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		DIC (	Tel:	Fax		2
TP Particulars: Veh No: J	168739	. INC(	)/Non-INC(	)		
	Period: (		Tel:			
Confirmed by : (		Date:	Cover Type: (		)	
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 aforesaid.

ACCI	DENI	SIA	ΕM	ENT

 Date Of Report
 24/06/2019 11:02

 Date Of Accident
 21/06/2019 17:30

Exact Location Of Accident SLIP RD B. PANJANG RING RD TWDS B. PANJANG RD

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBC6555L

### Insured/Policyholder

Name Of Registered Owner CHUAN HOE TRADING CO PTE LTD

 Co Reg No
 197803265K

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98165555

 Alternative Phone No
 OFFICE-98165555

### Vehicle Particulars

Manufacturer TOYOTA

Model HIACE VAN TURBO 5DR MT

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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

COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5093083996-01

Cover Note Number

### Driver

 Name of Driver
 LIM LEE HUAT

 NRIC No
 \$1335196A

 Date Of Birth
 08/10/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/01/1985

Driving Experience 34 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90186419

Fax Number

Contact Number OFFICE-90186419

EMail Address

NOEMAIL

BLK 101 RIVERVALE WALK Address

#02-30

Postcode 540101

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

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

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)

2

Passenger 1

ambulance?

NAME: 5 -

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF SLIP RD BUKIT PANJANG RING RD AS THERE WAS ONCOMING VEHICLES TRAVELLING ALONG MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

### 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

**SJT6833A** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RASHIDAH BINTE AMID

NRIC/Passport Number

S7519193F

Contact Number

Address

Postcode

Insurance Company Name

# Name LIM LEE HUAT Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 5. Any faise reporting may be referred to the Police for investigation.
- 5. 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 longment 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
  - 1) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - [11] reestigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iii) 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 "Putnoses"
- (b) di usurer(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 aggrans (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my ersonal Information will also be collected and used to compile claims history for the purpose of fraud detection, aveiligation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - is 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) the complying with requirements under any regulations, laws or court orders.

CO. REG. NO. 197803265K 22 NEW INDUSTRIAL ROAD

#05-13 PRIMAX SINGAPORE 536208 Senature TEL: 6283 5555

driver is not the policyholder)

Date & Time:

Reporting Centre Perso

ature

Name: NRIC/FIN No.

Bukit Punjung Rd	A. GEC GSSSL
	A. GEC GSTSL B: SJT 6833A
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SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



15/7 Date: 08 Oct 1958 e Date 09 Oct 2003



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1335196A





LIM LEE HUAT

CHINESE 08-10-1958 SINGAPORE

YOU ARE DEENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES).

PASS DATE

Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilogram Class 3

For LKK/NAC Use Carly

13-03-1995

APT BLK 101 RIVERVALE WALK #02-30 SINGAPORE 540101

NRIC No: \$1335196A

Date: 17-10-2005 No: 5315155

NP 428A

<b>eBao</b> Tech								Maria I		Genera	alClaim
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My Desktop	Poli	cy Query									
Notice of Loss	Policy t	No.				Date	e of Accident	2	1/06/2019 1	7:30	
	Vehicle	No.(For Motor)	GBC65	555L		Cert	tificate Number			1100000	
						Search	J.				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093083996- 01		CHUAN HOE TRADING CO PTE LTD	197803265K	GCV	Comprehensive				01/08/2019
					l l	Continue					

	A P A TO STATE OF THE PARTY OF						
Policy No.	5093083996-01	Policyholde Name	CHUAN HO	E TRADING CO PTE L	Policyholder NRIC	197803265K	
Certificate No.							
Address	22 NEW INDUSTRIAL ROAD #05	-13 PRIMAX	SINGAPORE :	536208			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	25/07/2018	Effective Date	02/08/2010	8 00:00	Expiry Date	01/08/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	DING FENG PTE. LTD.	Agent Tel.	67499699		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	22 NEW INDUSTRIAL RO	AD Add	ress 2	#05-13 PRIMAX		Address 3	SINGAPORE 536208
		Add	ress Type	Singapore address		Post Code	536208
Address 4							
Address 4 Unit No.	05-13	Rela	ited Policy	5093083996-01			
Unit No.	05-13 ed Object: GBC6555L	Rela Nun	ited Policy ober	5093083996-01			
Unit No.	d Object: GBC6555L	Rela Nun	ited Policy iber	5093083996-01			

Water   Wate	laim Handling							
## PROPORTION NO.   PR	cident MT/1050169							
Minder Sales  - Minder Sales - Mind	DICY NO.	5093083 <del>996</del> -ÓL	Vehicle No.	GBC6353	L	GST Registration N	0.	M200330935
This provider And Committed	intificate No.							
Comment   Comm	olicyholder Name	CHUAN HOE TRADING CO PTE LTD				Policyholder NRIC		197803265K
Second	roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Compreh	ensive			
Section   Sect	ontact No. (Motele)	90105555	Contact No.(Office)	0				
	mail Address		Special Remark				4	
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imark Type Claimant Type * Please Select						Contact No.(Office)		62835555
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