SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number **EMail Address**

- 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 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.
- 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

William Carting the Carting Column	ACCIDENT STATEMENT		
Date Of Report	19/09/2019 11:54		
Date Of Accident	18/09/2019 07:30		
Exact Location Of Accident	BUANGKOK E DR SLIP RD INTO TAMPINES RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKB2153M		
Insured/Policyholder			
Name Of Registered Owner	NG CHOON CHEE		
NRIC No	S1507717D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96710232		
Alternative Phone No	OFFICE-96710232		
Vehicle Particulars			
Manufacturer	MITSUBISHI		
Model	LANCER EX		
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	5106873666		
Cover Note Number			
Driver			
Name of Driver	YEO MELVEN		
NRIC No	S9801568Z		
Date Of Birth	11/01/1998		
Occupation	INDOOR		
Date Of Driving Pass	24/05/2018		
Oriving Experience	1 YEAR AND 3 MONTHS		
Sender	MALE		

(LOCAL) +65-96932966

NOEMAIL

Address

BLK 438 HOUGANG AVE 8 #02-1543

Postcode

530438

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

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

I WAS TRAVELLING ALONG BUANGKOK E DR WHILE APPROACHING SLIP RD INTO TAMPINES RD, I STOP MY VEH BEFORE THE ZEBRA CROSSING DUE TO PEDESTRIAN CROSSING, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

TP CAMERA

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN2955P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HUANG YU JIE

NRIC/Passport Number

S8138880F

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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.

M

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 Rol Tampines A= SKB 2153 M B = SJN 2955P. Buangkok E prive DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Please Refer Statement

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.:



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: 5106873666

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SKB2153M

Chassis Number

: JMYSRCY2ABU001650

2. Name of Policyholder

3. Effective Date of Insurance

: NG CHOON CHEE

: 11 Jan 2019

4. Expiry Date of Insurance

: 09 Nov 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) : \$\$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 : NG CHOON CHEE NAMED DRIVER (1) : YEO MELVEN

NAMED DRIVER (2) : N/A 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

: CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)

Date of Issue

: 10 Jan 2019 15:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1063137 Policy No. 5106873666 Vehicle No. SK82153M GST Registration No. Certificate No. Policyholder Name NG CHOON CHEE Policyholder NR3C \$15077170 Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 96710232 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No T KEK » No Yes TCA « No Yes eCode Reason NCD Protection No: NCD Entitlement(%) 20 Private Hire Accident Details Report Date 19/09/2019 14:55 Accident Report Within 24 hrs Yes Accident Type Collision - Head to Rear Date of Accident 18/09/2019 Time of Accident hh:mm Country of Accident Reporting Centre Orange Force ICM No. Accident Location BUANGKOK E DR SLIP RD INTO TAMPINES RD ♥ Excess Own damage Excess 600,00 Additional Excess Windscreen Excess 100,00 Unnamed Driver Excess Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 ▽ Benefits GST Registered Information GST Registered **GST Registration Date** GST Registration No **GST Status Verified** Yes Modification History Policyholder Mailing Address 16 ANG MO KIO CENTRAL 3 Address 2 #02-26 GRANDEUR 8 Address 3 SINGAPORE 567748 Address 4 Address Type Singapore address Post Code 567748 I told No. Related Policy Number 5109658750 ▽ OI Driver Info Driver Name YEO MELVEN Driver Type Named Driver Unnamed driver Name Driver NRJC \$9801568Z Driver DOB 11/01/1998 Register Date of Driver License 24/05/2018 Driver Age 21 Driving Experience Contact No.(Mobile) Contact No./Office) Contact No.(Home) Address 1 BLK 438 #02-1543 Address 2 HOUGANG AVENUE 8 Address 3 SINGAPORE 530438 Address 4 Address Type Singapore address Post Code 530438 02-1543 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. **Driver Insurer Company** Breathalyser or Blood Test Reading? 0 mg Any injury? Modification History Claim 001 New Claim Type * OD-MX Insured NG CHOON CHEE 51507 Contact No.(Mobile) 96710232 Email Address sinhiaplee@singnet.com.sg SKB2153M SJN29 Name of Preferred Workshop Claim Description SKB2153M / SJN2955P ON 18 Sept 2019 0 Preference | Preferred West-Topsion | Preferre ▼ GIA Received Workshop Bonuset No. Yes Finalisation Preferred Workshop, Name unkno Date Registered 19/09/2019 14:57 Date Received 19/09/ Report Taken By LIEW SHAN HUE Print AK letter Save Submit Attachment Accident No. MT/1063137 Claim No. Last Doc. Received W Yes II No Upload Date 19/09/2019 14:58 Path * Category 4 Confidential Urgency * Choose File No file chosen Clear * NO Please Select * Normal Choose File No file chosen Clear Please Select V NO * Normal Choose File No file chosen Clear Please Select * NO v Normal • Choose File No file chosen Clear Please Select * NO * Normal + Choose File No file chosen * NO Clear Please Select ▼ Normal * Choose File No file chosen Clear Please Select * NO ₹ Norma + Message Read Attachment Uploaded By/Date Category P Urgency Description NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Sep 2019 14:58 NRIC/ Driving License NRJC/ Driving License 2019-9-19

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