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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. 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 truthful and accurate as possible. Any witful 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.

- Any false reporting may be referred to the Police for investigation.
 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.
 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.

STATES THE REAL PROPERTY.	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
Insured/Policyholder	
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
Vehicle Particulars	
Manufacturer	тоуота
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109916971
Cover Note Number	
Driver	
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

DAVIDLIMCTS@GMAIL.COM

BLK 864 TAMPINES STREET 83 Address

#07-430

Postcode 520864

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

OTHER - HIRER

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

NO

ambulance?

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

Contact Number

CHUA CHENG HWA

NRIC/Passport Number

S1697164B 93386665

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJH8220T

Page 2 of 39

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR VINCENT LEE S0194320J 86617193

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
- 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) 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
- 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.
- 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

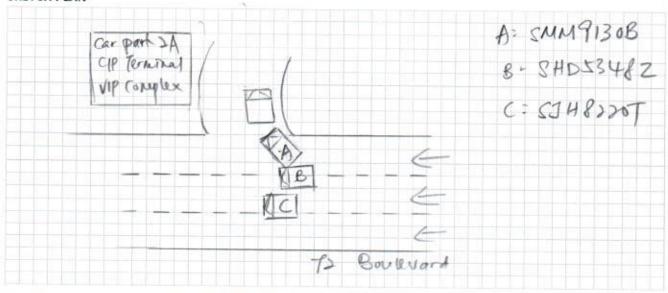
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/2019 at about 0815 hrs, I was travelling along T2 Bowlevard 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: SHD5348 Z) 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 fo particulars are true in every respect.

Policyholder's Date & Time:

Driver's Signature

(If driver is not the policyholder)

24/10/2019

Date & Time:

Reporting Centre Personnel's Signaturiame:
NRIC/FIN No.:

Particulars of Insured / Driver & Details of this Accident	(Pls circle where applicable)			
Location Of Accident: To Bon levard	Date & Time Of Accident : 24/13/19 @ 087.			
Location Of Accident:	Date & Time Of Accident :			
Purpose when vehicle was used at the time of accident :	ra-5			
(e.g Going home)				
Details of Own Vehicle				
Vehicle Registration number: SMM 9130B	Make / Model: Toyota filerta			
Vehicle Category: Private Hirl	wake / woder.			
<u> </u>				
Claim Own Insurance: YES NO	If No. Reporting only / Third Party Claim			
Name of Preferred Workshop: Optime werte A	te Hd contact: 6481-1502			
Insured / Policy Holder				
Name of Registered Owner: HW Capital Ate Lt	201821289E			
Address. If Leng to toad #03-02 1	et fel Antonom Ca - 159081			
Mobile No: 2212 - (LADY	ey Rel Antoport, Sizapira 159076 Other Contact: Home 1 Office no:			
4007	Other Contact: Home / Office no: Email: AMMER BOTHAN & dleasing. CON.			
Name of Driver: Lim Chesw Wal	01111. 80.10			
	NRIC/Fin No.: 51640984G D.O.B: 7071964			
Driving Licence Pass Date:	D.O.B: 7707964			
Address: Blt 884 Tangines Street 83,#	1-450. Singapore 5>0864			
Occupation: INDOOR OUTDOOR	Mobile No: 4753 9687			
Gender: MALE FEMALE	Other Contact: Home / Office no:			
	Email: davidim (ts@quait.com			
Driver an employee: YES NO If no, what is the relationship	with the policyholder: Hicer			
If Driver is a policyholder, please ignore this question	The true policy for the true to the true t			
Insurance Company Fleet Policy YES NO Policy number: 51099	Type Of Coverage: dave Class			
rolley number.	Type of Coverage.			
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 witness?: YES NO			
Any police report made: YES (NO	*Injured party: YES (NO ()f yes, pls provide name & Tel)			
No. of Passenger (including Driver:)				
Details of Passenger 1	Details of Passenger 2			
Name:	Name:			
Gender:	Gender:			
Details of Passenger 3	Details of Passenger 4			
Name:	Name:			
Gender:	Gender:			
Details of Other Vehicle Property 1	Details of Other Vehicle Property 2			
Vehicle Registration No: SHD 13442	Vehicle Registration No: 52H 8220T			
Vehicle Make/Model/Color:	Vehicle Make/Model/Color:			
Name Of Driver: Chug Cherg HWa	Name Of Driver: VMount Lel			
No.of Passenger(including Driver)	No.of Passenger(including Driver)			
NRIC: \$1697164B	NRIC: 50194378J			
Contact Number: 93386665	Contact Number: \$6613193			
Nature of Damage:	The second decision of			
	Nature of Damage:			

Vehicle Category:

Vehicle Category:

Claim Handling

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

Paley No. \$109916971 Vehicle No. SM49130B	GST Registrati
Product Code	
Preduct Code	
Contact No. (Mobile) 0.2024804 Special Remark Spe	Policyholder Ni
Email Address No Yes TCA x No Yes TCA x No Yes TCA x No Yes TCA x No Yes NO NOD Entetion No Accident Details Report Date 24/10/7019 12:40 Accident Report Wintin 24 hrs Report Date 24/10/7019 Report Date 24/1	Loading
NO Yes TCA	Contact No.(He
NCD Protection No NCD Entitlement(%) 0 → Accident Details Report Date 24/10/2019 12:40 Accident Report Within 24 hrs Yes Date of Accident 24/10/2019 Time of Accident himm 08:15 Report Date of Accident 24/10/2019 Time of Accident himm 08:15 Report Date of Accident 12 BOULEVARD → Total Excess Applicable Excess Type Per Accident OD Standard Excess 1,000.00 → Total Excess Applicable Excess Type Per Accident OD Standard Excess 1,000.00 → Tet Date Excess 1,000.00 → Benefits → Benefits → GST Registrated Information GST Registration No. Hodification History → Did Driver Name Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver Name Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver Name Unnamed Driver Unn	eCode
### Accident Details Report Date 24/10/2019 12:40	eCode Reason
Report Date	Private Hire
Date of Accident Reporting Centre Report	
Date of Accident Reporting Centre Report	Accident Type
Reporting Centre Accident Loration T2 BOULEVARD Total Excess Applicable Excess Type Per Accident Windscreen Excess 1,500.00 TF Standard Excess 1,500.00 TF Standard Excess 1,500.00 TED TP Excess 1,500.00 TED TP Excess 1,500.00 TED TP Excess 1,500.00 TED TP Excess Applicable Total OD Excess	Country of Acc
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OD Standard Excess 2,000.00 TP Standard Excess 1,500.00 YIED DP Excess 0,00 YIED TP Excess 0,00 Additional Excess Total OD Excess Applicable 2000.00 Total TP Excess Applicable 1,500.00 **Benefits** **GST Registered Information** GST Registered No GST Registration No. GST Registration No. GST Registration No. GST Registration No. GST Status Verified **Address 1 24 LENG KEE ROAD Address 2 #03-02 LENG KEE AUTOPOINT Address 1 BLK Address 1 Address 2 F10-10-10-10-10-10-10-10-10-10-10-10-10-1	
Additional Excess Total OD Excess Applicable 2000.00 Total TP Excess Applicable 1,500.00 **Benefits** **GST Registered Information** GST Registered No GST Registration No. GST Status Verified Modification History **Policyholder Mailing Address** **Address 1 24 LENG KEE ROAD Address Type Singapore address Unit No. 03-02 Related Policy Number \$110951164 **Di Driver Info** **Di Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name LIM CHEOW WAH Driver Name LIM CHEOW WAH Driver Name LIM CHEOW WAH Driver Name S55 **Contact No.(Mobile) 97839687 Confact No.(Office) Address 1 BLK 864 407-430 Address 2 TAMPINES STREET R3 **Address 4 Sinkapone 520664 Address 7 Type Foreign address **Unit No. 07-430 **Des he own a Singapore Yes + No Driver Vehicle No. SMM91308 **Benethalyser or Blood Test Reading?** **Policy Type Policy Policy Name Porter Radies Porter Radies Register Oate of Driver Driver Radies Porter Radies R	
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GST Registered Information GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 24 LENG KEE ROAD Address 2 #03-02 LENG KEE AUTOPOINT Address 4 Address Type Singapore address Unit No. 03-02 Related Policy Number \$110951164 Policyholder Mame Unnamed Driver Oriver Type Unnamed Driver Unnamed driver Name LIM CHEOW WAH Driver NRIC \$1640984G Register Date of Driver License 06/02/1985 Driver Age 55 Contact No.(Mobile) 97839687 Contact No.(Mobile) 97839687 Contact No.(Mobile) 97839687 Address 1 BLK 864 ≠07-430 Address 2 TAMPINES STREET 83 Address 4 SINGAPORE 520864 Address Type Foreign address Unit No. 07-430 Deck ne own a Singapore Yes = No Driver Vehicle No. SMM9130B Breathalyser or Blood Test Reading? Ves = No Modification History Claim 001 New Claim 001 New	
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Address 1 24 LENG KEE ROAD Address 2 #03-02 LENG KEE AUTOPOINT Address 4 Address Type Singapore address 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 \$1640984G Register Date of Driver License D6/02/1985 Driver Age 55 Contact No. (Mobile) 97839687 Contact No. (Office) Address 1 BLK 864 #07-430 Address 2 TAMPINES STREET B3 Address 4 SINGAPORE 520864 Address Type Foreign address Unit No. 07-430 Does he own a Singapore Registered car? Yes ■ No Driver Vehicle No. SMM9130B Modification History Claim 001 New	
Address 4 Unit No. 03-02 Related Policy Number 5110951164 Unnamed Driver Info Driver Info Driver Name Unnamed Driver Unnamed driver Name Unnamed driver Name Unnamed Driver Unnamed driver Name Unnamed Driver Unnamed Driver License 06/02/1985 Driver Age 55 Contact No. (Mobile) 97839687 Address 1 BLK 864 #07-430 Address 4 SINGAPORE 520864 Address 7ype Driver NRIC Address 7ype TAMPINES STREET B3 Address 4 SINGAPORE 520864 Address 7ype Foreign address Unit No. Does he own a Singapore Registered car? Yes * No Driver Vehicle No. Modification History Claim 001 New New	
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 51640984G Register Date of Driver License 06/02/1985 Driver Age 55 Contact No. (Mobile) 97839687 Contact No. (Office) Address 1 BLK 864 #07-430 Address 2 TAMPINES STREET 83 Address 4 SINGAPORE 520864 Address Type Foreign address Unit No. 07-430 Does he own a Singapore Yes ■ No Driver Vehicle No. SMM9130B Declaration Breathalyser or Blood Test Reading? Any Injury? Yes ■ No Modification History Claim 001 New	Address 3
Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name LIM CHEOW WAH Driver NRIC \$1640984G Register Date of Driver License 05/02/1985 Driver Age 55 Contact No. (Mobile) 97839687 Contact No. (Office) Address 1 BLK 864 #07-430 Address 2 TAMPINES STREET 83 Address 4 SINGAPORE 520864 Address Type Foreign address Unit No. 07-430 Does he own a Singapore Registered car? Yes * No Driver Vehicle No. SMM9130B Declaration Breathalyser or Blood Test O mg Modification History Claim 001 New	Post Code
Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name LIM CHEOW WAH Driver NRIC \$1640984G. Register Date of Driver License 06/02/1985 Driver Age 55 Contact No. (Mobile) 97839687 Contact No. (Office) Address 1 BLK 864 #07-430 Address 2 TAMPINES STREET 83 Address 4 SINGAPORE 520864 Address Type Foreign address Unit No. 07-430 Does he own a Singapore Registered car? Yes a No Driver Vehicle No. SMM9130B Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	
Unnamed driver Name LIM CHEOW WAH Driver NRIC S1640984G Register Date of Driver License 06/02/1985 Driver Age 55 Contact No.(Mobile) 97839687 Contact No.(Office) Address 1 BLK 864 #07-430 Address 2 TAMPINES STREET B3 Address 4 SINGAPORE 520864 Address Type Foreign address Unit No. 07-430 Does he own a Singapore Registered car? Pes * No Driver Vehicle No. SMM9130B Modification History Ciaim 001 New	
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Contact No.(Mobile) 97839687 Contact No.(Office) Address 1 BLK 864 #07-430 Address 2 TAMPINES STREET 83 Address 4 SINGAPORE 520864 Address Type Foreign address Unit No. 07-430 Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	Driver DOB
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Unit No. 07-430 Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	Address 3
Does he own a Singapore Registered car? Driver Vehicle No. SMM91308 Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	Post Code
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	
Breathalyser or Blood Test 0 mg Any Injury? Yes • No Modification History Claim 001 New	Driver Insurer
Breathalyser or Blood Test 0 mg Any Injury? Yes • No Modification History Claim 001 New	
Modification History Claim 001 New	
Ctalm 001 New	
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Print AK letter

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Video List					

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Uploaded By/Date



Certificate of Insurance

Cover : drivo CLASSIC

To Be Advised SMM9130B

NHP1707070041

18 Jul 2019

HVS CAPITAL PTE LTD.

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

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4 Expiry Date of Insurance

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

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)	552,000
EXCESS (SECTION 2)	\$\$1,500
WINDSCREEN EXCESS	\$\$100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NU
	: YES
INSURE WITH COE	NO.
NCD PROTECTION	NO.
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	
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)

: 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

My Desktop Notice of Loss **Policy Query**

Policy No. Vehicle No.(For Motor) 5109916971 SMM9130B

Date of Accident Certificate Number 24/10/2019 12:22

Search

Select Policy No.

Certificate Number

Policyholder Name 5109916971 5109916971- HVS CAPITAL 201829289E GFM

Policyholder Product Cover Type NRIC

Insured Object Commence Expiry Date

drivo CLASSIC SMM9130B SMM9130B 18/07/2019 26/05/2020

Continue