





## 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	06/01/2020 09:40
Date Of Accident	03/01/2020 11:30
Exact Location Of Accident	ALONG TUAS BASIN LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU6737A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COLOURXPRESS PRINTING PTE LTD
Co Reg No	2XXXXX484K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90985454
Alternative Phone No	OFFICE-62762822

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5062578460-06
Cover Note Number	

### Driver

Name of Driver	TIYU KIM HUAT
NRIC No	SXXXX167A
Date Of Birth	11/01/1946
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1970
Driving Experience	49 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90985454
Fax Number	
Contact Number	OFFICE-62762822
Email Address	NOEMAIL

Address	BLK 63 TELOK BLANGAH HEIGHTS #04-217
Postcode	100063
Was driver an employee of the Insured's Company	YES
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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

ON THE 03-01-2020 AT ABOUT 11:30HRS I WAS AT TUAS BASIN LINK AND WANTED TO TURN INTO 18 TUAS BASIN LINK, BEFORE REACHING I TRAVEL SLOWLY AND SIGNAL RIGHT BEFORE I COULD TURN A LORRY XD1060P BANG INTO MY RIGHT SIDE OF MY VAN. THE LORRY WAS SO CLOSE AND COULD NOT STOP ON TIME.

#### 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	XD1060P
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)	

## SKETCH PLAN

### IMPORTANT NOTICE

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

- (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.



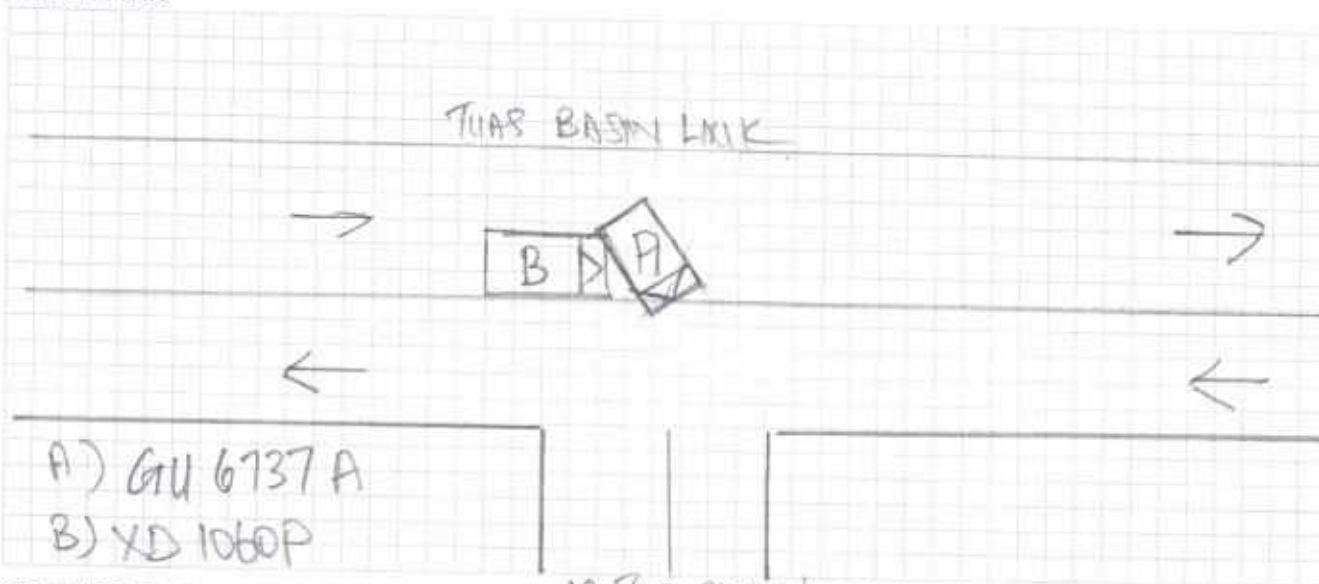
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TUAS BASIN LK

REFER TO SKETCH PLAN

## 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:

06/1/20

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (03/01/2020) (DD/MM/YYYY), TIME: (11:30) (HH:MM)

LOCATION: THAS BARN Lnk

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GU 6737A  
 b) INSURANCE COMPANY: NMC  
 c) POLICY NUMBER: 506552460-06  
 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:  
 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: CHOUR KHEPHE PRETHAY PHA (M) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 20061344K CONTACT: 6762822  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 90985734  
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: XD 1060P 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 =

VIDEO

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Policy No.	502575460-08	Vehicle No.	0157378	GET Registration No.	
Certificate No.					
* Policyholder Name	COLOURPRESS PRINTING PTE LTD				
Product Code	COMMERCIAL VEHICLE (INSUR)	Cover Type	Hard Parts, Fire & Theft	Policyholder NRIC	308613438X
Contact No. (Mobile)	9385454	Contact No. (Office)	82762622	Leading	0
Email Address		Special Remarks		Contact No. (Home)	
uPe	<input type="radio"/> No <input checked="" type="radio"/> Yes			eCode	<input type="button" value="Set"/>
WCD Production	No	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
		WCD Enhancement No.	10	Private Use	

Report Date	16/01/2020 14:46	Audits Report Written 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/01/2020	Title of Accident Incident	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		TCM No.	
Accident Location	ALDRG TMS BASIN LINK				

Excess Type	Per Accident	Whichever Excess	0.00		
OO Standard Excess	0.00	TP Standard Excess	0.00		
VED OO Excess	0.00	VED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess					
Total OO Excess Applicable	0.00	Total TP Excess Applicable	0.00		

GST Registered	NO	GST Registration Date	
GST Registration No		GST Status Verified	YES
Modification History	06/01/2020 15:10:48 System changed GST Status Verified from No to Yes		

Address 1	1001 LOWER DELTA ROAD	Address 2	#01-07	Address 3	SINGAPORE 161103
Address 4		Address Type	Singapore address	Post Code	161103
Unit No.		Related Policy Number	604 000000 00		

Driver Name	Uninsured Driver	Driver Type	Uninsured Driver		
Uninsured driver Name	TIJU KIM HUIAT	Driver NRIC	67204181A	Driver DOB	11/01/1946
Register Date of Driver License	20/08/2010	Driver Age	71	Driving Experience	48
Contact No.(Mobile)	9085454	Contact No (Office)	67263822	Contact No.(Home)	
Address 1	BLK 33 #04-217	Address 2	TELUK BLANGAH HEIGHTS	Address 3	BLANGAH GARDEN
Address A	SINGAPORE 100662	Address Type	Foreign address	Post Code	100662
Use No	04-217				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	AUS737A	Driver Insurer Company	amc

Breathalyzer or Blood Test Reading?	0 mg	Any study?	Yes / No
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## Claim 001 New

Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		Email Address		Email Address	
Claim Description		Vehicle Number		Vehicle Number	
Preferred Workshop		Preferred Workshop		Preferred Workshop	
Reported		Reported		Reported	
Date Reported		Date Reported		Date Reported	
Report Taken By		Report Taken By		Report Taken By	

Save | Exit

Accident No.	HT1070670	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inclosed Date	06/11/2010 15:20

Choose File	Ny file chosen
Choose File	Ny file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

Attachment	Uploaded By/Date	Category	Images	Description	Has Sent (COI)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 04 Jan 2020 15:20	Photos	Normal	Photos 2020-1-4		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 04 Jan 2020 15:20	Photos	Normal	Photos 2020-1-4		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 04 Jan 2020 15:15	Photos	Normal	Photos 2020-1-4		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:13	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:15	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:15	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:18	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:18	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:18	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:12	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:12	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:12	Photos	Normal	Photos 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:13	NRIC/ Driving License	V	NRIC/ Driving license 2020-1-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2020 13:13	SAS	Normal	SAS 2020-1-6	<a href="#">Edit</a>

[Display in New Window](#)
[Start and uploading](#)



## 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 :** 5062578460-06

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **GU6737A**

Chassis Number

: TBA

2. Name of Policyholder

: COLOURXPRESS PRINTING PTE LTD

3. Effective Date of Insurance

: 11 Nov 2019

4. Expiry Date of Insurance

: 10 Nov 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 business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)

: N/A

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: ABWIN 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

: HO KOK SWAN ANGELINE CHRISTINA (00000586386)

Date of Issue

: 31 Oct 2019 13:25 hrs

Reprint

: 31 Oct 2019 13:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive