





## 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	14/10/2019 17:08
Date Of Accident	11/10/2019 11:30
Exact Location Of Accident	ALONG MANDAI ROAD TOWARDS YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8015P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACTIVE FIRE PROTECTION SYSTEMS PTE. LTD
Co Reg No	200102167C
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-91188924
Alternative Phone No	OFFICE-63533371

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA FIELDER-1.5 X (A)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088252327-02
Cover Note Number	

### Driver

Name of Driver	LIM CHUN YUEN
NRIC No	S9080989Z
Date Of Birth	21/11/1990
Occupation	INDOOR
Date Of Driving Pass	07/12/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188924
Fax Number	
Contact Number	OFFICE-63533371
Email Address	SALES@MIA.COM.SG

Address	BLK 255 YISHUN RING ROAD #02-1105
Postcode	760255
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?	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)	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 TO SKETCH PLAN

#### 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	SLZ2232E
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)	



### 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: Rosa Hobbs  
NRIC/FIN No.:



CH PLAN

AWAY MANDAI ROAD TOWARDS YISHUN

Ⓐ SLN 8015P

Ⓑ SLZ 2232E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/10/19 at about 11:30pm I was driving my company vehicle Ⓐ SLN 8015P along Mandai towards Yishun. I stopped at the traffic Junction was red light a moment later Vehicle Ⓑ SLZ 2232E Collided onto my rear left side portion of 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 Personnel's Signature  
Name:  
NRIC/FIN No.:

14/10/2019

Kesli Nothar

## Claim Handling

Accident MT/1067043

Policy No.	908023237-02	Vehicle No.	SLN801SP	GST Registration No.	200102167C
Certificate No.					
Policyholder Name	ACTIVE FIRE PROTECTION SYSTEMS PTE. LTD			Policyholder NRIC	200102167C
Product Code	FLEET INSURANCE	Cover Type	Basic CLASSIC	Leading	C
Contact No.(Mobile)	91188924	Contact No.(Office)	83533371	Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KPI	< No Yes	TCA	< No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hrs	No

## Accident Details

Report Date	15/10/2019 17:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	14/10/2019	Time of Accident (h:mm)	11:30	Country of Accident	Singapore
Reporting Centre		Damage Force		SCM No.	
Accident Location	ALONG MANDAL ROAD TOWARDS YISHUN				

## Excess

Own damage Excess	800.00	Additional Excess	0	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	Yes	GST Registration Date	01/05/2001
GST Registration No.	200102167C	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 1002 #06-1447	Address 2	TOA PAYOH INDUSTRIAL PARK	Address 3	SINGAPORE 319074
Address 4		Address Type	Singapore address	Post Code	319074
Unit No.		Related Policy Number	9080231122-02		

## OS Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM CHUN YUEN	Driver NRIC	S90808852	Driver DOB	21/11/1999
Register Date of Driver License	07/12/2015	Driver Age	28	Driving Experience	1
Contact No.(Mobile)	91188924	Contact No.(Office)	83533371	Contact No.(Home)	
Address 1	BLK 235 #02-1105	Address 2	YISHUN HONG ROAD	Address 3	YISHUN SUNSHINE
Address 4	SINGAPORE 760255	Address Type	Foreign address	Post Code	760255
Unit No.	02-1105				
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	SLN801SP	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes < No
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## Modification History

Claim 001

New

Claim Type *	OO-MK	Insured Name	ACTIVE FIRE PROTECTION SYSTEMS PTE. LTD	Insured NRIC	200102167C
Contact No.(Mobile)	90804043	Contact No. (Home)		Contact No. (Office)	83533371
Email Address	GENERAL@ACTIVEFIRE.COM.SG	UI Vehicle Number	SLN801SP	TP Vehicle Number	SL22230E
Claim Description	SLN801SP / SL22230E ON 14 Oct 2019			Name of Preferred Workshop	
Preferred Workshop	Uninsured Liability	Not at Fault			
Submit No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2019 17:58	Claim Close Date		Date Received	15/10/2019 00:00
Report Taken By	ROSALI WANAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1067043	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/10/2019 17:58
Path *		Category *	Confidential Urgency *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Message Text			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	Photos	Normal	Photos 2019-10-15	
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	Photos	Normal	Photos 2019-10-15	
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	Photos	Normal	Photos 2019-10-15	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	Photos		Normal	Photos 2019-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	Photos		Normal	Photos 2019-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	Photos		Normal	Photos 2019-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	Photos		Normal	Photos 2019-10-15
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	NRIC/ Driving License	/ y	Normal	NRIC/ Driving License 2019-10-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:58	SAS		Normal	SAS 2019-10-15

Video List

Uploaded By/Date	Folder Date	File Name	CS	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		

Date of Accident : 11/10/19 Accident Time: 11.30pm (24-HR-Format)  
Accident Place : MANDAI towards Yishun  
Vehicle No. (Car Plate No.) : SLN8015P Make/Model: Toyota Fielder  
Insurance Company : NTUC Policy No: 5088252327-02  
Owner or Company Name / IC No. : Active Fire Protection Systems Pte Ltd  
Owner or Company Contact No. : 63533371 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Lim Chun Yuen, S9080989Z  
DRIVER'S Date Of Birth : 21/11/1990 DRIVER'S License Pass Date 7/12/2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk255 Yishun Ring Road #02-1105  
DRIVER'S Contact No./ Alt No. : 1) 91188924 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_ sales@mia.com.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1  
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  
Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SL22232E</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



## 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: 5088252327-02

Cover : drive CLASSIC

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : 5LN8015P                                |
| Chassis Number  | : NRE1618D01704                           |
| 2. Name of Policyholder   | : ACTIVE FIRE PROTECTION SYSTEMS PTE. LTD |
| 3. Effective Date of Insurance  | : 24 Feb 2019                             |
| 4. Expiry Date of Insurance   | : 23 Feb 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.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: MAYBANK SINGAPORE LIMITED
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 : SEA & LAND INSURANCE BROKERS PTE LTD (00000690449)  
Date of Issue : 18 Feb 2019 08:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive