

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	15/02/2020 11:42
Date Of Accident	13/02/2020 13:00
Exact Location Of Accident	YISHUN AVENUE 11 ENTRANCE INTO CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB9490A
Insured/Policyholder	
Name Of Registered Owner	LITTLE PENGUINS
Co Reg No	5XXXX614W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97827723
Alternative Phone No	OFFICE-97827723
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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
Fleet Policy	NO
Policy Number	5105680621-01
Cover Note Number	
Driver	
Name of Driver	LEE CHUEN SOH
NRIC No	SXXXX297E
Date Of Birth	09/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1974
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97827723
Fax Number	
Contact Number	OTHERS-97827723
Email Address	NOEMAIL

Address	BLK 324B SENGKANG EAST WAY #03-581
Postcode	542324
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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

PLEASE REFER TO SKETCH

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	SLU5252D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD SUHAIMI BIN SUIP
NRIC/Passport Number	
Contact Number	97275252
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE CHUEN SOH
------	---------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB9490A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

X  

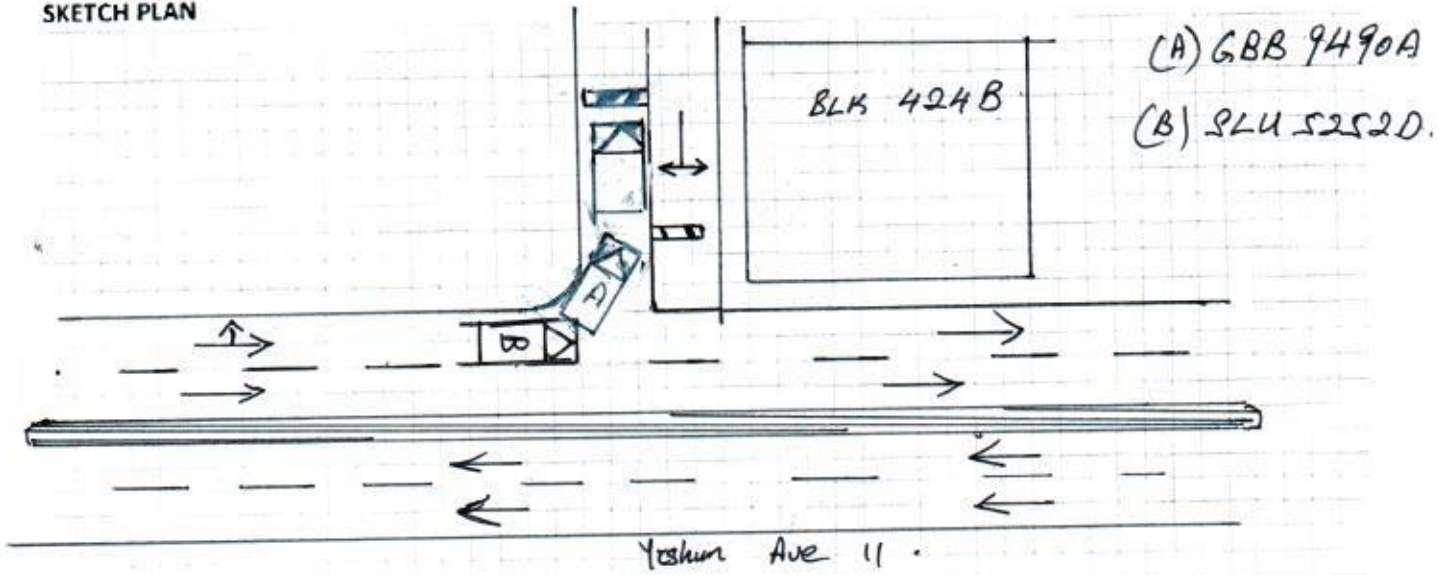
Policyholder's Signature
Date & Time:



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

 15/02/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/02/2020 at @ 1300 hrs. I was travelling in my vehicle (GBB 9490A) along Yeshun Ave 11. I on my left signal before the entrance to BLK 424B. While entering, there was a lorry ahead of me and I slow down and stopped. Suddenly, a car (SLU 52520) from behind collided onto the right rear portion of my vehicle.

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.:

Vehicle No.	G8B 9490A		Model / Make	Nissan Cabstar.
Date of Accident	13/02/2020.			
Time of Accident	1300 HRS			
Location of Accident	Tishun Ave 11 entrance into Carpark.			
Exact purpose use during accident	Commercial Used.			
Name of Owner	Little Penguins.			
Telephone No.	H/P: 9782 7723	Home:	Office:	
NRIC	53361614 W			
Address	BLK 324B Sengkang East way #03-581 (S) 542324.			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTPC.			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5105680621.			
Name of Driver	As Above If No, Lee Chuen Soh.			
NRIC	S 0682297E		Any Passengers: N.A.	
Date of birth	09/03/1951			
Occupation	Outdoor	Indoor		
Driving License Pass Date	22/04/1974			
Gender	Male	Female		
Contact No.	H/P: 9782 7723	Home:	Office:	
Address	BLK 324B Sengkang East way #03-581 (S) 542324			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner.		
Weather condition	Clear	Raining Other		
Road Surface	Dry	Wet Other		
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Lee Chuen Soh (H/P: 9782 7723)			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SLU 5252 D		Any Passengers: N.A.	
Name of Driver	Mohamad Suhaimi Bin Saip		Contact No.: 9727 5252.	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name	N.A.		Witness Contact: N.A.	
Accident Portion	Rear Right Portion.			
Camera Recorder	Yes/No			
Email Address				
PARTICULAR WORKSHOP	N-51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting.			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			

Claim Handling

Accident MT/1084477

Policy No.	5105680621-01	Vehicle No.	GBB9490A	GST Registrati
Certificate No.				
Policyholder Name	LITTLE PENGUINS			Policyholder Ni
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Third Party	Loading
Contact No.(Mobile)	97827723	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	15/02/2020 13:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/02/2020	Time of Accident hh:mm	13:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	YISHUN AVENUE 11 ENTRANCE INTO CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	15/02/2020 13:39:56 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 324B #03-581	Address 2	SENGKANG EAST WAY	Address 3
Address 4	SINGAPORE 542324	Address Type	Singapore address	Post Code
Unit No.	03-581	Related Policy Number	5105680621-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE CHUEN SOH	Driver NRIC	SXXXX297E	Driver DOB
Register Date of Driver License	22/04/1974	Driver Age	68	Driving Experi
Contact No.(Mobile)	97827723	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 324B #03-581	Address 2	SENGKANG EAST WAY	Address 3
Address 4	SINGAPORE 542324	Address Type	Foreign address	Post Code
Unit No.	03-581			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBB9490A	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIT
Contact No.(Mobile)	97827723	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	GB
Claim Description	GBB9490A / SLU5252D ON 13 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

15/02/2020 13:44

ROSLI WAHAB

Claim Close Date

Save

Submit

Attachment

Accident No.

MT/1084477

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

15/02/2020 13:48

Path *

Category *

Confider

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:48	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:48	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:48	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:48	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:47	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:47	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:47	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:47	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:44	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:44	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2020 13:44	SAS		Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan 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 : 5105680621-01

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : G889490A |
| Chassis Number | : JN15C2F24Z0801541 |
| 2. Name of Policyholder | : LITTLE PENGUINS |
| 3. Effective Date of Insurance | : 23 Nov 2019 |
| 4. Expiry Date of Insurance | : 07 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 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	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

SG MOTOR TRADER PTE LTD

Reg. No.: 201537467C

172 Sin Ming Drive

Singapore 575720

Tel: 6633 9400 Fax: 6456 0678

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 : SG MOTOR TRADER PTE. LTD. (00000573388)

Date of Issue : 04 Oct 2019 10:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive