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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/10/2019 14:43
Date Of Accident	11/10/2019 14:25
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA8547C
Insured/Policyholder	
Name Of Registered Owner	TAN PUAY SEE ALICE
NRIC No	S7508850G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81887575
Alternative Phone No	OFFICE-81887575
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	
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	5110028151

Cover Note	Number
Driver	

Name of Driver TAN PUAY SEE ALICE

NRIC No S7508850G

Date Of Birth 26/03/1975

Occupation OUTDOOR

Date Of Driving Pass 29/12/1997

Driving Experience 21 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81887575

Fax Number

Contact Number OFFICE-81887575

EMail Address NOEMAIL

Address BLK 537 HOUGANG ST 52 #15-92

Postcode 530537

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

5

Was any body injured in the Accident? YES

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 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20191012/2049.

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 SJE8012T

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

SON ENG JOO

NRIC/Passport Number

S1151815Z

Contact Number

97923560

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV9787H

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKR682G

Vehicle Make/Model/Colour

Details Of Properties VEHICLE D
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLD7630H

Vehicle Make/Model/Colour

Details Of Properties VEHICLE E
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 TAN PUAY SEE ALICE

Approximate Age Injuries Sustain

Injured person in which vehicle? SMA8547C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- 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:

- 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)
 - (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
- 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.:

HUA WENG

Sketch Plan #2 Pg. 1

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A= SMA) 8547C	4				3		
B= SJE 8012 T	3	January Januar					-
CISKV 97871/					2		
D=.SKR 6856	1 1 1 2 1				3		
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E = 910 7630H							
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Refer to	Police Report	+ No = T1	2019101	2/2040	3		
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DECLARATION /We declare the foregoing partic	sulars are true in a community					***************************************	
we declare the loregoing partic	uiais are true in every re	spect.					
Sm	. No						
olicyholder's Signature	Driver's Signature			Reporting Cer	itre Personi	nel's Sign	ature
rate & Time;	(If driver is not the Date & Time:	e policyholder)		Name: NRIC/FIN No.:			
n iktoret (40. de kujiki				,			





1 of 3

Report No. T/20191012/2049

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:

12/10/201	9 12:16		34		
Informant	's Particu	lars			
Name of In		CE	Address: APT BLK 537 HOUGAI 530537	NG STREET 52 #15-92 SINGAPORE	
ID Type / I NRIC NO		0G	Contact No.: Home/Office:	Mobile: 81887575	
Nationality SINGAPO		EN	Email:		
Sex: Female	Age: 44	Date of Birth: 26/03/1975	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupatio DELIVER			Driving Licence Informa Class: 3	ation: Date of Expiry:	

Sellerai intorm	ation of the Accident				
Type of	Injury	Drink	Date/Time of	Type of Location:	
Accident:	Others	Drive:	Accident:	Straight Road	
Location:		No	11/10/2019 14:2	3	
PAN ISLAND E	raveling Toward Road XPRESSWAY rds Changi Airport	2			
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry		·	
Traffic Flow:		Traffic Control:		Traffic Volume:	
wo Way Not Controlled Heavy				Heavy	
Type of Collision:				Anyone conveyed by	
Between Moving Vehicles - Head To Rear			ambulance:		
				No	

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJE8012T	Car				Slightly Damaged	0
SKR682G	Car				Slightly Damaged	0
SKV9787H	Car				Slightly Damaged	0
SLD7630H	Car				Slightly Damaged	0
SMA8547C	Car	HONDA	SHUTTLE 1.5G CVT	Blue	Slightly Damaged	0

Sketch Plan #4 Pg. 1





2 of 3

Report No. T/20191012/2049

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA8547C	NTUC Income Insurance Co-Operative	5110028151	21/06/2019	20/06/2020
	Limited			

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL Use of P			Use of Pe	Pedestrian Crossing: NA			
Driver							
Name	TAN PUAY SEE ALICE		ID No.		S7508850G		
Related Vehicle	SMA8547C (Car)		Contact No.		81887575		
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	11/10/2019 Date Di		Date Disc	harge	11/10	/2019	
No. of Days granted Medical Leave 03			Degree of		NIL		

Brief Details.

On 11/10/2019 at around 1425hrs, I was driving my vehicle SMA8547C along PIE towards Changi Airport. During that period of time traffic was quite heavy and hence I am not moving in a very fast pace. Shortly after, the vehicle in front of me all came to a stop slowly and hence I followed suit, Subsequently, I felt a huge impact coming from my rear. I immediately alighted to make a check and found out that it is a chain collision, where my vehicle is the first in line. The sequence of vehicle that followed behind me are as follows:

SJE8012T (Son Eng Joo, S1151815Z, HP:97923560) SKV9787H (Ong Cheng Boon, S6917246F, HP:96805064) SKR682G (Chua Yong Zheng, S9630921Z, HP:81219156) SLD7630H (Amme Bin Ithnain, S1581958H, HP:93364411)

I wish to state that I suffered injuries to my back and also on my face due to the collision. There are in car camera located at my vehicle however it was already faulty when I tried to review it. I am thus lodging this report for a record of the incident that happened.

Sketch Plan #5 Pg. 1





3 of 3

Report No. T/20191012/2049

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE **CONTINUATION OF REPORT**

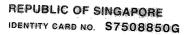
Tel No: 1800-4880999

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: F / Sgt 2 KOO LAY SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/10/2019 12:16
Officer In Charge Of Case: TP AEIT SN 184 SI ANCE STEPHANIE Contact N 2 65476414	Classification Of Case:
Authentication et amp NP168 Singapore Police Force	







TAN PUAY SEE ALICE (Chen Peish) Alice)

陳佩詩

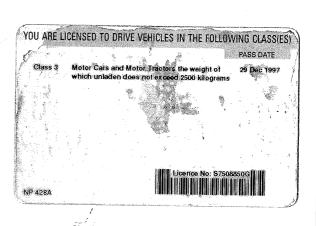


Race
CHINESE
Date of birth
26-03-1975
Country/Place of birth
SINGAPORE

\$75**0885**0G









Certificate of Insurance

: SMA8547C

: GK81202609

: 21 Jun 2019

: 20 Jun 2020

: TAN PUAY SEE ALICE

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: 5110028151 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Index mark and Registration Number of Vehicle
Chassis Number

Name of Policyholder
 Effective Date of Incurance

3. Effective Date of Insurance4. Expiry Date of Insurance

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 : TAN PUAY SEE ALICE (CHEN PEISHI ALICE)
NAMED DRIVER (1) : ERIC TAN CHIA BOON (ERIC CHEN JIAWEN)

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

: CHONG HING SIANG (00000602588)

Date of Issue

: 30 May 2019 16:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive











