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# 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.
- 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.	
Market Services and Administration of the Control o	ACCIDENT STATEMENT
Date Of Report	03/10/2019 15:03
Date Of Accident	02/10/2019 15:50
Exact Location Of Accident	BLK 16 MARSILING IND ESTATE RD 9
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC5059R
Insured/Policyholder	
Name Of Registered Owner	CARWISE PTE LTD
Co Reg No	201725931G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85115808
Alternative Phone No	OFFICE-85115808
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5112255512
Cover Note Number	
Driver	
Name of Driver	LOW CHIN SOON (LIU JINSHUN)
NRIC No	S7407013B
Date Of Birth	07/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
	W 00411 05 04400070

(LOCAL) +65-81189878

OFFICE-81189878

NOEMAIL

Address BLK 742 TAMPINES STREET 72

#07-98

Postcode 520742

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO 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)

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** 

REFER TO 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 SJQ9937E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN KUANG LENG

NRIC/Passport Number

Contact Number 98389470

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

LOW CHIN SOON (LIU JINSHUN)

Page 2 of 15

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLC5059R

YES

NO

### SKETCH PLAN

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - (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 Sign Date & Time:

Priver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature Name:

NRIC/FIN No.:

/ehicle No.	SLC 5059 R. Model/Make Hyundai Dvante.
Pate of Accident	02 10/19.
ime of Accident	450 HRS
ocation of Accident	3LK 16 Marsching Industrial Estate Road 9
exact purpose use during acc	- 30
Name of Owner	Carmere Pte Ltd.
Telephone No.	H/P: 85/1 5808 Home: Office:
VRIC	20172593161
Address	8. Canberra Drive # 11-11, Eight Courtyade (8) 768141
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NITUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	51/22-5512-000004.
Folicy No.	311-12-00007.
Name of Driver	As Above If No, Low Chin Soon
NRIC	\$ 74070138 . Any Passengers : N-A
Date of birth	07 /03 / 1974-
Occupation	Qutdoor / Indoor
Driving License Pass Date	24/08/2000.
Gender <	Male P Female
Contact No.	H/P: 8118 98 18. Home: Office:
Address	BLES 742 Congeres 3472, # 07-98 (8) 520742.
Driver have any own vehicle	
Relationship	Employee, If no, state fire.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Low Chen Soon (4/1: 8118 9878)
	2000 0100 30000
Name And Contact No.	No. If Yes, Where?
Police Report	No, If Yes, Where?  830 9937 Er Any Passengers: N-A-
Vehicle B No.	200 110 L. Ally tussengers:
Name of Driver	Tan Kuary Leng Contact No.: 788 9470 Any Passengers:
Vehicle C No.	Any Passengers :
Vehicle D No.	
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers:  Witness Contact: N·A
Witness Name	NH
Accident Portion	Front right portion
Camera Recorder	Yes (No)
Email Address	pat_lows2@hotmail.com.
PARTICULAR WORKSHOP	N-51
PARTICULAR WORKSHOP CONTACT NO.	6842 0051 / 6744 0510



## 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: 5112255512-000004

COVE

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SLC5059R

Chassis Number

: KMHDU41BR9U759391

2. Name of Policyholder

: CARWISE PTE, LTD.

3. Effective Date of Insurance

: 19 Sep 2019

4. Expiry Date of Insurance

. 15 Sep 2015

4. Expiry Date of insurance

: 18 Sep 2020

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 or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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.

The state of the s	
EXCESS (SECTION 1)	N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

: LIAN HONG PTE LTD (00000611606)

Date of Issue

: 03 Sep 2019 17:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

5112255512 SLC5059R		• Change L  of Accident  cate Number	1247 USD 12	• Chan /10/2019 1	ge Password	• Log Ou
			02	/10/2019 1	5:50	_
			02	/10/2019 1	15:50	
SLC5059R	Certific	cate Number			100	-
	Search					
tificate Policyholder Po imber Name	licyholder Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
255512- CARWISE PTE. 20:	1725931G GFM	Third Party S	LC5059R 5	12012000	19/09/2019	27/08/2020
ıml 25	ber Name 5512- CARWISE PTE. 30	ber Name NRIC Product 5512- CARWISE PTE. 201725021G GEM	ber Name NRIC Product Cover Type 5512- CARWISE PTE. 201725931G GFM Third Party 5	ber Name NRIC Product Cover Type No. 5512- CARWISE PTE. 201725931G GFM Third Party SLC5059R :	ber Name NRIC Product CoverType No. Object 5512- CARWISE PTE. 201725931G GFM Third Party SLC5059R SLC5059R 104 LTD.	ber Name NRIC Product CoverType No. Object Date 5512- CARWISE PTE. 201725931G GFM Third Party SLC5059R SLC5059R 19/09/2019 104 LTD.

Policy No.	5112255512	Policyholder	CARWIC	E PTE, LTD.	Policyholder	201725931G	
	J11EEJJJ1E	Name	CWKAA12	E PIE, LID.	NRIC	201/259310	
Certificate No.	5112255512-000004						
Address	8 CANBERRA DRIVE #11-11 E	IGHT COURTYAI	RDS SING	APORE 768141			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/09/2019	Effective Date	03/09/20	19 00:00	Expiry Date	27/08/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess		1500		Young/Inexperience Driver Excess	
Agent	LIAN HONG PTE LTD Agent		6769485	0	GST Flag	v	
- Garage		15.000 (10.000)	17-1150-1250	•	GS1 Flag	12	
Co- Insurance Flag Open Policy Info	No				G31 Flag	,	
Co- insurance Flag Open Policy Info Certificate	No				031 Flag	,	
Co- nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address			•	031 Flag	,	
Co- insurance Flag Open Policy Info Certificate Info Policyh		Addre		#11-11 EIGHT COU		Address 3	SINGAPORE 768141
Co- insurance Flag Open Policy Info Certificate Info Policyh	older Mailing Address	Addre			JIRTYARDS .	Address 3 Post Code	SINGAPORE 768141 768141
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4	older Mailing Address	Addre:	ss 2 ss Type d Policy	#11-11 EIGHT COU	JIRTYARDS .		
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ccident MT/1065226					
	- Lancettering	11110000047W	In accommon	Dogwood Market Co.	
Slicy No.	5112255512	Vehicle No.	SLC5059R	GST Registration No.	
rtificate No.	5112255512-000004				
licyholder Name	CARWISE PTE, LTD.			Policyholder NR3C	201725931G
oduct Code	PLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	85115808	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	10: V
FK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
sport Date	03/10/2019 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Alexandra Marina Marina Artic
ate of Accident	02/10/2019	Time of Accident hh:mm			Collision - Major Minor Road
porting Centre	02710/2019		15:50	Country of Accident	Singapore
121		Orange Force		ICM No.	
cident Location	BLK 16 MARSILING IND ESTATE RD 9				
P Total Excess Applicable		MASSAGE PROPERTY AND ADMINISTRA			
cess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	2.000.00		
ED OD Excess	0.00	YIED TP Excess	1,500.00		
iditional Excess		THEM IP EXCESS		Driver is Covered?	
	0				
tel OD Excess Applicable	0.00	Total TP Excess Applicable			
P Benefits	1950				
GST Registered Inform					
F Registered	No		GST Registration Date		
T Registration No.	0.00 \$1.00 1250000000000000000000000000000000000		GST Status Verified	Yes	
dification History	03/10/2019 15:18:30 Sy	stem changed GST Status Verified from	n No to Yes		
Policyholder Mailing A	ddraus				
dress I	8 CANBERRA DRIVE	Address 2	#11-11 EIGHT COURTYARDS	Address 3	SINGAPORE 768141
idress 4		Address Type	Singapore address	Post Code	768141
it No.	11-11	Related Policy Number	S112255512		
OI Driver Info	800,000				
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LOW CHIN SOON (LIU JINSHUN	Driver NRIC	\$74070138	Driver DOB	07/03/1974
gister Date of Driver License	24/08/2000	Driver Age	45	Driving Experience	19
ntact No.(Mobile)	81189878	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BUX 742	Address 2	TAMPINES STREET 72	Address 3	SINGAPORE 520742
dress 4		Address Type	Singapore address	Post Code	
if No.	07-98	Audiess Type	Singapore address	Post Code	520742
es he own a Singapore					
	○ Yes  No	Oriver Vehicle No.		Driver Insurer Company	
gistered car?					
daration			10.22	TO SEE OUT AND COME OF MERCORS OF CO.	
laration athalyser or Blood Test	0 mg	Any injury?	® Yes ○ No	22542 22542 4450 040000 0	
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gistered car? claration eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No	3377 00740 3880 3680 3680 40	
claration eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No	3377 00740 4880 4860 4860 40	
daration hathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No	13370 00 PM 00 00 00 00 00 00 00 00 00 00 00 00 00	
daration athalyser or Blood Test iding?	0 mg	Any injury?	® Yes ○ No	STATE OF THE STATE	
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Saration athialyser or Blood Test iding? infection History Italian GO1 New	0 mg	Insured Name	® Yes ○ No  CARWISE PTE. LTD.	Insured NRIC	201725931G
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isration athalyser or Blood Test iding?  iffication History  italim 601 New  im Type * itact No. (Mobile) bit Address imant Type Claimant Type * imant Name * imant Address im Description lerred Workshop Contact	OD-MX  Please Select  ≥≥  SLCSD59R / SIQ9937E DN 2 Oct 2019	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	CARWISE PTE, LTD.  SLCS059R  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	NII. 53Q9937E
isration anhalyser or Blood Test iding?  Incation History  Incation History  Incation History  In Type * Intact No. (Mobile) ail Address Imant Type Claimant Type * Imant Name * Imant Address Imant Address Imant Moress Incation  Incred Workshop Contact  Intered Workshop Contact	OD-MX  Please Select  ≥≥  SLCSD59R / SIQ9937E ON 2 Oct 2019  Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability * Preferered Repair Option	CARWISE PTE, LTD.  SLCS059R  Please Select	Contact No.(Office) TP Vehicle Number	NIL.
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Attachment	Uplo	aided By/Date	Category	9	Urgency		Description	Msg Sent?	
1	NAC_PAYA_UB1_800601( NA CBS) on C	TIONAL ASSESSMENT CENTRE SERVI 30 Oct 2019 15:26	NR3C/ Driving License	·	Normal	NRIC/ Dri	ring License 2019-10-3	(00)	
1	NAC_PAYA_UBI_800601{ NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 3 Oct 2019 15:26	SAS		Normal	5	AS 2019-10-3		
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