

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	20/12/2019 11:03
Date Of Accident	19/12/2019 16:00
Exact Location Of Accident	JLN EUNOS SLIP RD INTO SIMS AVE E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7802A
Insured/Policyholder	
Name Of Registered Owner	KARKOOL LIMOUSINE
Co Reg No	5XXXX768D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90495999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110340125
Cover Note Number	

Driver

Name of Driver	HO KIN HANG JERFF LUKE
NRIC No	FXXXX401Q
Date Of Birth	16/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81717338
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	2 FIRST ST, SIGLAP V #04-18
Postcode	458278
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	2
Was any body injured in the Accident?	YES
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

REFER TO STATEMENT.

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	GU5341P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	HO KIN HANG JERFF LUKE
------	------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLQ7802A

YES

NO

SKETCH PLAN

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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 Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Sketch Plan diagram showing the intersection of Sims Ave E and Jln Eunus. Vehicle A is at the intersection, and Vehicle B is approaching from behind. The diagram is drawn on a grid.

Sims Ave E

Jln Eunus

A = 578 3802A

B = GU 5341P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at the Slip Rd from Jln Eunus to check traffic coming from the Sims Ave E.

All of a sudden, I felt an impact from behind.

After the incident, I alighted from my veh and realized veh B from behind collided onto my veh rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

PK

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 12 / 19) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: Jln Eunus Slip Rd Into Sims Ave E

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 7802 A
 b) INSURANCE COMPANY: JMC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Kar Kool Limousine. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9049 5999
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ho Kim Hang Jerff Luke. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 817 17 338
 c) ADDRESS: 2 First St, Siglap V # 04-18 CS) 458 278

* d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GU 5341 P MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = Lim chee siang.

fax =

Video = No.

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: S110340125-000010

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SLQ7802A
Chassis Number : JMYSTCY4AAU002606
2. Name of Policyholder : KARKOOL LIMOUSINE
3. Effective Date of Insurance : 21 Oct 2019
4. Expiry Date of Insurance : 20 Oct 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

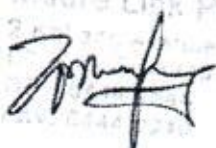
- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSURE LINK PTE LTD (00000614836)
Date of Issue : 11 Jun 2019 15:54 hrs

Insure Link Pte Ltd


For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive



DTAP @ SIGLAP
314 EAST COAST ROAD #01-04
Singapore 459108
Tel: 69622144

Medical Certificate

Date : 19/12/2019
MC No. : MC19120179

This is to certify that:

Name : HO KIN HANG JERFF LUKE

NRIC : F2310401Q

is medically unfit for 1 days(s)
from 20/12/2019 to 20/12/2019

Notes:

DR EDWIN ONG
MB ChB (Manchester), GDFM
M60388J

Dr. EDWIN ONG

Date : 19/12/2019

MCR No.: M60388J

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Claim Handling

Accident MT/1076581

Policy No.	5110340125	Vehicle No.	SLQ7802A	GST Registration No.	
Certificate No.	5110340125-000010				
Policyholder Name	KARKOOL LIMOUSINE	Cover Type	Third Party	Policyholder NRIC	53359768D
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90495999	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	20/12/2019 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/12/2019	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN EUNOS SLIP RD INTO SIMS AVE E				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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	BLK 154 #04-392	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550154
Address 4		Address Type	Singapore address	Post Code	550154
Unit No.	04-392	Related Policy Number	S111102432		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/10/1983
Unnamed driver Name	HO KIN HANG JERFF LUKE	Driver NRIC	FXXXX401Q	Driving Experience	19
Register Date of Driver License	01/01/2000	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	81717338	Contact No.(Office)		Address 3	SINGAPORE 458278
Address 1	2 FIRST STREET	Address 2	#04-18 SIGLAP V	Post Code	458278
Address 4		Address Type	Singapore address		
Unit No.	04-18				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	+ Yes - No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at fault	GIA report	Received	20/12/2019 14:28	Claim Close Date		Date Received	20/12/2019
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown						
Date Registered									
Report Taken By									

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076581	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/12/2019 14:29

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *	Desci
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
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Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Hi
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:29	SAS		Normal	SAS 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:29	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:28	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:28	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:28	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:28	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 14:28	Photos		Normal	Photos 2019-12-20	

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	