

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	12/06/2019 10:31
Date Of Accident	11/06/2019 23:30
Exact Location Of Accident	PATERSON ROAD & ORCHARD BOULEVARD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8567A
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Insured/Policyholder

Name Of Registered Owner	THONG CHING BOON (TANG QINGWEN)
NRIC No	S8109580I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97835735
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-1.8 KOMPRESSOR (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	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	5101539687
Cover Note Number	

Driver

Name of Driver	THONG CHING BOON (TANG QINGWEN)
NRIC No	S8109580I
Date Of Birth	30/03/1981
Occupation	INDOOR
Date Of Driving Pass	19/07/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97835735
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	BLK 530A PASIR RIS DRIVE 1 #04-356
Postcode	511530
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	RAINING
Road Surface	WET

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?	NO
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

REFER TO SKETCH PLAN

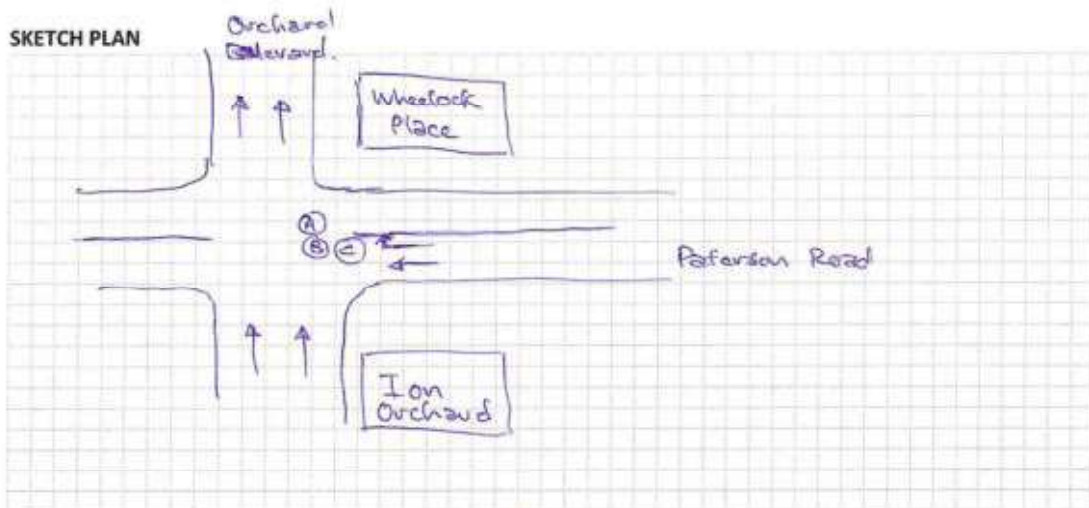
Attachment(s)

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	SHA1711A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT → (B)

At around 2330HRS I was driving along Paterson Road, turning into Orchard Boulevard when driver (A) e-brake. I too e-brake but did not collide onto Car (A) as there was a safe distance ahead. However Car (C) driver failed to keep a safe distance & collided onto my Car, Car (B).

Incident Time: 2330HRS

Incident Date: 11th June 2019

Particulars of Driver (C) as follows:

Name: Tan Kok Thuan

NRIC: S6380726F

Tel: 84981329.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/06/2019

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

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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.



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.:



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: 5101539687

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLZ8567A |
| Chassis Number | : WDD2040412A352823 |
| 2. Name of Policyholder | : THONG CHING BOON |
| 3. Effective Date of Insurance | : 20 Jun 2018 |
| 4. Expiry Date of Insurance | : 19 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: THONG CHING BOON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : KRUISE AUTO PTE. LTD. (00000573427)
 Date of Issue : 20 Jun 2018 16:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

IC & DL

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a man.

Licence Number: **S81095801**

Name: **THONG CHING BOON (TANG QINGWEN)**

Birth Date: **30 Mar 1981**

Issue Date: **08 Jan 2004**

Barcode: 001077035J

REPUBLIC OF SINGAPORE

Portrait photo of a man.

Identity Card No. **S81095801**

Name: **THONG CHING BOON (TANG QINGWEN)**

Chinese Name: **汤清文**

Race: **CHINESE**

Date of Birth: **30-03-1981**

Sex: **M**

Country of Birth: **SINGAPORE**

Barcode: 001095801

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	08 Jan 2004
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	19 Jul 2004

S/N: **9000017571**

Licence No: **S81095801**

NP 425A

470131

Barcode: 001095801

NRIC No: **S81095801**

Portrait photo of a man.

Date of Issue: **30-03-2011**

APT BLK 530A PASIR RIS DRIVE 1 #04-358

SINGAPORE 511530

NRIC No: **S81095801**

Date: **14/08/2015**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card





Other



Other



Other



Other



Other





Other



Other



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017739

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:

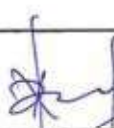
Original Report No : MJHK19076437 Vehicle Registration No: 8LZ8567A
Name (as shown in NRIC) : Thong Ching Boon NRIC/FIN/Passport No : S81095801
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 530A Pasir Vis Dr 1 #04-356 Singapore (SUS30)
Contact (Tel) : _____ Mobile No. : 97835735
Email Address : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : Peterson Rd & Orchard Boulevard Junction
Insurance Company : NTUC Income Insurance

(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:

changes to the time of accident

Policyholder / Driver's Signature
Date:


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

