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1) Apply for Transport Allowance ()/Co	ourtesy Car ()					
2) QC Check / Post Repair Inspection	(·)		<u> </u>		7.	
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		· ·			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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.
- Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	22/05/2019 16:06
Date Of Accident	21/05/2019 19:25
Exact Location Of Accident	KPE TOWARDS TPE BEFORE EXIT 9A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV6296P
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE, LTD.
Co Reg No	201709236H
Email Address	TIDY_HUAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90022005
Alternative Phone No	OFFICE-90022005
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used a time of accident	E-1-sub-table
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108747945
Cover Note Number	
Driver	
Name of Driver	LIM SOON HUAT, RICHARD (LIN SHUNFA)
NRIC No	S7804393H
Date Of Birth	10/02/1978
Occupation	INDOOR
Date Of Driving Pass	01/09/2001
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90022005

TIDY_HUAT@HOTMAIL.COM

OTHERS-90022005

Address

BLK 659C PUNGGOL EAST

#05-751

Postcode

823659

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?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

.....

Was any body injured in the Accident?

YES

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)

0.25

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190521/2170

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

SLR8757K

Vehicle Make/Model/Colour

TOYOTA WISH

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMC905U

Vehicle Make/Model/Colour

HONDA CRV

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)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN PASSENGER

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLR8757K

Were seat belts worn?

NO

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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 .:

Policyholder's Signature

EDARMIC SAMERPOINFORM, V.F.

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: Kolu WOV/N3

NRIC/FIN No .:





1 of 3

Report No. T/20190521/2170

Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

21/05/2019 20:42		/lade:	Vide Report No.:	Station Diary No.: 80		
Informa	nt's Partic	ulars		STATE OF THE STATE		
Name of Informant: LIM SOON HUAT, RICHARD			Address: APT BLK 659C PUNGGOL EAST #05-751 SINGAPORE 823659			
ID Type / ID No.: NRIC NO / S7804393H			Contact No.: Home/Office: Mobile: 90022005			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 41 10/02/1978			Type of Informant: Driver			
Race: Chinese Occupation: CAR RENTAL MANAGER			Language:	Institution / School Name:		
		IAGER	Driving Licence Information: Class: 3,4,5	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2019 19	25	Type of Location Straight Road
KALLANG PA TAMPINES E	Traveling Toward R AYA LEBAR EXPRES XPRESSWAY TPE before Exit 9A				
Weather: Clear	THE SOLOTO EAR OF T	Road Surface:		100,965,085	d Speed Limit: (m/h
Traffic Flow: Traffic Control: One Way Not Controlled			100000000000000000000000000000000000000	fic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Any	one conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV6296P	Car	HONDA	Stream	White	Slightly Damaged	0
SLR8757K	Car	TOYOTA	Wish	Grey	Slightly Damaged	1
SMC905U	Car	HONDA	HRV	Black	Slightly Damaged	0





2 of 3

Report No. T/20190521/2170

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Person					
Any Pedestrian Ir	volved: No	1		_	
No. of Pedestrian	s Injured: NIL	Use of Pede	estrian	Cross	ing: NA
Driver				Page 1	THE PERSON NAMED IN COLUMN
Name	LIM SOON HUAT, RICHARD		ID No.		S7804393H
Related Vehicle	SJV6296P (Car)		Conta	ct No.	90022005
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
	ted Medical Leave NIL	Degree of I	njury	NIL	

Brief Details.

On 21/05/2019 at 1925hrs, I was driving my vehicle SJV6296P Honda Stream white colour, alone along centre lane of KPE and I exited the tunnel before exit 9A(Tampines Road, Hougang Town, Tampines Ave 10), my vehicle collided onto the vehicle in front of mine and that vehicle SLR8757K Toyota Wish dark grey colour (driver and one passenger seating at the rear) collided onto another vehicle in front of it. I came out of the vehicle and noticed that the front vehicle is SMC905U Honda Vezel black colour (driver). I noticed that the passenger of the second vehicle (SLR8757K) was bleeding from her nose. I provided my particulars to both the drivers and the second vehicle informed that he will proceed to hospital to seek medical treatment for the passenger. I am not injured.

My vehicle bumper and bonnet dented inwards. The headlights were cracked.





3 of 3

Report No. T/20190521/2170

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt AKBAR KHAN GAFFOOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2019 20:42
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	

Peticy No.					
	5109747945	Vehicle No.	57/52507	GST Registration to	=42/01/01/01
Cirtificate No.	5100747945-000009			war negatiation its	201709236H
Policyhelder Name	SRS AUTO HOLDINGS PTE, LTD.			Policyheleur NR1C	201200000
Product Code Contact No (Mobile)	FLEET MASTER INSURANCE	Cover Type	Third Party	Leading	201209226m 0
Email Address	90322005	Certaix Ne.(Office)		Contact No.(Home)	
	W 12	Special Remark		eCode:	No *
KFE NCD Probection	e No Yes.	TCA	- No Ves	eCinio Reason	(HD -
Accident Details	No	NCO Emplement(%)		Provate Hire	Tes.
Report Date					A least
	32/09/2019 16:17	Accident Report Within 24 hrs	Yes	Acodynt Type	Diwin Califolian
Date of Acodemi	21/05/2019	Time of Accident not more	19.25	Country of Accident	
Reporting Centre		Orange Force		TCM No.	Singapore
Received Location	KPE TOWARDS THE SEPURE EAST 94			300 3 1000	
Total Excess Applicable	72 T T T T T T T T T T T T T T T T T T T				
бисевя Туре	Per Accident	Windscreen Excuse	ti.bu		
OD Standard Excess					
VIED OD Excess	0.00	TP Standard Excess	1,500.00		
Additional Excess	0.00	VIED TF ENCESS	9.00	Driver is Coveres?	Covered
Tutal OD Escasa Applicable	0144011				
♥ Benefits	0.00	Total TP Excess Applicable	1,500.00		
→ GST Registered Informa	U-03				
ST Registered					
257 Registration No.	T00		GST Registration Date	01/08/2017	
Holdification History	301709236H		GST Status Verified	Ves	
Canadoon in Leville					
▼ Policyholder Mailing Ade	trans.				
advess 1	ACHIEL CRESCENT				
ddress 4	THE SECOND	Address 2	#85-bt	Address 3	SINGAPORE 488569
inst No.		Address Type	Singapore address	Past Code	408269
♥ OI Driver Info		Related Policy Number	5108747945	200 C 1 7 May 20	
Charles and the control of the contr					
Private Numbe	Otnamed Driver	Driver Type	Unnamed Oriver		
nnames anver Name	LIM SDOW HUAT, RICHARD ILIN	Driver NRSC	87904393H	Driver DDs	15/62/1976
egister Date of Driver License	01/09/3001	Driver Age	41	Oriving Experience	
arriect No.(Nobile)	90032005	Contact feo.(Office)		Coreact No.(Home)	17
ddress I	NLK 659C #09-751	Address 3	PUNGGOL EAST	Address 3	
diffress 4	SINGAPORE 823859	Address Type	Foreign address	Post Code	WATERWAY SAMILAY
Mil Nu,	05-75)			Post Case	823859
tions he carr a Singapore (agistered car)	Yes a No	Driver Vehicle No.	SIMGIGUP	025TF 69	
12 Te 1 Te 2		131/300-230-300-1400	20,401035	Driver Insurar Company	NTUC
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* Video List

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NAC_BURST_MERAH_BOOGTH; NATIONAL ASSESSMENT CENTRE SERVICE S (BURST HERAH); no. 22 May 2019 15:21	Photos	Normal	Photos 2015-5-22

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Actua

ACCIDENT STATEMENT

ACCIDENT DATE: 1 1 1 (DD/MM)	YYY). TIME: (19: 25)(HH:MM)
LOCATION: KPE Towards TPE	
CIPOLICY NUMBER: 510874794	NCOME 5
DIVERIOLE CATEGORY (DELLA CONTRETATION)	DPPV / MOTOROVOLE / OFFICE
h)PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN.	PRIVATE
2. INSURED / POLICY HOLDER A) NAME: SRS AUTO HOLDINGS PTE	REPORTING ONLY
b)NRIC/FIN/PASSPORT: c)ADDRESS:	CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY CIncluding driver) GINAME: LIM SOON HUAT. RICHARD	0
C) ADDRESS: <u>RLK 659C PUNGGOL</u>	CONTACT: 90022 005
e)OCCUPATION: (INDOOR) OUTDOOR)	'amı
4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W. 5. CONDITION: (CLEAR) RAINING	TTU TAICUIDED
6. WAS ANYBODY INJURED (YES) NO) 7. DIREPORTED TO POLICE (YES) NO)	
B. THIRD PARTY VEHICLE	
() DRIVER'S NAME:	MODEL: TOYOTA WISH
140 of passenger d) VEHICLE NUMBER: SMC 905 U	CONTACT:
Including driver) DRIVER'S NAME:	CONTACT::-

email = tidy-huat@hotmail.com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7804393H



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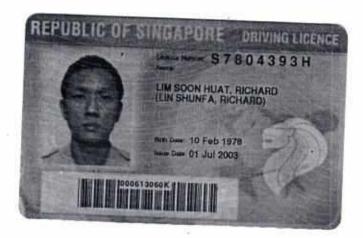
LIM SOON HUAT, RICHARD (LIN SHUNFA)

林顺发

CHINESE Date of Birth 10-02-1978

SINGAPORE











Report No. 7/20190521/2170.

Certif	ficate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959	ISATION) RULES, 1960
Certificate Number: 5108747945-000009	Cover : Third Party
1. Index mark and Registration Number of Vehicle	A STANDARD S
Chassis Number	: SJV6296P : JHMRN68609S200640
2. Name of Policyholder	SRS AUTO HOLDINGS PTE, LTD.
3. Effective Date of Insurance	: 18 Apr 2019
4. Expiry Date of Insurance	: 17 Apr 2020
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	
(b) Any other person who is driving on the Policy	holder's order or with his/her permission.
enactment or regulation in that behalf from d 6. Limitations as to Use#	
(a) Use for social domestic and pleasure purpose	s 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 sample) (c) Use for any purpose in connection with the Minester 	ples) in connection with any trade or business.
# Limitations rendered inoperative by Section 9.	of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road 1	Transport Act, 1987 (Malaysia), are not to be included under these
headings.	transport rice, 2507 (Walaysia), are not to be included under these
EXCESS (SECTION 1)	; N/A
EXCESS (SECTION 2)	: 5\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE NCD PROTECTION	: N/A
PRIMARY DRIVER	: NO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A
	: N/A
I/We hereby Certify that the Policy to which this Certif	ficate relates is issued in accordance with the provisions of the Motor
Vehicles (Third Party Risks and Compensation) Act (Ch	apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : SININS AGENCY PTE. LTD. (0000 Date of Issue : 08 Apr 2019 14:49 hrs	0615123)
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	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
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Countersigned By:	
Authorised Offic	cer Chief Executive
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