

Date of Accident : 10.10.19 Accident Time: 10:00 (24HR-FORMAT)
Accident Place: Havelock Rd.
Vehicle Reg. No (Car plate No.): GMM 5490 M.
Vehicle Make/Model: H. Ford.
Insurance Company: NTUL Policy No.:
Owner or Company Names /IC NO: NRIC:
Owner or Company Contact No.: Owner's HP: Company Tel:
DRIVER'S Name & IC no: Boon Yong Hor @ S7022841 F
DRIVER'S Date of Birth: 07-07-1970 DRIVER'S License Pass Date: 13-11-1990
Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address:
DRIVER'S Contact No. / Alt No.: 1) 8139 5593 2):
DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address:
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Driver): 1 Driver + 1 Passenger (Female)
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMA 911L

Vehicle Make/Model:

Name DRIVER: Ng Li Ting

IC No. DRIVER: S8832384 Z

DRIVER'S Contact & add: 82889634

Vehicle Reg No:

Vehicle Make/Model:

Name DRIVER:

IC NO. DRIVER:

DRIVER'S Contact & add:

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.
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. 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.
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:

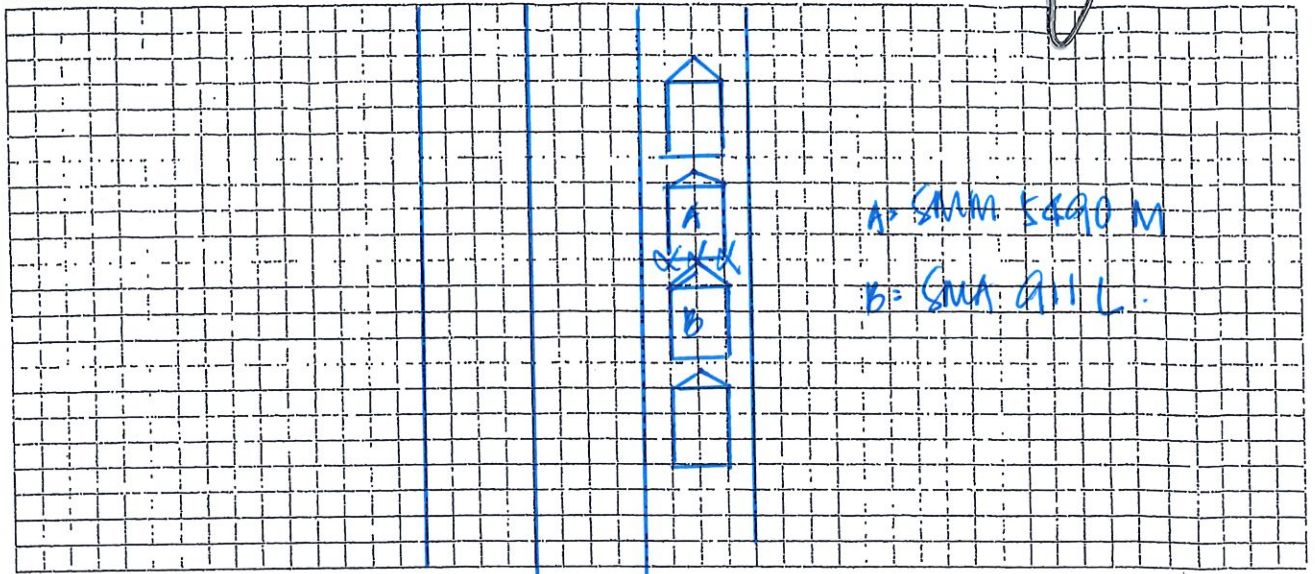
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 10/10/19 @ 16:45

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer as police report.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/10/19 @ 16:45

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20191010/2104

1 of 3

Report No. T/20191010/2104

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 15:19	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: BOON YONG HOR			Address: APT BLK 945 JURONG WEST STREET 91 #08-515 SINGAPORE 640945		
ID Type / ID No.: NRIC NO / S7022841F			Contact No.: Home/Office: Mobile: 81395593		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 07/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2019 10:00	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD Havelock Road towards Upper Pickering Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA911L		MITSUBISHI		Red		0
SMM5490M	Car	HONDA		Black	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191010/2104

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20191010/2104

CONTINUATION OF REPORT

Driver			
Name	NG LI TING	ID No.	S8832384Z
Related Vehicle	SMA911L	Contact No.	82889634
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	BOON YONG HOR	ID No.	S7022841F
Related Vehicle	SMM5490M (Car)	Contact No.	81395593
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/10/2019	Date Discharge	10/10/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 10/10/2019 at about 1000hrs, I was travelling along lane 1 of Havelock Road towards Upper Pickering Street and came to a complete stop as the traffic lights had turned red. All of a sudden there was a sudden impact from the rear. I made a check and discovered a vehicle, SMA911L, had collided onto the rear of my vehicle. I wish to mention that there was no Traffic Police or ambulance at the scene and no government property was damaged. I am lodging this report to make my insurance claims.



**SINGAPORE
POLICE FORCE**



T/20191010/2104

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Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20191010/2104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt SIVA BALAN S/O CHINNAPAN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

10/10/2019 15:19

Officer In Charge Of Case:

TP / SINGAPORE
POLICE FORCE

SSI SUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7022841F**

Name: **BOON YONG HOR**

Birth Date: **07 Jul 1970**

Issue Date: **16 May 2011**

1001964979H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7022841F**

Name: **BOON YONG HOR**

文榮河

Race: **CHINESE**

Date of Birth: **07-07-1970**

Sex: **M**

Country of Birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

License No. **S7022841F**

Name: **BOON YONG HOR**

Issue Date: **2/6/2011**

Please visit www.lta.gov.sg to check the status of this vocational licence

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **13 Nov 1990**

NP 428A

License No: **S7022841F**

1934436

Barcode

NPIC No: **S7022841F**

59103

Biometric

Blood Group: **A+** Date of Issue: **23-04-1994**

APT BLK 945 JURONG WEST STREET 91 #03-510 SINGAPORE 640945

22-08-2002

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	02/06/2011

Barcode

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: 5110578772-000012

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SMM5490M
Chassis Number : GB71078083
2. Name of Policyholder : PHV LEASING PTE. LTD.
3. Effective Date of Insurance : 03 Jul 2019
4. Expiry Date of Insurance : 02 Jul 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 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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEEDO CAPITAL 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 : SPEEDO CAPITAL PTE. LTD. (00000615301)
Date of Issue : 20 Jun 2019 10:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive