

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 02/02/2020 11:40
Date Of Accident 01/02/2020 11:25
Exact Location Of Accident PAN ISLAND EXPRESSWAY B/F EXIT 12
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG9988K
Insured/Policyholder
Name Of Registered Owner STRAITS RENTAL PTE LTD
Co Reg No 2XXXXX470R
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-96475895
Vehicle Particulars

Manufacturer HONDA
Model SHUTTLE HYBRID
Exact Purpose for which vehicle was being used at time of accident

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 HIRE
Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5111549104 (CLASSIC)
Cover Note Number

Driver

Name of Driver KWOK MUN KWONG
Passport No/FIN SXXXX418F
Date Of Birth 08/01/1969
Occupation OUTDOOR
Date Of Driving Pass 11/04/2018
Driving Experience 1 YEAR AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96475895
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 223 ANG MO KIO AVENUE 1 #03-505
Postcode	S560223
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)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200201/2111

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	SLT6647Y
Vehicle Make/Model/Colour	AUDI Q3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAJIV HARIHARAN
NRIC/Passport Number	SXXXX227H
Contact Number	91906332
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KWOK MUN KWONG

Approximate Age

51

Injuries Sustain

5 DAYS MEDICAL LEAVE FROM MT ALVERNIA HOSP, PAIN ON NECK
AND BACK

Injured person in which vehicle?

SJG9988K

Were seat belts worn?

YES

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


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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 (a) 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:

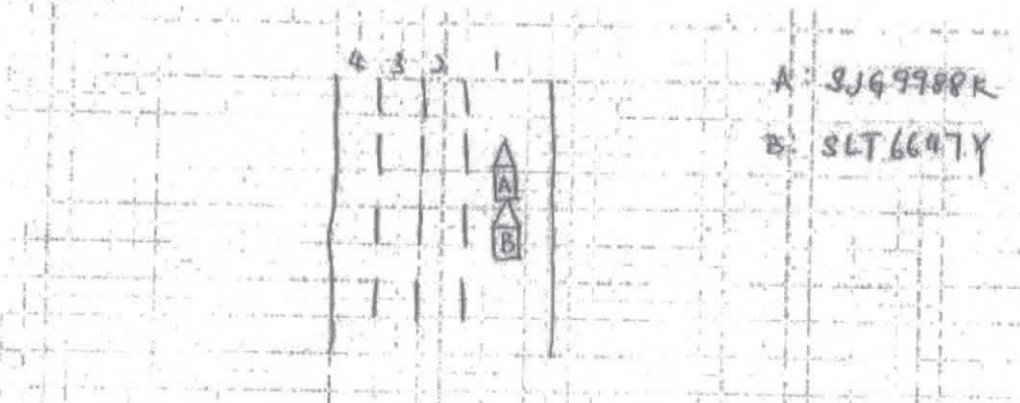

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC SIN MING VICOM LTD
385 SIN MING DRIVE (S) 575718
 6697 5243 / 6455 5358
ZARIFAH MAJED
Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
T/20200201/2111

DECLARATION

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



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

IDAC SIN MING VICOM LTD.

385 SIN MING DRIVE (S) 575718

6697 5243 / 6455 5358
ZARIFAH MAJEED

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:



Police Report


**SINGAPORE
POLICE FORCE**


T/20200201/2111

1 of 3

Report No. T/20200201/2111

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2020 18:07		Vide Report No.:	Station Diary No.: 11
Informant's Particulars			
Name of Informant: KWOK MUN KWONG		Address: APT BLK 223 ANG MO KIO AVENUE 1 #03-505 SINGAPORE 560223	
ID Type / ID No.: NRIC NO / S6901418F		Contact No.: Home/Office: Mobile: 96475895	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 08/01/1969	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 01/02/2020 11:25	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY before Exit 12				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJG9988K	Car				Slightly Damaged	1
SLT6647Y	Car				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999



T/20200201/2111

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Report No. T/20200201/2111

CONTINUATION OF REPORT

Driver				
Name	KWOK MUN KWONG		ID No.	S6901418F
Related Vehicle	SJG9988K (Car)		Contact No.	96475895
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2020		Date Discharge	01/02/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	Rajiv Hariharan		ID No.	S9513227H
Related Vehicle	SLT6647Y (Car)		Contact No.	91906332
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 01/02/2020 at about 11.26am, I was driving my vehicle bearing registration plate, SJG9988K, along Pan Island Expressway when suddenly the vehicle in front of me suddenly brake. As such, I immediately brake as well to avoid colliding into the front vehicle. However, a vehicle bearing registration plate, SLT6647Y, that was driving behind had collided into the back of my vehicle. We both got down and exchanged particulars. As no one was injured at the point of time, no police or ambulance was called. My vehicle rear boot was unable to close properly anymore.

On the same at about 4.33pm, I felt pain on my neck and back, as such I went to Mount Alvernia Hospital for check up. I was given 5 days MC.

I wish to state that I was front in car camera at the point of time.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200201/2111

3 of 3

Report No: T/20200201/2111

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F/
Sgt 1 TAN CHEE HEIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/02/2020 18:07

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

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: 5111549104-000005

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJG9988K
Chassis Number : GP72004090
2. Name of Policyholder : STRAITS RENTAL PTE LTD
3. Effective Date of Insurance : 31 Jul 2019
4. Expiry Date of Insurance : 30 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.

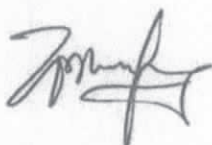
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: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

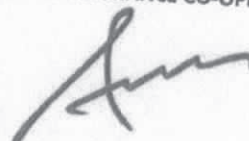
Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 31 Jul 2019 09:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive