

## 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	17/03/2020 12:51
Date Of Accident	17/03/2020 11:40
Exact Location Of Accident	BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5550J
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### Insured/Policyholder

Name Of Registered Owner	M W BROTHERS AUTO REPAIR
Co Reg No	5XXXX900C
Email Address	MWBROTHERSAUTOREPAIR@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-90671592

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 AXIO (A)
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5110202746-000006
Cover Note Number	27/08/2019 TO 26/08/2020

### Driver

Name of Driver	OH HOCK LYE
NRIC No	SXXXX166B
Date Of Birth	03/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2003
Driving Experience	16 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94241928
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 64 COMMONWEALTH DRIVE #04-283 (S) 140064
Postcode	
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?	NO
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)	3
Passenger 1	Name: : PASSENGER Gender: : Male
Passenger 2	Name: : SUZANNE 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

refer with attach.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded?	NO

#### Details of Witness 1

Name	SUZANNE
Phone Number	97290356

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC869E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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.

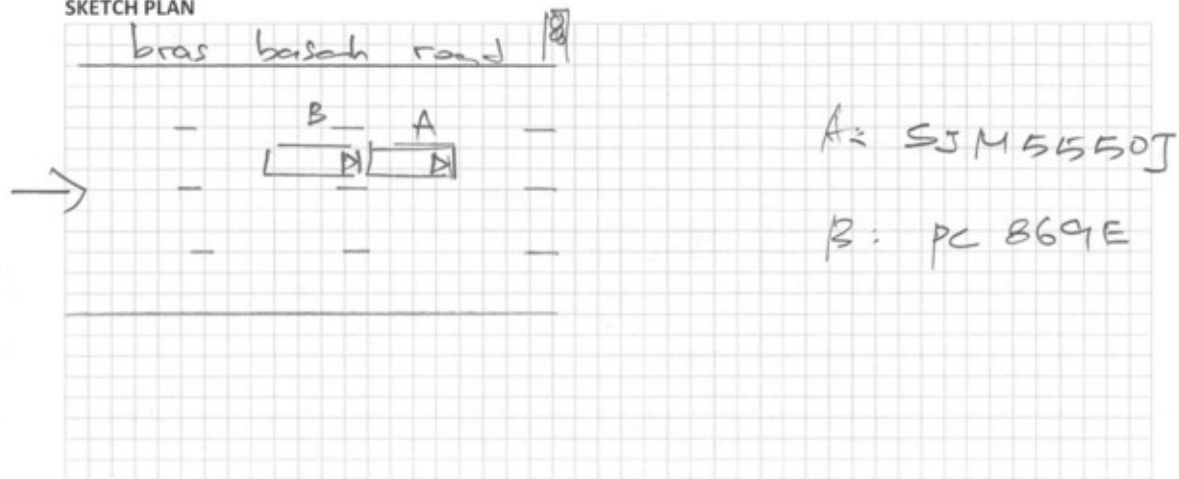


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/3/2020 at around 11Hrs, I stopped my car SJM5550J with 2 passengers at traffic light junction of bras basah road waiting for red light to green light. Suddenly I felt an impact from my car then realized was hit by van PC869E. I have in car camera video footage.

INSURER: NTUC Income

VEHICLE:

DOA: 17/3/2020 @

CLAIM TYPE:

WORKSHOP:

## 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:** 5110202746-000006

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : SJMS550J  
Chassis Number : NZE1416095455
2. Name of Policyholder : M W BROTHERS AUTO REPAIR
3. Effective Date of Insurance : 27 Aug 2019
4. Expiry Date of Insurance : 26 Aug 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 : AUTOSHIELD PTE. LTD. (00000573469)  
Date of Issue : 06 Jun 2019 16:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**M W Brothers Auto Repairs**  
Co Reg: 51556900C,  
2 Kaki Bukit Avenue 2 #02-02, Kaki Bukit AutoHub, (S) 417921  
**CONTRACT FOR SERVICE**

**Between** M W Brothers Auto Repairs, Co Reg: 51556900C,  
A business organized and existing under the laws of Singapore, with its office at  
2 Kaki Bukit Avenue 2 #02-02, Kaki Bukit AutoHub, (S) 417921

**And** Name: OH HOCK LYE  
NRIC: S1694166B  
Address: 64 Commonwealth Drive #04-283  
(S) 140064  
Contact No: 9424 1928  
Home: \_\_\_\_\_  
Email: \_\_\_\_\_

Now, therefore, in consideration of the mutual covenants' and promises hereinafter set forth,  
The parties hereby agree as follows.

**VEHICLE**

The Company hereby handover to the Hirer, and the hirer hereby takeover from The Company, the following  
described Motorcar:

Vehicle No: SJM5550J  
Make & Model: Toyota Corolla Axio 1.5XA  
Date & Time: 10/12/14 1030am

Additional Driver: Name: \_\_\_\_\_  
NRIC: \_\_\_\_\_  
Address: \_\_\_\_\_

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Yue 21  
Hirer Signature

M W Brothers Auto Repairs  
Co Reg: 51556900C,  
2 Kaki Bukit Avenue 2 #02-02, Kaki Bukit AutoHub, (S) 417921  
CONTRACT FOR SERVICE

Date of Return: 10/6/20

Time of Return: \_\_\_\_\_

Signature: Vm an

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Date:

I, Tan Poh Wei, NRIC No.: S2631180B,

authorize OH HOCK LYE of NRIC, S1694166B to  
drive the vehicle, SJM5550J, under my company, MW Brothers Auto  
repairs,

Registration No.: 51556900C, as a subcontractor.

Should there be any problems or queries, feel free to contact me at 96704479.

Thank you.

Yours Sincerely,

Tan Poh Wei

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Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

