

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	18/02/2020 15:51
Date Of Accident	16/02/2020 15:50
Exact Location Of Accident	ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV8824M
Insured/Policyholder	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	2XXXXX747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94898330
Alternative Phone No	OFFICE-94898330

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5111385146
Cover Note Number	

Driver

Name of Driver	SOH BOON HENG
NRIC No	SXXXX580F
Date Of Birth	10/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94898330
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 251 BANGKIT ROAD #04-366
Postcode	670251
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SMR6174T
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)

DETAILS OF INJURED PERSON 1

Name	SOH BOON HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GV8824M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 251 BANGKIT ROAD #04-366
Postcode	670251

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.



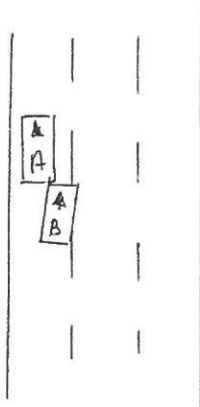
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



V.A) 6V 8824m
V.B) SMR 61747

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attach to police report : T/20200217/2060

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.: _____

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200217/2060

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No. T/20200217/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2020 13:54	Vide Report No.:	Station Diary No.: 41
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SOH BOON HENG	Address: APT BLK 251 BANGKIT ROAD #04-366 SINGAPORE 670251		
ID Type / ID No.: NRIC NO / S7614580F	Contact No.: Home/Office: Mobile: 94898330		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 43	Date of Birth: 10/05/1976	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Electrician	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/02/2020 15:50	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5 ALONG ANG MO KIO AVENUE 5				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GV8824M	Van				Slightly Damaged	0
SMR6174T	Car				Seriously Damaged	1

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200217/2060

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3
Report No. T/20200217/2060

CONTINUATION OF REPORT

Driver			
Name	SOH BOON HENG	ID No.	S7614580F
Related Vehicle	GV8824M (Van)	Contact No.	94898330
Hospital/Clinic	1 MEDICAL TECK GHEE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	CHEUNG NGOK FUNG	ID No.	S8671138I
Related Vehicle	SMR6174T (Car)	Contact No.	91903490
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 16/02/2020 at about 1550hrs, I was driving my van bearing plate number: GV8824M. I was travelling on the left most lane behind a SBS bus. While I was driving along the road, I noticed the SBS bus came to a stop as it have just reached the bus stop of the said road. I managed to stop my vehicle on time and waited for the bus to move off, all this while my vehicle was stationary. Suddenly, I felt an impact from the rear of my vehicle, I took a glance on my right side and noticed a vehicle bearing plate number: SMR6174T with a damaged left fenders and left wheel resulting in the vehicle unable to move off. I came out same time as the driver and he approached me and mentioned that he was at fault. We exchanged our particulars and he said that he will contact me again on the insurance claim. Before we went our separate way as well I did make a check on both the driver and the passenger however both of them mentioned that they did not suffer any injury.

On the same day, at about 1800hrs that was when I started to feel pain and discomfort on my right rib region. I decided to pay a visit to the clinic and was given 3 days of MC and 7 days of light duty.

I wish to inform that as of now I am also feeling pain and discomfort in my abdominal region. I would like to add that there is no camera installed in my van.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20200217/2060

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20200217/2060

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 2 KOH YEW WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/02/2020 13:54

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

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 : 5111385146-000010

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **GV8824M**
Chassis Number : CR425003997
2. Name of Policyholder : KWANG CHUN PTE LTD
3. Effective Date of Insurance : 24 Jul 2019
4. Expiry Date of Insurance : 23 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.
 - (b) Use for the carriage of passengers or goods 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 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)	: S\$1,500
INSURE WITH COE	: 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 : ANG KOK CHIN (00000587457)
Date of Issue : 24 Jul 2019 10:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer




Chief Executive

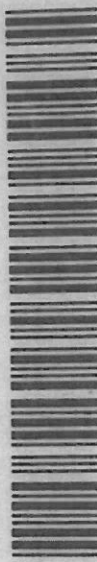
6150481

NRIC No. **S7614580F**


Date of Issue
19-03-2019

Address
**APT BLK 251 BANGKIT ROAD
#04-366
SINGAPORE 670251**





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7614580F**




Name
**SOH BOON HENG
(SU WENXING)**

Race
CHINESE

Date of birth
10-05-1976

Sex
M

Country/Place of birth
SINGAPORE



S7614580F


REPUBLIC OF SINGAPORE

Licence Number: **S7614580F**


Name:
**SOH BOON HENG
(SU WENXING)**

Birth Date: **10 May 1976**

Issue Date: **27 Apr 2012**



002061058F



PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles
Class 3 Motor Cars with ≤ 7 passengers, exclusive of the driver, and other motor vehicles $\leq 2500\text{kg}$

EFFECTIVE DATE
18 Feb 1997
11 Oct 1996

NP 428A

Licence No.: **S7614580F**

