

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	26/07/2019 12:06
Date Of Accident	25/07/2019 09:50
Exact Location Of Accident	YISHUN CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD5429U
Insured/Policyholder	
Name Of Registered Owner	APSL CONSTRUCTION PTE LTD
Co Reg No	201424421N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62543689
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L200
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	5108008041
Cover Note Number	
Driver	
Name of Driver	LIM CHUAN HUAT
NRIC No	S7233865J
Date Of Birth	25/09/1972
Occupation	INDOOR
Date Of Driving Pass	09/02/1993
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93852192
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 216A BOON LAY AVENUE #12-227 SINGAPORE
Postcode	641216
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	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	2
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) 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

PLEASE REFER ATTACHED STATEMENT

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	SGF5405T
Vehicle Make/Model/Colour	
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	LIM CHUAN HUAT
------	----------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBD5429U

YES

NO

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.



Policyholder's Signature
Date & Time:



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

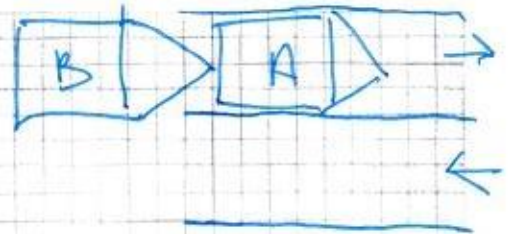


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A - GBD 5429 U

Vehicle B - SGF 5405 T



Veh A - GBD 5429 U

Veh B - SGF 5405 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lishan Central, while at a traffic light junction. Due to the red light I slow down and come to a complete stop. Suddenly after a few seconds I felt a great impact from the rear of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate (SGF 5405 T) that collided to the rear of my vehicle.

Vehicle A - GBD 5429 U

Vehicle B - SGF 5405 T

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 Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	GRD5429U		Model / Make	MN L200
Date of Accident	25/7/11			
Time of Accident	9.50am HRS			
Location of Accident	Yishun Central			
Exact purpose use during accident	Working hour			
Name of Owner	APSL Construction PTE LTD			
Telephone No.	H/P :	Home :		62543689 Office :
NRIC	201424421 N			
Address	5 YISHUN INDUSTRIAL ST 1 #02-06 NORTH SPRING BIZHUB S(768161)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5108009041			
Name of Driver	As Above If No, LIM CHUAN HUAT			
NRIC	S72338653		Any Passengers : NIL	
Date of birth	25/09/1972			
Occupation	Outdoor / Indoor			
Driving License Pass Date	09 FEB 1993			
Gender	Male / Female			
Contact No.	H/P :	93852192	Home :	Office :
Address	BLK 216A BOON LAY AVE #12-227 S(641216)			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who? Driver			
Name And Contact No.	LIM CHUAN HUAT, 93852192			
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SGF5405 T		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	REAR			
Camera Recorder	Yes / NO			
Email Address				
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

For LKK/NAC Use Only

Barcode

NRIC No. S7233865J

Blood Group Date of Issue
23-06-2003

APT BLK 216A BOON LAY AVENUE #12-227
SINGAPORE 641216

NRIC No: S7233865J Date: 25/04/2019

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		09 Feb 1993

NP 428A

Barcode Licence No: S7233865J

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7233865J

Name
LIM CHUAN HUAT

Race
CHINESE

Date of Birth
25-09-1972

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S7233865J

Name
LIM CHUAN HUAT

Birth Date: 25 Sep 1972

Issue Date: 01 Mar 2004

Barcode 001145239D

For LKK/NAC Use Only

For LKK/NAC Use Only

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 : 5108008041

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBD5429U**
Chassis Number : MMCJNKB40FD025050
2. Name of Policyholder : APSL CONSTRUCTION PTE LTD
3. Effective Date of Insurance : 11 Mar 2019
4. Expiry Date of Insurance : 24 May 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	: ABWIN 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 08 Mar 2019 14:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1055202

Policy No.	5108008041	Vehicle No.	GBD5429U	GST Registration No.
Certificate No.				
Policyholder Name	APSL CONSTRUCTION PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	62543689	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	26/07/2019 17:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/07/2019	Time of Accident hh:mm	09:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	YISHUN CENTRAL			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	09/02/2015
GST Registration No.	201424421N	GST Status Verified	Yes
Modification History	26/07/2019 17:52:07 System changed GST Registered from No to Yes 26/07/2019 17:52:07 System changed GST Registration No. from null to 201424421N 26/07/2019 17:52:07 System changed GST Registration Date from null to 09/02/2015		

▼ Policyholder Mailing Address

Address 1	5 YISHUN INDUSTRIAL STREET	Address 2	#02-06 NORTH SPRING BIZHUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-205	Related Policy Number	5108008041	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM CHUAN HUAT	Driver NRIC	S7233865J	Driver DOB
Register Date of Driver License	09/02/1993	Driver Age	46	Driving Experience
Contact No.(Mobile)	93852192	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 216A #12-227	Address 2	BOON LAY AVENUE	Address 3
Address 4	SINGAPORE 641216	Address Type	Singapore address	Post Code
Unit No.	12-227			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	APSL CO
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBD5429
Claim Description	GBD5429U / SGF5405T ON 25 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	26/07/2019 17:53	Claim Close Date	

Report Taken By

LIEW SHAN HUI

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1055202	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/07/2019 17:54
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:54	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:54	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:53	Photos	Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>