

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	16/07/2019 17:21
Date Of Accident	16/07/2019 09:45
Exact Location Of Accident	JUNCTION OF NEW BRIDGE ROAD / UPP PICKERING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6358Z
Insured/Policyholder	
Name Of Registered Owner	RENTAL HYGIENE SERVICES PTE LTD
Co Reg No	200202717H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64811300

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5097499392-01
Cover Note Number	

Driver

Name of Driver	LIU FEI
Work Permit No	G6771762M
Date Of Birth	09/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83051652
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 143 LOR AH SOO #09-221
Postcode	530143
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	SIDE SWIPE
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	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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : CHUN LI
	GENDER: : FEMALE

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

TRAFFIC LIGHTS TURN GREEN, FRONT VEHICLE MOVE OFF, I PROCEED TO MOVE FORWARD, SUDDENLY VEHICLE B (SMD2051P) SWERVE TO MY LANE AND HIT ONTO MY VEHICLE.

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	SMD2051P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	REDZANUDIN BIN ABDUL MALEK
NRIC/Passport Number	S8438183G
Contact Number	84982910
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:

- (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.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

traffic light turn green, that vehicle move off, I proceed to move forward. Suddenly vehicle B swerve to my lane and hit onto my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRIC/PIN No.:

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a man.

License Number: **G 6771762 M**
Name: **LIU FEI**

Birth Date: **09 Jul 1987**
Issue Date: **20 Apr 2016**
Valid Till: **11/01/2021**

Barcode: **002559415A**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE	
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	12 Jan 2011	1
			6

G6771762M

S / No. 9000239582

NP 428A

Barcode: Licence No: G6771762M

VISIT PASS
Immigration Regulations

14-09-2018

Name
LIU FEI

83051652

FIN
G6771762M

Date of Birth Sex
09-07-1987 M
Nationality
CHINESE

Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
RENTAL HYGIENE SERVICES PTE. LTD.



Name
LIU FEI

Work Permit No.
O 74099300

Sector:
SERVICE

O 74099300



K0787845

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 : 5097499392-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBF6358Z**
Chassis Number : JN1MC2E26Z0007284
 2. Name of Policyholder : RENTAL HYGIENE SERVICES PTE LTD
 3. Effective Date of Insurance : 22 Jan 2019
 4. Expiry Date of Insurance : 21 Jan 2020
 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.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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)

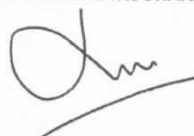
Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 03 Jan 2019 17:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

[➤ Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

2717H

Vehicle Details

Vehicle No.:

GBF6358Z

Vehicle to be Exported:

No

Intended Deregistration Date:

16 Jul 2019

Vehicle Make:

NISSAN

Vehicle Model:

NV350 PANEL VAN 2.5 5MT 5DR EURO V

Primary Colour:

White

Manufacturing Year:

2016

Engine No.:

YD25407202A

Chassis No.:

JN1MC2E26Z0007284

Maximum Power Output:

-

Open Market Value:

\$23,668.00

Original Registration Date:

09 Jan 2017

First Registration Date:

09 Jan 2017

Transfer Count:

1

Actual ARF Paid:

\$1,184.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

08 Jan 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$43,075.00

COE Rebate Amount:

\$32,213.00

Total Rebate Amount:**\$32,213.00**

The information contained herein is correct as at 16 Jul 2019

OK