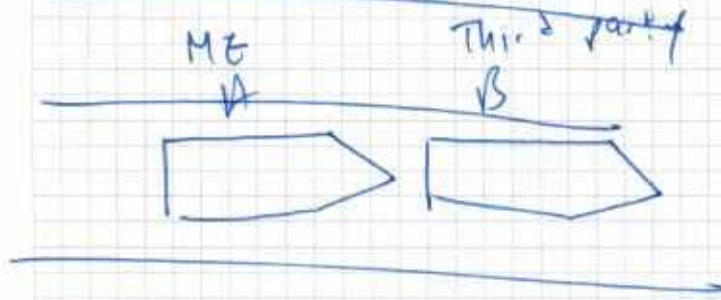
(If driver is not the policyholder)  
Date & Time: 24/4/19  
0930



Reporting Centre Personnel's Signature

Name: Kelli Lim  
NRIC/FIN No.:

# SKETCH PLAN



A) SJR 4824A

B) SGN 754B

PIE AFTER STEVENS ROAD T-JCT.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Third party ~~on~~ signal right & cut into first lane from second lane & break. I couldn't stop in time & hit the bumper of the car. Third party didn't say she wants to claim until 23 Apr 2019.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 24/4/19  
0930

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/4/19  
0930

*[Signature]* 25/04/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

rsbm

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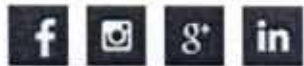
**From:** Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>  
**Sent:** Thursday, 25 April, 2019 4:43 PM  
**To:** LKK Bukit Merah; ODsupport  
**Subject:** RE: MT/1040332 SJR4824A

Please quote this claim nbr when billing MT/1040332-001

With Regards

**Theresa Vimala**  
Senior Administrator  
Motor Insurance  
T +65 6430 7898  
[www.income.com.sg](http://www.income.com.sg)

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**in** with you

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**From:** LKK Bukit Merah [<mailto:rsbm@lkkauto.com>]  
**Sent:** Thursday, 25 April 2019 2:47 PM  
**To:** ODsupport <[ODsupport@income.com.sg](mailto:ODsupport@income.com.sg)>  
**Cc:** Theresa Vimala D/O Balagangadharan <[thrsvim.bala@income.com.sg](mailto:thrsvim.bala@income.com.sg)>  
**Subject:** MT/1040332 SJR4824A

Hi the above mention claim cannot create ebao thanks.

Thanks & Best Regards,  
**ROSLI WAHAB**  
NACS Bukit Merah  
Tel: 6898 0055  
Fax: 6271 8802  
Email: [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

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recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



# ACCIDENT STATEMENT

ACCIDENT DATE: (12/04/2011) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: PIE After Stevens Road Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR4824A  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: S10111806  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Fit 1.3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Normal travelling  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Leslie Tay Kah Yew (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S90029346 CONTACT: 91815712  
 c) ADDRESS: Block 166A TUNG KUNNG ROAD #05-08  
 S611166

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Leslie Tay Kah Yew (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S90029346 CONTACT: 91815712  
 c) ADDRESS: Block 166A TUNG KUNNG ROAD #05-08  
 S611166

\* d) DATE OF BIRTH: (20/01/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 7/11/2008

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCN754B MODEL:  
 b) DRIVER'S NAME: Chen Li Lin  
 c) NRIC/FIN/PASSPORT: S7126353C CONTACT: 9641 1442

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (Including driver)  
 (1)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

email = leslie\_tay90@hotmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9002934G



Name

LESLIE TAY KAH YEW  
(ZHENG JIAYAO)

郑家耀

Race

CHINESE

Date of birth

20-01-1990

Sex

M

Country of birth

SINGAPORE

S9002934G

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9002934G

Name

LESLIE TAY KAH YEW  
(ZHENG JIAYAO)

Birth Date: 20 Jan 1990

Issue Date: 19 Dec 2014



3571006

NRIC No: S9002934G



Date of issue

02-02-2005

APT BLK 166A YUNG KUANG ROAD #08-08  
SINGAPORE 611166

NRIC No: S9002934G

Date: 23/03/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	07 Dec 2009
Class 2A	Motorcycles between 201 cc and 400 cc	20 Jan 2011
Class 2	Motorcycles > 400 cc	20 Apr 2012
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	07 Nov 2008

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:** 5101118866

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJR4824A**  
 Chassis Number : **GE61146086**
2. Name of Policyholder : **LESLIE TAY KAH YEW**
3. Effective Date of Insurance : **01 Jun 2018**
4. Expiry Date of Insurance : **24 Jun 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: <b>LESLIE TAY KAH YEW</b>
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: <b>HONG LEONG FINANCE LIMITED</b>
SUM INSURED	: <b>MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS</b>

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 : **I CARE GENERAL INSURANCE AGENCY (00000572567)**  
 Date of Issue : **01 Jun 2018 10:50 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : N/A 419053290 Vehicle Registration No: SJR 4P24A  
Name (as shown in NRIC) : Wong Tay Kah Yaw NRIC/FIN/Passport No : SI 89009344  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91815712  
Email Address : \_\_\_\_\_  
Date of Accident : 12/04/2019 Time of Accident : 16:00  
Place of Accident : PIN AT THE STRAITS ROAD EXIT  
Insurance Company : ~~MSIG~~ NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED WITH NTUC AND NOT MSIG

Policyholder / Driver's Signature  
Date:

20/04/2019  
Reporting Centre Personnel's Signature  
Name: ROSE LIPSON  
NRIC/FIN No.:  
Date: