

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	29/04/2019 14:40
Date Of Accident	28/04/2019 11:50
Exact Location Of Accident	ST ANDREW'S RD JUNCTION OF PARLIAMENT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

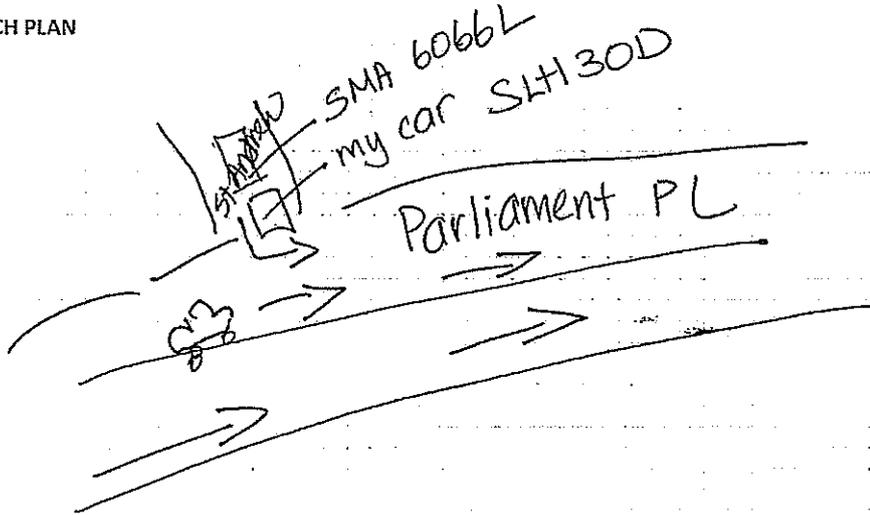
Vehicle Registration Number	SLH30D
Insured/Policyholder	
Name Of Registered Owner	TOK AH CHUAN
NRIC No	S7117152C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90733030
Alternative Phone No	OFFICE-90733030
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being 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	5100859377
Cover Note Number	
Driver	
Name of Driver	LEE PEI LUAN
NRIC No	S7037127H
Date Of Birth	21/10/1970
Occupation	INDOOR
Date Of Driving Pass	29/07/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92783030
Fax Number	
Contact Number	
Email Address	NOEMAIL

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE PEI LUAN
Approximate Age	48
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SLH30D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	10 BOON LAY DRIVE #07-26 SUMMERDALE
Postcode	649929

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/4/19 @ 11:50am I am at St Andrew's Rd waiting to turn to Parliament PL Road. while waiting for at the road to be clear SMA6066L hit my rear of my car.

Driver of SMA 6066L : Win Phyu Shwe
Licence Number : G0616057W

DECLARATION

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

Policyholder's Signature:

Date & Time: 29 APR 2019

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NG WING KIN JAMES

NRIC/FIN No.: admin.vac@vicom.com.sg



**SINGAPORE
POLICE FORCE**



T/20190428/2079

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190428/2079

CONTINUATION OF REPORT

Driver:			
Name	LEE PEI LUAN	ID No.	S7037127H
Related Vehicle	SLH30D (Car)	Contact No.	92783030
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/04/2019	Date Discharge	28/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver:			
Name	WIN PHYU SHWE	ID No.	G0616057W
Related Vehicle	NIL	Contact No.	96604433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above said mentioned date, time and location, while I was driving my vehicle (SLH30D), there is a vehicle (SMA6066L) had hit onto my rear of my said vehicle. My vehicle's boot was damaged and cannot locked. After the accident, I had exchanged particulars and contact number with the driver of the vehicle (SMA6066L). I had suffered some pains of my back body and shoulders. I had seek medical treatment at Ng Teng Fong General Hospital and I was given 3 days of MC. This is the first time such incident had happened. I am lodging a police report to claim insurance.



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: S100859377 Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SLH30D
 Chassis Number : RU11209067
2. Name of Policyholder : TOK AH CHUAN
3. Effective Date of Insurance : 06 Jun 2018
4. Expiry Date of Insurance : 05 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TOK AH CHUAN
NAMED DRIVER (1)	: LEE PEI LUAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) PTE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
 Date of Issue : 23 May 2018 11:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:54248126)

ORIGINAL

NAME: LEE PEI LUAN

NRIC: S7037127H

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty from **28/4/2019** to **30/4/2019** inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **28/04/2019 17:15** to **28/04/2019 19:44**.

28/04/2019
Date

Dr. Yat Sun Michael CHU (15199H)
Issued by


Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo



Accident Photo



Accident Photo

