





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	24/10/2019 12:23
Date Of Accident	24/10/2019 08:15
Exact Location Of Accident	T2 BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM9130B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HVS CAPITAL PTE. LTD.
Co Reg No	201829289E
Email Address	AMMARBORHAN@DLEASING.COM.SG
Mobile Phone No	(LOCAL) +65-82024804
Alternative Phone No	OFFICE-97839687
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109916971
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM CHEOW WAH
NRIC No	S1640984G
Date Of Birth	25/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1985
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97839687
Fax Number	
Contact Number	OTHERS-82024804
Email Address	DAVIDLIMCTS@GMAIL.COM

Address	BLK 864 TAMPINES STREET 83 #07-430
Postcode	520864
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 - 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	3
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5348Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA CHENG HWA
NRIC/Passport Number	S1697164B
Contact Number	93386665
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH8220T
-----------------------------	----------

Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver VINCENT LEE  
NRIC/Passport Number S0194320J  
Contact Number 86617193  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



## SKETCH PLAN


### IMPORTANT NOTICE

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

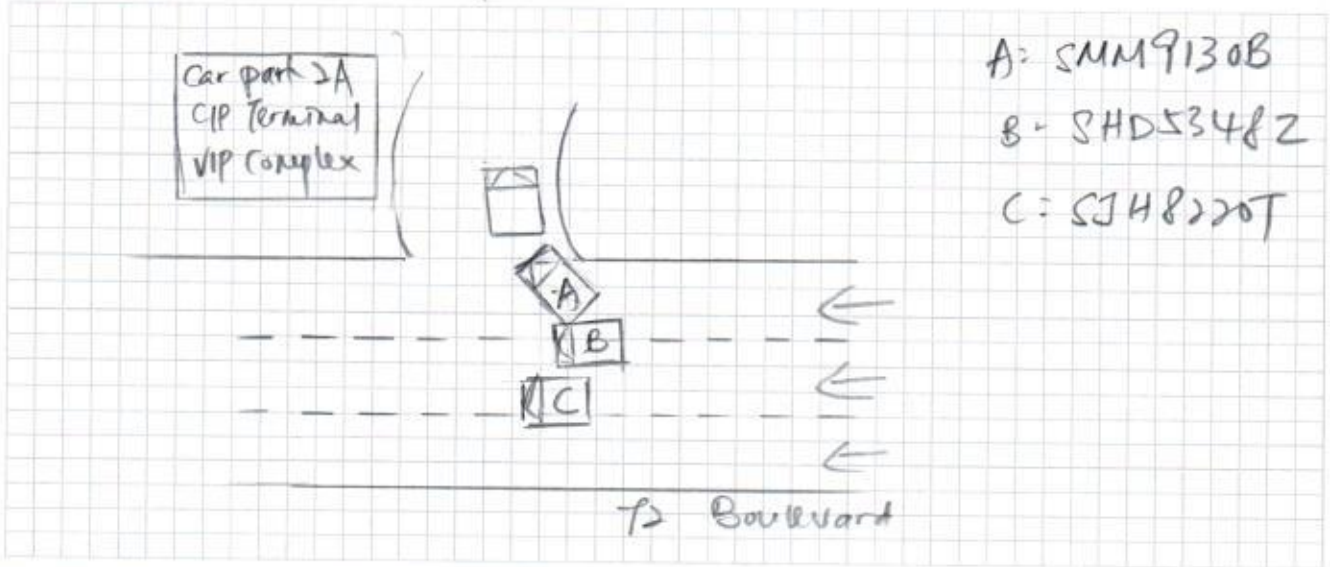
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 24/10/2019

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

# SKETCH PLAN



A: SMM9130B  
B: SHD5348Z  
C: SJH8220T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/2019 at about 0815hrs, I was travelling along T2 Boulevard and make a u-turn. While at the slip road, Vehicles ahead of me slowed down and come to a stop, I followed suit. After a few seconds, a sudden hard impact from behind. A Taxi (B: SHD5348Z) had hit onto my vehicle (A: SMM9130B) rear portion and also hit onto another vehicle (C: SJH8220T) which was travelling straight.

## 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.:



Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: TJ Boulevard

Date & Time Of Accident: 24/10/19 @ 0815Hrs

Purpose when vehicle was used at the time of accident: Grab  
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SMM9130B

Make / Model: Toyota Sienta

Vehicle Category: Private Hire

Claim Own Insurance: YES ☒ NO ☐

If No. Reporting only / Third Party Claim

Name of Preferred Workshop: Optima Werkz Pte Ltd

Contact: 6481-1522

Insured / Policy Holder

Name of Registered Owner: Hus Capital Pte Ltd

NRIC No.: 201829289E

Address: 24 Leng Kee Road, #03-02 Leng Kee Antipoint, Singapore 159026

Mobile No: 8202-4804

Other Contact: Home / Office no:  
Email: ammarborkan@dlrasy.com.sg

Driver

Name of Driver: Lim Cheow Wah

NRIC / Fin No.: S1640984G

Driving Licence Pass Date:

D.O.B: 27/07/1964

Address: Blk 884 Tampines Street 83, #17-430, Singapore 520884

Occupation: INDOOR / OUTDOOR

Mobile No: 97839687

Gender: MALE / FEMALE

Other Contact: Home / Office no:  
Email: dauidmcts@gmail.com

Driver an employee: YES ☒ NO ☐ If no, what is the relationship with the policyholder: Hirer

If Driver is a policyholder, please ignore this question

Insurance Company

Fleet Policy: YES ☒ NO ☐

Policy number: 5109916971-0000B3

Type Of Coverage: drive classic

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS:

Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS:

Road Surface: DRY / WET

Any video captured by car camera? YES ☒ NO ☐

Any police report made: YES ☒ NO ☐

\*Any witness?: YES ☒ NO ☐

\*Injured party: YES ☒ NO ☐ (if yes, pls provide name & Tel)

No. of Passenger (including Driver): 01

Details of Passenger 1

Name:

Gender:

Details of Passenger 2

Name:

Gender:

Details of Passenger 3

Name:

Gender:

Details of Passenger 4

Name:

Gender:

Details of Other Vehicle Property 1

Vehicle Registration No: SHD53482

Vehicle Make/Model/Color:

Name Of Driver: Chua Cheng Hwa

No. of Passenger (including Driver)

NRIC: S1697164B

Contact Number: 93386665

Nature of Damage:

Vehicle Category:

Details of Other Vehicle Property 2

Vehicle Registration No: SH8220T

Vehicle Make/Model/Color:

Name Of Driver: Vincent Lee

No. of Passenger (including Driver)

NRIC: S0194328J

Contact Number: 86617193

Nature of Damage:

Vehicle Category:

Claim Handling

The premium on this policy has not been collected.  
Accident MT/1068348

Policy No.	5109916971	Vehicle No.	SMM9130B	GST Registrati
Certificate No.	5109916971-000013			
Policyholder Name	HVS CAPITAL PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	82024804	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	24/10/2019 12:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/10/2019	Time of Accident hh:mm	08:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	T2 BOULEVARD			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	24 LENG KEE ROAD	Address 2	#03-02 LENG KEE AUTOPOINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-02	Related Policy Number	5110951164	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM CHEOW WAH	Driver NRIC	S1640984G	Driver DOB
Register Date of Driver License	06/02/1985	Driver Age	55	Driving Experie
Contact No.(Mobile)	97839687	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 864 #07-430	Address 2	TAMPINES STREET 83	Address 3
Address 4	SINGAPORE 520864	Address Type	Foreign address	Post Code
Unit No.	07-430			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMM9130B	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HV
Contact No.(Mobile)	96604433	Contact No. (Home)	
Email Address		OI Vehicle Number	SM
Claim Description	SMM9130B / SHD5348Z ON 24 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			24/10/2019 12:44
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			



Save

Submit

Attachment

Accident No.

MT/1068348

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

24/10/2019 12:47

Peth \*

Category \*

Confider

Choose File

No file chosen

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No file chosen

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Choose File

No file chosen

Choose File

No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
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Video List

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



## 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: 5109916971-000013

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

~~To Be Advised~~ SMM9130B

Chassis Number

NHP1707070041

2. Name of Policyholder

HVS CAPITAL PTE LTD

3. Effective Date of Insurance

18 Jul 2019

4. Expiry Date of Insurance

17 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	DICKSON 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 27 May 2019 15:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

5109916971

Date of Accident

24/10/2019 12:22

Vehicle No.(For Motor)

SMM9130B

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109916971	5109916971-000013	HVS CAPITAL PTE. LTD.	201829289E	GFM	drivo CLASSIC	SMM9130B	SMM9130B	18/07/2019	26/05/2020

Continue