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6/2/20 23:45	1-N1otor W/O (	Wilde: OD 2lus,	ri* +brs)			***
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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.

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Date Of Report 07/02/2020 16:25

Date Of Accident 06/02/2020 23:45

Exact Location Of Accident TPE AFTER SENGKANG

Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA3349P

Insured/Policyholder

Name Of Registered Owner OSCARS LEASING PRIVATE LIMITED

Co Reg No 2XXXX292N Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-91129911

**Vehicle Particulars** 

Manufacturer KIA

Model CERATO FORTE

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 Vehicle Category

THIRD PARTY PRIVATE HIRE

**Insurance Company** 

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5109909289

Cover Note Number

Driver

Name of Driver DEON WONG CHIN KAM

 NRIC No
 SXXXX952G

 Date Of Birth
 25/06/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 16/05/2018

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98911182

Fax Number

Contact Number

EMail Address NOEMAIL

Address

331 LOYANG RISE

Postcode

507303

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

**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

I WAS TRAVELLING ALONG TPE AFTER SENGKANG ON THE 3RD LANE FILTER INTO 4TH LANE, SUDDENLY VEH B ALSO FROM THE 5TH LANE FILTER INTO 4TH AND COLLIDED ONTO MY VEH LEFT HAND SIDE.

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

SMG7108L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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.
- 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. 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

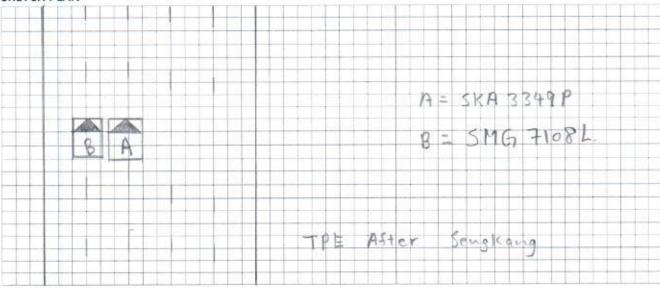
Name:

NRIC/FIN No .:

Policyholder's Signature

Date & Time:

### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

der to Statement	
15	

# 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.:



# 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: 5109909289-000014 Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SKA3349P

Chassis Number

: KNAFW411MA5268654

2. Name of Policyholder

: OSCARS LEASING PRIVATE LIMITED

3. Effective Date of Insurance

: 01 Jun 2019

4. Expiry Date of Insurance

: 31 May 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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 27 May 2019 14:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

Claim Handling						
Accident MT/1083460			20070000000		GST Registration No.	
Policy Na.	5109909289	Vehicle No.	SKA3349P		GST registration No.	
Certificate No.	5109909289-000014				Palicyholder NRIC	201431292N
Policyholder Name	OSCARS LEASING PRIVATE LIMITED	22 - 武至3	2013/2010/0		Loading	0
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party		Contact No.(Home)	
Contact No.(Mobile)	91129911	Contact No.(Office)  Special Remark			eCode	No ▼
Email Address			· No · Yes		eCode Reason	
KPK	No    ○ Yes	TCA NCD Entitlement(%)	0		Private Hire	Yes
NCD Protection  Accident Details	No	ACO Entitlement(18)	Č.			
	W710723676 17-15	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Change / Cross i
Report Date Date of Accident	07/02/2020 17:13	Time of Accident hh:mm	23:45		Country of Accident	Singapore
Reporting Centre	06/02/2020	Orange Force	VA-51-51		ICM No.	
Accident Location	THE AFTER SENGKANG					
	THE ACTER SCHOOLING					
♥ Total Excess Applicable		Windscreen Excess				
Excess Type	Per Accident	Williascreen Excess				
OD Standard Excess		TP Standard Excess		1,500.00		
YIED OD Excess	0.00	YIED TP Excess		1,500.00	Driver is Covered?	Covered
Additional Excess	0					
Total OD Excess Applicable	0.00	Total TP Excess Applicable		3,000.00		
♥ Benefits				The state of the s		
	tion					
GST Registered	No			stration Date	Mar.	
GST Registration No.			GST Stat	tus Verified	Yes	
Modification History						
Policyholder Hailing Add			#01-73 ROXY SQ	MIADE	Address 3	SINGAPORE 428769
Address 1	50 EAST COAST ROAD	Address 2	Singapore addres		Post Code	428769.
Address 4		Address Type	5109909289			1344140
Unit No.		Related Policy Number	2104404588			
♥ 01 Driver Info		Driver Type	Unnamed Driver			
Driver Name Unnamed driver Name	Unnamed Driver DEON WONG CHIN KAM	Driver NRIC	SXXXX952G		Driver DOB	25/06/1970
Register Date of Driver License	16/05/2018	Driver Age	49		Driving Experience	1
Contact No.(Mobile)	98911182	Contact No.(Office)			Contact No.(Home)	
Address 1	331 # LOYANG RISE	Address 2	SINGAPORE 507	303	Address 3	
Address 4		Address Type	Singapore address	44	Post Code	507303
Unit No.						
Does he own a Singapore	⊕ Yes ★ No	Driver Vehicle No.			Driver Insurer Company	
Registered car?	120.0					
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Reading?	(7) (2(3))					
Modification History						
Claim 001 New						
Commod Park						
					Insured C	C ppp use 1111 Insured 2014
Claim Type *				OD-MX	Name -	NE PRIVATE LIMI NEIC
Secret No (Mahila)					No.	No. 6100
Contact No.(Mobile)					(Home)	(Office)
Email Address					Vehicle SXA3349P Number	Vehicle SMG7
						Name of
Claim Description				SKA3349P / SMG7108L	ON 6 Feb 2020	Preferred 0 Workshop
Preferred	Insured Liability   Secret	v at fault Y				
Workshop 0 Enquire No. Yes	Preferered  Repair Preferred Workshop	GIA Bacelo	red	•	Claire	00/997 26
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Date registers				A DESIGNATION OF THE PARTY OF T	Date	
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Accident No.	MT/1083460	Claim No.		001		
Last Doc. Received	₩ Yes D No	Upload Date		07/02/2020 17:18		
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Message Read						

# Claim Handling(accident reporting Claim Task )

	Uploaded By/Date	Folder Date		File Name		Source	
▼ Video List							
1	NAC_PAYA_UBI_800601( NATION: 07 Feb	AL ASSESSMENT CENTRE SERVICES) o 2020 17:17	Photos		Normal	Photos 2020-2-7	
		AL ASSESSMENT CENTRE SERVICES) o 2020 17:17	Photos		Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601( NATION 07 Feb	AL ASSESSMENT CENTRE SERVICES) 0 2020 17:17	Photos		Normal	Photos 2020-2-7	
		AL ASSESSMENT CENTRE SERVICES) 0 2020 17:17	Photos		Normal	Photos 2020-2-7	
		AL ASSESSMENT CENTRE SERVICES) o 2020 17:17	Photos		Normal	Photos 2020-2-7	
0	NAC_PAYA_UBI_800601( NATION 07 Feb	NL ASSESSMENT CENTRE SERVICES) o 2020 17:17	Photos		Normal	Photos 2020-2-7	
7		N, ASSESSMENT CENTRE SERVICES) o 2020 17:18	Photos		Normal	Photos 2020-2-7	
	NAC_PAYA_UB1_800601( NATION/ 07 Feb	AL ASSESSMENT CENTRE SERVICES) o 2020 17:18	Photos		Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601( NATION/ 07 Feb	AL ASSESSMENT CENTRE SERVICES) o 2020 17:18	Photos		Normal	Photos 2020-2-7	
**		NL ASSESSMENT CENTRE SERVICES) o 2020 17:18	Photos		Normal	Photos 2020-2-7	
-A1		AL ASSESSMENT CENTRE SERVICES) 0 2020 17:18	Photos		Normal	Photos 2020-2-7	
13	NAC_PAYA_UBI_800601( NATION/ 07 Feb	AL ASSESSMENT CENTRE SERVICES) o 2020 17:18	SAS		Normal	SAS 2020-2-7	
en ma	NAC_PAYA_UBI_B00601( NATION/ 07 Feb	AL ASSESSMENT CENTRE SERVICES) o 2020 17:18	NRIC/ Driving License	٧	Normal	NRJC/ Driving License 2020-2-7	
Attachment	Upload	ed By/Date	Category	P	Urgency	Description	Mt
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