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 <u>truthful and 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	19/07/2019 16:03		
Date Of Accident	18/07/2019 21:40		
Exact Location Of Accident	PIE TOWARDS BKE.		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJZ556H		
Insured/Policyholder			
Name Of Registered Owner	TEY CHYE YONG		
NRIC No	S7145288C		
Email Address	LANYTAN78@HOTMAIL.COM		
Mobile Phone No	(LOCAL) +65-82013752		
Alternative Phone No	OFFICE-82013752		
Vehicle Particulars			
Manufacturer	HONDA		
Model	SHUTTLE		
Exact Purpose for which vehicle was being used at time of accident			
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	5107678049		
Cover Note Number			

Driver

Name of Driver TAN BOON TEONG NRIC No S1789857D

Date Of Birth 15/04/1967
Occupation INDOOR
Date Of Driving Pass 18/08/1989

Driving Experience 29 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81680998

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 450 BUKIT PANJANG RING RD #10-593

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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)

involved in the accident

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 18/07/2019 @ BOUT 2142 HRS, I WAS DRIVING MY CAR (SJZ556H) ALONG PIE TOWARD BKE IN THE 4th LANE FROM THE RIGHT. VEHICLES INFRONT OF ME SLOW DOWN AND STOPPED SO I SLOW DOWN AND ALMOST COMPLETE STOP. SUDDNELY I FELT AN IMPACT FROM BEHIND AND THENI REALIZED THAT I WAS INVOLVING 4 VEHICLES CHAIN COLLISION AND WHEN I WENT TO CHECK MY CAR CAMERA RECORDER'S VIDEO FOOTAGE I SAW THAT A WHITE CAR (SLV2460J) BEHIND OF THE RED CAR (SLM6332) COLLIDED AND THEN MY CAR BEEN COLLIDED BY VEHICLE B (SLM6332S). I THEN WENT TO DO CHECK UP WITH MY FAMILY DOCTOR AND THE DOCTOR DID REFER ME TO OTHER HOSPITALL TO FOLLOW UP MY MEDICAL TREATMENT. THERE TO LODGE THIS REPORT TO CLAIMING AGAINST VEHICLE B (SLM6332S)'S INSURANCE FOR MY ACCIDENT DAMAGES.

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 SLM6332S

Vehicle Make/Model/Colour

Details Of Properties VEH B

Vehicle Category PRIVATE CAR
Name of Driver WONG REN JIE

NRIC/Passport Number

Contact Number 97855085

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV2460J

Vehicle Make/Model/Colour

Details Of Properties VEH C

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 93236087

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR4313J

Vehicle Make/Model/Colour

Details Of Properties VEH D

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 TAN BOON TEONG

Approximate Age Injuries Sustain

Injured person in which vehicle?

SJZ556H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

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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.

Driver's Signature (If driver is not the policyholder

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN		
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) G () ()	20 073 65H
		ASJZ 5564.
		(B)SLM 6332S
		1
		© SLV 3460J
		(D) SLR 4313J
		Along PIE Towards
	B	Along PIC touris
		RKE
	Б	
DESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT	
		A STATE OF THE STA
On 18-07-2019@	about 2142hrs, I w.	as driving my car (SJZ556H)
along PIE Towards	BKE in the 4th lane	from the right. Vehicles
l \ - / h		o i slow down and almost
		mpart from behind and then
Healized They	involving 4	Cors chain collision and
		re recorder s video footage
) behind of the red car
(SLM 6332S) collide	id and then my car	been collided by Vehicle
B(SLM 8332S)	then went to do ch	reck up with my family doctor
	d refer my to other	
medical treat most	thereto lader this	s preport to claim against
Maricle RCCIMLA	12 10) 1	wrong accident danges.
we be sun of	1323) s magrance	y account damps.
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DECLADATION		
DECLARATION I/We declare the foregoing particulary	arsare true in every recoest	
Restriction of the state of the		
	////o/s. ///	E
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

Date & Time:

NRIC/FIN No.:

Page 5 of 13



Certificate of Insurance

: SJZ556H

: GP82000931

: 21 Feb 2019

: 20 Feb 2020

: TEY CHYE YONG

Cover : drivo CLASSIC

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: 5107678049

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance4. Expiry Date of Insurance

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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : TEY CHYE YONG

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : KENSO LEASING 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 : Th

: THONG LEE TRADING PTE LTD (00000613251)

Date of Issue

: 20 Feb 2019 16:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

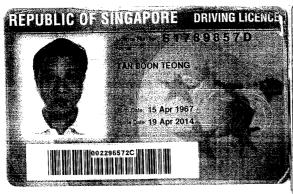
Authorised Officer

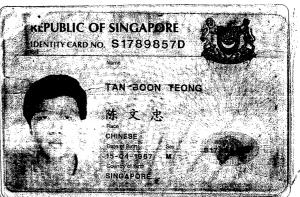
Chief Executive

Accident Sketch Plan Pg. 1



- owner





Driver





