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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 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.	
	ACCIDENT STATEMENT
Date Of Report	23/10/2019 13:49
Date Of Accident	22/10/2019 21:25
Exact Location Of Accident	BLK 443A FAJAR RD MSCP DECK 1B
Country/State of Loss	SINGAPORE
And the second s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM2877B
Insured/Policyholder	
Name Of Registered Owner	ONG BENG HONG
NRIC No	S1721271J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96477899
Alternative Phone No	OFFICE-96477899
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5110406708

Cover Note Number

Driver

Name of Driver ONG BENG HONG

NRIC No S1721271J Date Of Birth 22/08/1965 Occupation OUTDOOR Date Of Driving Pass 22/01/1983

Driving Experience 36 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96477899

Fax Number

Contact Number OFFICE-96477899

EMail Address NOEMAIL Address

BLK 443B FAJAR RD #05-84

Postcode

672443

OWNER

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

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?

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?

YES

NO

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191022/2206

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

QX1345X

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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:
 - 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.:

KETCH PLAN BLK	442A Fajar Ro	MSCP Deck IB	
→ .	8	up →	
	A	Sam →	Vehicle B : QX 1345X
	1		
ESCRIBE CIRCUMSTA	ANCES OF THE ACCI	DENT	
	Refer	to police report	
		,	
		Report No. 7	7/20191022/2206
		100	
ECLARATION We declare the foregoin	o particulars are true	n avery respect	7 3
//	ig particulars are true i	il every respect.	
100		VISTO P.	dill

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.:

Vehicle No.	Smm 2877B Model/Make Hyundai Avante
Date of Accident	22/10/2019
Time of Accident	alas HRS
ocation of Accident	BUK 443A Fajar Road MSCP Deck 18
exact purpose use during accid	
Name of Owner	Ong Beng Hong
Telephone No.	H/P: 9647 7899 Home: Office:
NRIC	SIZZIZZIJ
Address	BLK 443B Fagar Road # 05-84 S(672443)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Ntuc
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5110406708
Name of Driver	As Above If No,
NRIC NRIC	Any Passengers :
Date of birth	22/8/1965
Occupation	Outdoor / Indoor
Driving License Pass Date	. 22 1 1983
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other Dizzling
Road Surface	Dry Wet Other
	No, If Yes, Who?
Any Injuries Name And Contact No.	INO, IT TES, WHO:
Name And Contact No.	
	No, (If Yes) Where? Butit Pan Dung NPC
Police Report Vehicle B No.	Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Front Portran
Camera Recorder	(Yes / No
Email Address	
Ellian Address	664964@gmail-com
PARTICULAR WORKSHOP	Twincar Automotive Dte Ud
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Tins
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	





1 of 3

Report No. T/20191022/2206

Police Station Of Origin: Bukit Panjang N.P.C.

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 19 23:31	lade:	Vide Report No.: J/20191022/0153	Station Diary No.: 145	
Informa	nt's Particu	ulars			
	Informant: NG HONG		Address: APT BLK 443B FAJAR RO	DAD #05-84 SINGAPORE 672443	
	/ ID No.: D / S17212	71J	Contact No.: Home/Office: Mobile: 96477899		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 54	Date of Birth: 22/08/1965	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na		
Occupation: CANTEEN STALL OPERATOR			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

Seneral Inform	mation of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 22/10/2019 21:25	Type of Location: Car Park	
Location:					
FAJAR ROAL		war.			
	JAR ROAD MSCP DEC			D I C I I I - it	
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	sion: ving Vehicles - Head To	Side		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
QX1345X	Car				Slightly Damaged	2
SMM2877B	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	Red	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMM2877B	NTUC Income Insurance Co-Operative Limited	5110406708	25/06/2019	24/06/2020	





2 of 3

Report No. T/20191022/2206

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Perso	n Involved				418.0	
Any Pedestrian II	nvolved: No		Na Carlotte	100		
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver				This is		
Name	ONG BENG HONG			ID No		S1721271J
Related Vehicle	SMM2877B (Car)			Contact No.		96477899
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date D			charge	NIL	
No. of Days gran	of Days granted Medical Leave NIL			Degree of Injury NIL		

Brief Details.

On 22/10/2019 at about 2126hrs, I was driving into Blk 443A Fajar Road MSCP Deck 1B. As I entered the MSCP, I observed that there was one police vehicle driving in front of me up into Deck 1B. Subsequently, as I was looking for a parking lot, I went up the slope onto Deck 1B, with my car at a distance behind the police vehicle. The police vehicle drove straight and eventually went up the slope onto the next deck, I then prepared to drive my vehicle up the slope as well as there were no parking lots in Deck 1B. However, suddenly the police vehicle reversed back down the slope. I was unable to stop in time and my vehicle collided with the side of the police vehicle. I quickly went out to check and found that my vehicle's front bumper has loosen off and license plate has dropped off. There were also scratches at the front. The police officer from the vehicle then called for police assistance and subsequently two traffic police officers came. I then provided my CCTV memory card with the accident's footage inside to the traffic police officers and was advised to lodge a traffic police report.

I wish to inform that the road that we were driving on was a one-way road and the police vehicle was not supposed to suddenly reverse there. I also wish to add that as the license plate has fallen off, the repairs may not be completed so soon.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20191022/2206

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 Informant:
Date/Time: 22/10/2019 23:31
Classification Of Case:

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password My Desktop **Policy Query** Notice of Loss 22/10/2019 13:41 Policy No. Date of Accident SMM2877B Certificate Number Vehicle No.(For Motor) Search Certificate Number Policyholder Name Policyholder NR1C Insured Object Commence Date Product Cover Type Vehicle No. Expiry Date Policy No. Select ONG BENG HONG drivo CLASSIC SMM2877B SMM2877B 25/06/2019 24/06/2020 5110406708 S1721271J GPC Continue



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: 5110406708 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : To Be Advised

Chassis Number : KMHD841CMKU917258

2. Name of Policyholder : ONG BENG HONG

3. Effective Date of Insurance : 18 Jun 2019 4. Expiry Date of Insurance : 17 Jun 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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 : \$\$100 WINDSCREEN EXCESS 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 : ONG BENG HONG

NAMED DRIVER (1) : N/A 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 : KOMOCO TRADING PTE LTD (00000614810)

Date of Issue : 18 Jun 2019 16:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling Accident MT/1068188 Policy No. 5110406708 Vehicle No. SMM28778 GST Registration No. Certificate No. Policyholder Name ONG BENG HONG Policyholder NRIC \$17212713 Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) 96477899 Contact No.(Office) Contact No.(Home) Email Address eCode No * KPK. . No Yes TCA # No Yes eCode Reason NCD Protection No. NCD Entitlement(%) 20 Private Hire Yes **▽** Accident Details Report Date 23/10/2019 14:17 Accident Report Within 24 hrs Accident Type Date of Accident 22/10/2019 Time of Accident hh:mm. 21:25 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location BLK 443A FAJAR RD MSCP DECK 18 Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 OD Standard Excess 2,000,00 TP Standard Excess 1,500.00 VIED OD Excess 0.00 YIED TO Excess 0.00 Driver is Covered? Covered Additional Excess . 6 Total OD Excess Applicable 2000.00 Total TP Excess Applicable 1.500.00 → Benefits GST Registered No GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History ▼ Policyholder Mailing Address Address 1 BLK 4438 #05-84 FAJAR ROAD Address 3 FAJAR HILLS Address 4 SINGAPORE 672443 Address Type Singapore address Post Code 672443 Unit No. 5110406708 Related Policy Number OI Driver Info Driver Name ONG BENG HONG Driver Type Main Driver Unnamed driver Name Driver NRIC S17212713 Driver DOB 22/08/1965 Register Date of Driver License 22/01/1983 Driver Age 54 Driving Experience 36 Contact No.(Mobile) 96477899 Contact No.(Office) Contact No.(Home) Address 1 BLK 4438 #05-84 Address 2 FATAR ROAD Address 3 FAJAR HILLS Address 4 SINGAPORE 672443 Address Type Singapore address Post Code 672443 Unit No. Does he own a Singapore Registered car? Yes w No Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? □ Yes = No Modification History Claim 001 New Claim Type * OD-MX ONG BENG HONG Insured NRIC 51721; Contact No.(Mobile) NIL 65843449 TP Vehicle Number Email Address obh964@gmail.com QX134 SMM28778 Claim Description Name of SMM28778 / QX1345X ON 22 Oct 2019 0 Insured Liability Not at Fault Workshop Sommer No. Yes Finalisation GIA Received Preferred Workshop, Na Date Registered 23/10/2019 14:19 Date Received 23/10/ Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment Accident No. MT/1068188 Claim No. 001 Last Doc. Received * Yes D No Upload Date 23/10/2019 14:20 Path • Category * Confidential Urgency * Choose File No file chosen * NO Clear Please Select Normal Choose File No file chosen Clear * NO Please Select Normal . Choose File No file chosen Clear * NO Please Select • Normal Choose File No file chosen Clear Please Select * NO ▼ Normal . Choose File No file chosen Clear Please Select * NO v Normal . Choose File No file chosen Clear * NO Please Select * * Normal Message Read

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