SINGAPORE ACCIDENT STATEMENT



IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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	04/05/2019 10:24	
Date Of Accident	03/05/2019 18:25	
Exact Location Of Accident	ALONG NICOLL HIGHWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ720A	
Insured/Policyholder		
Name Of Registered Owner	TO-GO	
Co Reg No	53338726D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90668911	
Alternative Phone No	OFFICE-90668911	
Vehicle Particulars		
Manufacturer	KIA	
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR	
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5101665673	
Cover Note Number		
Driver		
Name of Driver	HO SAU CHAN	
NRIC No	S7183168Z	
Date Of Birth	26/11/1971	
Occupation	OUTDOOR	
Date Of Driving Pass	06/06/2008	
Driving Experience	10 YEARS AND 10 MONTHS	
Gender	MALE	

(LOCAL) +65-90668911

NOEMAIL

Address

BLK 151 SERANGOON NORTH AVE 2 #04-37

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

3

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. Number of Passengers (Including Driver)

NO 3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

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

I WAS STATIONARY WAITING TRAFFIC LIGHT, SUDDENLY REAR VEHICLE B SJS4393X HIT MY BEHIND, THE IMPACT CAUSES MY VEHICLE TO MOVE FORWARD AND HIT VEHICLE C SZX3006H.

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

SJS4393X

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

PRIVATE CAR

Name of Driver

AJAI MITTER S/O JAGQISH MITTER

NRIC/Passport Number

S2188234H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SZX3006H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

TO - GO

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

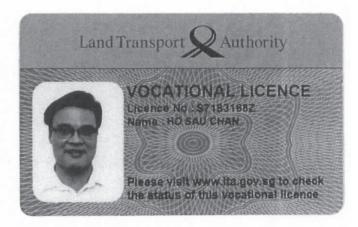
Reporting Centre Personnel's Signature

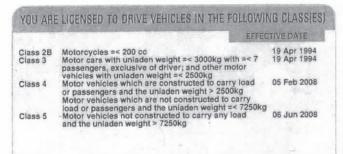
Sketch Plan #2

SKETCH PLAN		TTT first to rever
A N	CON Highway BD ADIC	A SJZ 72.0A B SJS 4393 C. SZX 3006
	NCES OF THE ACCIDENT	
behind th	Prav Vehicle IS ST L impact. Causes we and list Vehicle C S	5 4393 X Wit my
	iculars are true in every respect.	
olicyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
such a supplier to the	Date & Time; 4/1/2019.	Name: NRIC/FIN No.:









NP 428A

Licence No:S7183168Z



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Issue Date

PRIVATE HIRE CAR VL



Type Description

12/06/2018



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5101665673

The Policyholder

TO-GO

BLK 151 #04-37

SERANGOON NORTH AVENUE 2

SINGAPORE 550151

Period of Insurance

: 26 Jun 2018 To 25 Jun 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,122.13

Interest Insured

Cover Type : drivo CLASSIC Primary Driver : HO SAU CHAN

Named Driver (1) : N/A

Named Driver (2) : N/A Make/Model : KIA/CERATO FORTE

Capacity : 1600cc Registration Number Registration Year : 2009 Chassis Number : KNAFH221395067843 Off-peak Car : No Repair at Owner's Preferred Workshop: No Insure with COE : Yes Excess (Section 1) NCD Entitlement : 50% : S\$2,000 Excess (Section 2) : S\$1,500 NCD Protection : Yes

Windscreen Excess : S\$100 Additional Excess : N/A

Unnamed Driver Excess : Please refer to Terms and Conditions Hire Purchase Company : BENEFIT AUTO ENTERPRISE PTE LTD

Optional Cover

Transport Allowance : No Excess Waiver : No

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. 2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative: M4

Agency

: BENEFIT AUTO INSURANCE AGENCY (00000573333)

Date of Issue

: 26 Jun 2018 11:33 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive