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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/03/2020 14:18
Date Of Accident	04/03/2020 14:55
Exact Location Of Accident	JALAN HARIMAU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ6198B
Insured/Policyholder	
Name Of Registered Owner	ACE STAR
Co Reg No	5XXXX294K
Email Address	ACESTAR.COM.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96771000
Alternative Phone No	OFFICE-96771000
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE-1.5 (A)
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	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	5096974707-02
Cover Note Number	
Driver	
Name of Driver	LIU JIANHUI
NRIC No	SXXXX353Z

Name of Driver

NRIC No

SXXXX3532

Date Of Birth

16/09/1983

Occupation

INDOOR

Date Of Driving Pass

11/06/2003

Driving Experience 16 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96771000

Fax Number

Contact Number OTHERS-96771000

EMail Address CARSTORY1609@YAHOO.COM.SG

Address BLK 1 LORONG 20 GEYLANG

#08-09

Postcode 398721

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 SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

ambulance?

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

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 BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-3689999 - **FAX NO**: 63682383

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200312/2057 & T/20200312/2064

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU2337M

Vehicle Make/Model/Colour SUBARU LEGACY

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver KOH XIN WEI

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 23

Sketch Plan

SKETCH PLAN

Veh A: S46 6198 B Veh B: SLU 2337 M

IMPORTANT NOTICE

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- 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.
- 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.
- 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.
- 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 the purpose(s).
 - 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:
 - 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

A C E S T A R

Policyholder's Signature
Date & Time: 5 - 3 - 20 13:20

4

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

NRIC/FIN No.:

return to the

Sketch Plan #2

Plaza Pelangi SKETCH PLAN Veh A: SGB 6198 B Veh B: SLU 2337 M Petron Station Jalan Harimay DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION Reporting Centre Personnel's Significant Marketon Name: NRIC/FIN No.: I/We declare the foregoing particulars are true in every respect. STAR Policyholder's Signature Driver's Signature Date & Time: 5-3-20 13-20 (if driver is not the policyholder) Date & Time:





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 1 of 3 Report No. T/20200312/2057

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 16 12/03/2020 13:38 Informant's Particulars Name of Informant Address: APT BLK 1 LORONG 20 GEYLANG #08-09 SINGAPORE LIU JIANHUI 398721 Contact No.: ID Type / ID No. Mobile: 96771000 Home/Office: NRIC NO / S8328353Z Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 36 16/09/1983 Driver Male Institution / School Name: Language: Race English Chinese Driving Licence Information: Occupation Date of Expiry: Class: 2B,2A,3 PRIVATE HIRE DRIVER

General Infor	mation of the Accide	ent		San J. Colon Manual Print, Lines.
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/03/2020 14:55	Type of Location Straight Road
HAPPENS IN	S CENTRE ROAD	JALAN HARIMAU, JO Road Surface: Dry	DHOR BAHRU, BESIDE	PETRON STATION, Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate
Type of Collis		wipe - Same Direction	n	Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ6198B		HONDA		Black	Slightly Damaged	0
SLU2337M	Car	SUBARU		White	Slightly Damaged	0

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



T/20200312/2057

Police Station Of Origin; Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 2 of 3 Report No. T/20200312/2057

Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver		ANTON BE	THE COURT OF	19:53	ESTABLISHED AND AND AND AND AND AND AND AND AND AN
Name	LIU JIANHUI				S8328353Z
Related Vehicle	SGQ6198B (Car)			ct No.	96771000
Hospital/Clinic	NIL			of g ce & / Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	e Discharge	NIL		
No. of Days gran	ted Medical Leave NIL	Deg	gree of Injury	NIL	
Driver					MINESTER MONEY
Name	KOH XIN WEI		ID No	è	S8853036E
Related Vehicle	SLU2337M (Car)			ct No.	NIL
Hospital/Clinic	NIL	Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	e Discharge	NIL		
AL - F P	ted Medical Leave NIL		gree of Injury	NIL	

Brief Details.

On the 4 March 2020 at around 1455hrs, I was stationery at the before the junction of Jalan Harimau, Johor Bahru when a vehicle bearing licence plate SLU2337M suddenly cut into my lane and collided with the left hand side of my vehicle. Both drivers were not injured in the accident. The damages suffered on my vehicle are some minor scratches and dent on the left front bumper. I wish to state that my vehicle has an in-car video recording and I still have footage of the accident.





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No. 1800-3689999 3 of 3 Report No. T/20200312/2057

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: L / Sgt 2 RAYMOND LIM ZHAO MENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2020 13:38
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	



Report No. T/20200312/2064

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20200312/2057

Report Number

T/20200312/2064

Vide Report Number

T/20200312/2057

Date/Time of Report Made

12/03/2020 14:09

Place Report Lodged

Traffic Police

Type of Informant

Driver

Name of Informant

LIU JIANHUI

ID Type / ID No.

NRIC NO / S8328353Z

Home/Office

Mobile

96771000

Email

Type of Accident

Non-Injury / Others

Drink Drive

No

Anyone conveyed by

ambulance

No

Date/Time of Accident

04/03/2020 14:55

Details of V	ehicle Invo	lved		- TO B - 15 C		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGQ6198B	Car				Slightly Damaged	0
SLU2337M	Car				Slightly Damaged	0

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



1/20200312/2064

Report No. T/20200312/2064

Continuation of CSF For NP168

Driver				11 d 25 5	brackly.	
Name	LIU JIANHUI			ID No		S8328353Z
Related Vehicle	SGQ6198B (Car)			Conta	ct No.	96771000
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	finjury	NIL	
Name	KOH XIN WEI			ID No		S8853036E
Related Vehicle	SLU2337M (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	finjury	NIL	

Brief Facts.

Additional facts to T/20200312/2057.

I wish to state that on the 5 March 2020, after the accident, I went to make a report with my insurance company and my workshop told me that I have to wait a few days to submit claim and as of 11 March 2020, I am unable to file a claim as the other party failed to make a report. I also called the defendant's insurance company, ERGO Insurance Pte. Ltd to make a check and they inform that they are unable to do anything if the driver did not make a report or file a claim. Therefore, I am still unable to make a claim as of now.



T/20200312/2064

3 of 3

Report No. T/20200312/2064

Continuation of CSF For NP168

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 65474385 stating the report number as reference.

Case Sensitivity

No

Officer-In-Charge of Case

TP/GIA/

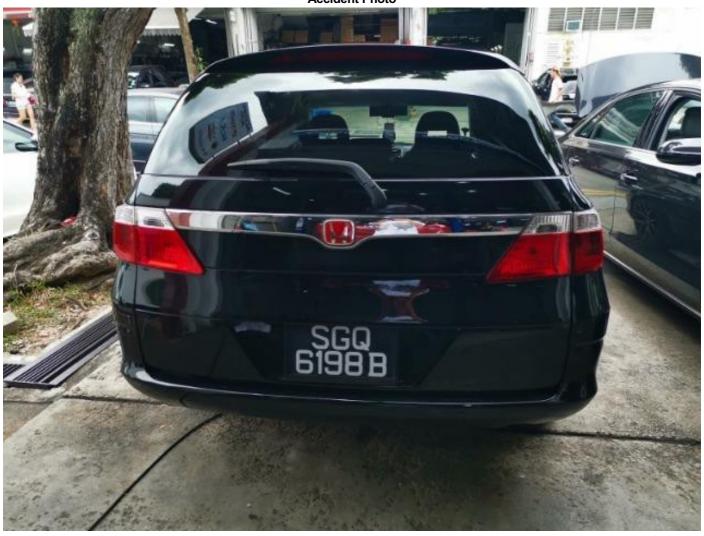
WONG SIEU LUI

Classification of Case

1) NON-INJURY / OTHERS

SGTG) RAYMOND





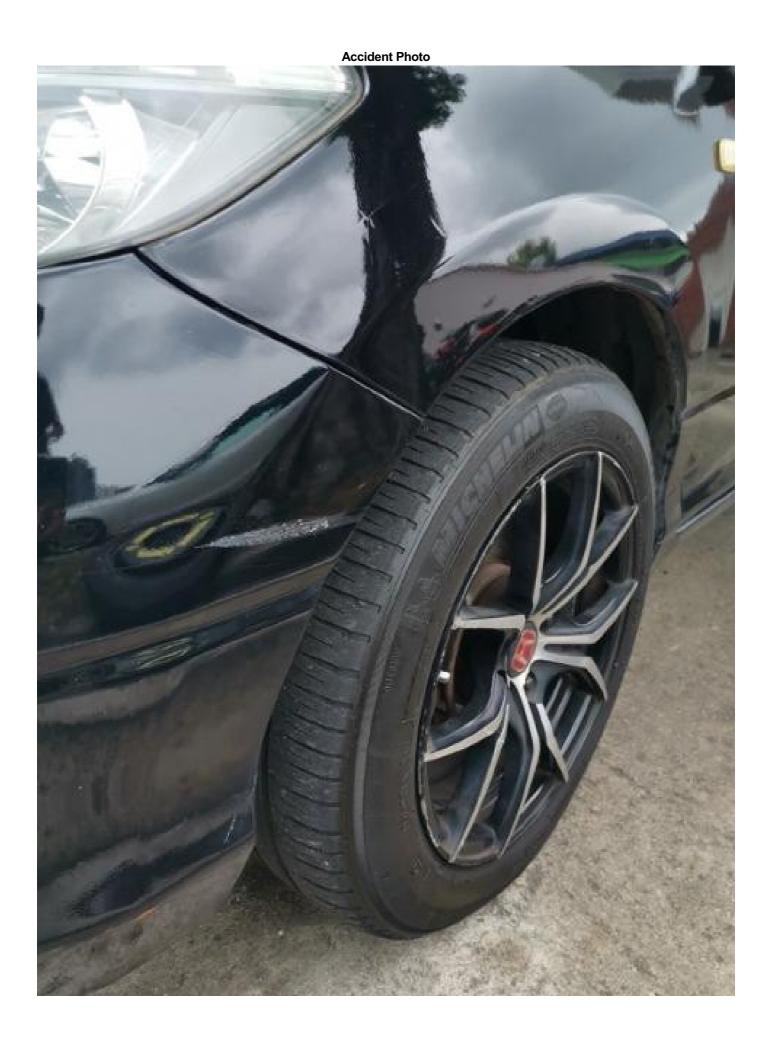


















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA 420028701 Vehicle Registration No: SAG 6148 B Nameroschownin NRICI: A Liu Jiantui NRIC/FIN/Passport No : S £ 3 2 £ 35 3 Z (*Vehicle priver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(Contact (Tel) Mobile No.: 96771000 Email Address Date of Accident : 4.3. 2020 1455 HRS Time of Accident : Place of Accident : Jalan Harman InsuranceCompany: Muc (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature Date: 1 3 MAR 2020

Reporting Centre Personnel's Signature

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