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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 witholding of material facts may allow insurance companies to
- 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.

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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre a

aforesaid,	and to copies of the report being made available
THE PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	26/03/2020 16:42
Date Of Accident	25/03/2020 16:35
Exact Location Of Accident	MIDVIEW CITY CARPARK AT 18 SIN MING LANE
Country/State of Loss	SINGAPORE
BOWLE SERVICE CONTROL	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9063U
Insured/Policyholder	
Name Of Registered Owner	CARS SELECT PTE, LTD.
Co Reg No	2XXXXX976R
Email Address	NOEMAIL

Mobile Phone No.

(LOCAL) +65-91416611 Alternative Phone No. OFFICE-62620728

Vehicle Particulars

Manufacturer TOYOTA Model COROLLA ALTIS-1,6 (A)

Exact Purpose for which vehicle was being used at GOING BACK TO OFFICE time of accident

Are you claiming under your own insurance policy NO for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY Vehicle Category MOTOR TRADE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE Fleet Policy NO

Policy Number 5094757815-02

Cover Note Number

Driver

Name of Driver CHAI CHARNG JIE NRIC No. GXXXX914Q

Date Of Birth 12/12/1992 Occupation INDOOR Date Of Driving Pass 15/05/2019

Driving Experience 0 YEAR AND 10 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91416611

Fax Number

Contact Number OFFICE-62620728

EMail Address NOEMAIL Address

BLK 386 BUKIT BATOK WEST AVENUES

#24-348

Postcode

650386

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

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

Was any foreign vehicle involved in this accident?

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)

NO

soliciting/offering accident claims assistance. 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

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200325/2140 (TYPE OF COLLISION IS HEAD TO SIDE)

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 Vehicle Make/Model/Colour

SJV9131L

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR YANG GUANGXI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambutance?

Address Postcode CHAI CHARNG JIE

NECK AND HEAD PAIN

SJW9063U

YES

NO

IMPORTANT NOTICE

- 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.
- 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:
 - 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

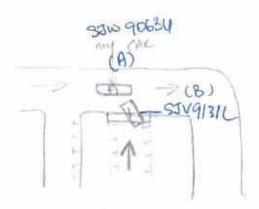
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Oriver's Signature
(If driver is not the policyholder)

Beporting Centre Personnel's Signature

Name:



MIDVIEW CITY CARPARK 18 DIN MING LAME

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I CHAI CHARMS JIE WAS DEWING MY COMPA	
TOYOTA ALTIS SJW 90634 BACK TO MY	
STRAIGHT ROAD WHEN A CAR BLACK	
CEPATO SIN 9131L SUPPENLY CAME OUT	AND BANK NU
Veticle.	
POLICE PHIPORT / 20200325/2140	
RATION	
lare the foregoing particulars are true in every respect.	
lare the foregoing particulars are true in every respect.	26/02/202
lare the foregoing particulars are true in every respect.	26/03/2020 26/03/2020 26/03/2020

SINGAPORE ACCIDENT STATEMENT

CCIDENT DATE: OF MARCH 2020 TIM	E: 1632 Hes.	(hh:mm) 24 hrs Format
DEATION MODIFIED CITY		
KATION PROJECTO C. IV		
EHICLE NUMBER 3740 9063 U		
SURED NAME CAS SELECT PTE 150		
	CONTACT	60600908.
RIC / FIN	LTIS CORROLA	
re you claiming under your own insurance policy for rep	air to your venicle?	
) Yes, If No, Pls Select : () Third Party (-	Reporting Only	
SURANCE COMPANY		
YPE OF POLICY () COMPREHENSIVE ()	THIRD PARTY () TPFT
OLICY NUMBER:		
	1) SAME AS INSURED
IAMEDRIVER: CHAI CHARNE JIE		J SAME AS INSCREA
		CALATERIA
RIC/FIN G 87909140	CONTACT	91416611
DATE OF BIRTH: 12 13 1992		
DRIVING PASS DATE: /5/5/2019		
OCCUPATION: () INDOOR () OUTD		
SENDER: () MALE () FEMA	LE	
EMAIL ADDRESS:		() NO EMAIL
ADDRESS OF DRIVER: PLK 386 PLK FAT	or west hir 5	4 34-348 363 CE
Sumber Of Passenger Include Driver:		
	TYES ()NO	
Was driver an employee of the Insured's Company? (1115 1 115	
f No, Relationship Of The Driver With The Insured	e () Children () Sibling () Others
) Owner () Spouse () Friend () Relative) storing () outers
Does The Driver Own Any Other Vehicle? : () YES	(~)NO	
f Yes, Vehicle Registration Number Of Driver's Own V	ehicle:	
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: () Clear () Raining	() Drizzling () Others
Road Surface : () Dry () Wet	() Others	
Was Any Foreign Vehicle Involved In This Accident?	() YES (-) NO
Was Anybody Injured In The Accident? ()	YES (🦟) NO	
If YES, Injured details :		
Convey By Ambulance: () YES () NO		
Was There Any Video Capture By Car Camera? ()	YES ()NO	
	YES () NO If	Yes Attach Police Repor
Police Report Number (if any)		
	61	Contact
	C	Contact
Details Of 3rd Party Name / NRI		Contact
Details Of 3rd Party Name / NRI Veh B SIV 9/3/4 Jang Chas		Contact
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Details Of 3rd Party Name / NRIO Veh B SIV 9/3/2 Jang Cluz Veh C Veh D Veh E Veh F		Contact
Details Of 3rd Party Name / NRIO Veh B S J V 9 / 3 / 4 Jan y Cluz Veh C Veh D Veh E Veh F Veh G Veh G		Contact





1 of 3 Report No. T/20200325/2140

Police Station Of Origin: Yishun South N.P.C. 32 Yishun Street 81 SINGAPORE 768456 Tel No 1800-8522999

REPORT O	F A TRAFFIC	ACCIDENT		Ciption Diany No.
Date/Tim 25/03/20:	e Report M 20 23 10	ade.	Vide Report No.	Station Diary No. 151
Informar	nt's Particu	ılars		A STATE OF BUILDING
	Informant IARNG JIE		Address 386 BUKIT BATOK WEST AV GARDENS SINGAPORE 6503	
ID Type FIN NO	/ ID No / G8790914	10	Contact No.: Home/Office:	Mobile: 91416611
National MALAYS			Email	
Sex Male	Age 27	Date of Birth 12/12/1992	Type of Informant Driver	
Race: Chinese			Language English	Institution / School Name:
Occupa		orkers	Driving Licence Information: Class: 2B,3C	Date of Expiry

Seneral Infor	mation of the Accider	nt	A STATE OF THE PARTY OF THE PAR	
Type of Accident	Non-Injury	Drink Drive No	Date/Time of Accident 25/03/2020 16:35	Type of Location Car Park
Location Along Road SIN MING LA Along 18 Sin Weather Clear		ity carpark Road Surface: Dry		Road Speed Limit:
Traffic Flow One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Coll	ision oving Vehicles - Head	To Side		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV9131L	Car					0
SJW9063U	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	With the state of
No of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200325/2140

Police Station Of Origin Yishun South N.P.C. 32 Yishun Street 81 SINGAPORE 768456 Tel No. 1800-8522999

CONTINUATION OF REPORT

Driver	A DESCRIPTION					
Name	CHAI CHARNG JIE			ID No.		G8790914Q
Related Vehicle	SJW9063U (Car)			Conta	ct No.	91416611
Hospital/Clinic	CENTRAL 24-HR C	LINIC (YIS	SHUN)	Class Drivin Liceni Expin	g	Class: 2B,3C Date of Expiry: NIL
Date Treatment	25/03/2020		Date Dis	charge	25/0	3/2020
No. of Days gran	ted Medical Leave	03	Degree	of Injury	NIL	

Brief Details.

I am working as a car sales at the company Car Search Pte Ltd located at 18 Sin Ming Lane, Mid view

On 25/03/2020 at about 1635hrs. I was driving my company car bearing the registration plate number SJW9063U at the ground level carpark. While going straight, suddenly there was a car bearing the registration plate number SJV913L, which was turning out from my driver side and collided to my car. No one was injured at the point of time. Both of us then exchanged particulars and agreed to claimed via insurance. Both of us then left. My company car's driver side front bumper was came off and the driver side door dented

After the accident, I felt pain at my neck and head area, as such I went to Central 24-HR clinic (Yishun) to made a check and I was given 3 days of MC.

I would like to state that there was a stop line on the lane where the car was turning out from





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No. 1800-8522999

CONTINUATION OF REPORT

3 of 3 Report No. T/20200325/2140

Sketch	P	an
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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 3 CHIN JING SI	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2020 23:10
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

Claim Handling

Accident HT/1089715										
Policy No.	504003000	Waltiger No.			2569000	AND SECURE				
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ruler Date of Other Literals	11/03/2019	Driver Age:	27		Driving E			100	1000	
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Walking the uncertainty of the same of the same					
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MOTOR VEHICLES (THIRD PARTY RISKS AND CO	DMP'ENSATION) BULES: 1960				
ROAD THANSPORT ACT, 1967 [MALAYSIA]					
MOTOR VEHICLES (THIRD PARTY RISKS) RULES	1959 (MALAYSIA)				
Certificate Number 5094757815-02	Cover : Third Party				
 Index mark and Registration Number of V 	ehicle: N/A				
Any Motor Vehicle the property of the Po	dicyholder or in their custody or control. All steam driven vehicles are excluded.				
2. Stance of Policyholder	CARS SELECT PTE, LTD.				
3. Effective Date of Insurance	28 Sep 2019				
4. Expiry Date of Insurance	37 Sep 2020				
5. Ferrons or Classes of Persons entitled to	drive*				
Refer to Ust Attached					
Motor Vehicle or has been so permitted a or regulation in that behalf from driving to 6. Limitations as to Use*	rted in accordance with the licenting or other laws or regulations to drive the and is not disqualified by order of a Court of Law or by reason of any exactment he Motor Vehicle.				
(a) Use only for Motor Trade purposes.					
This Policy does not cover					
(a) Use for him or remard.					
(b) Use for racing, pace-making reliability					
(r) Use solely for 'Breakdown' purposes.	is not deemed to be use for hire or reward.				
POUCY TYPE	MOTOR TRADE INSURANCE				
TYPE OF THADE/BUSINESS	CAN DEALERS				
TOTAL NUMBER OF AUTHORISED DRIVER(S)	3				
DETAILS OF AUTHORISED DIDVERISS	REFER TO LIST ATTACHED				
EXCESS (SECTION I)	N/A				
EXCESS (SECTION II)	N/A				
SUM INSURED	N/A				
The state of the s	- Ren				
Versicles (Third Party Rinks and Compensation	his Certificate relates is raised in accordance with the provisions of the Motor (Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Manaysia) AGENCY PTE LTD (00000573832)				
Section 17					
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED				
Zm-A	- AND INCOME INSURANCE CO-OPERATIVE LIMITED				
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				
Authorised	Officer Chief Executive				

. eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop Policy Query Notice of Loss Policy No. 5094757815-02 Date of Accident 25/03/2020 16:29 Vehicle No.(For Motor) Certificate Number Search Certificate Number Policyholder Name Select Policy No. Policyholder NRIC Vehicle No. Cover Type Commence Date Product Insured Object Expiry Date NG JI
WEI/58847241A_CHAI
CHARNG
JIE/GB790914Q_GOH 28/09/2019 27/09/2020
HAI SENS, RAMON
(WU KAICHENG,
RAMON)/58128166G CARS SELECT PTE, 201724976R GMT LTD. 5094757815 02 Third Party

Continue

Transfer Of Vehicle Ownership (Acknowledgement) Vehicle Details

Vehicle No.

57W9063U

White horn

P10 - Passenger Motor Car

Without Make

TOYOTA:

Vehicle Scheme: Virtual Model

Normal

MR0532FF30A172523

Engrischer.

COROLLA ALTIS 16 AUTO

Traile Committee

3754990437

Marie No.

Pictori

Passenger Close by

Engine Capacity:

1596:11

Priseer Rating:

1630 NZ

Orlinder Weight. TICHOPY CHISCH

1199 kg

Secondary Cilibrary

It's Labor No.

1123817264

Maximum Forest Crytosit

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First Registration Outs. Manufacturing Year

28 Abr 2010

Crigosil Keyest ation Date: Open Montes Volum

\$16715.00 \$8,358.00

PARK Digitality Remains any Scart Date:

025tor 2020

Microsom PARF Benefit: Temperary Feet Date:

05 Jun 2000

No of Transfer

Actual ARF Fold

516,716,00

Owner Particulars

Company Name

CARS SELECT PTE. LTD.

Charger St. Type:

Company

Cramer ID:

2017249768

Registered Adoresa Provi

Private Residential (Condo Apt or House) (Shopping - Office Complexes

Regulatered Black/House No

Registered Street Market

SINMINGLANE

Regulatered Unit No.

#.04-02

Fig. Genta Welding Name

SHOVIEWCITY

New Adversil Postal Code

573960

COEIns Dairy Date

201005010100064386 - 27 Apr 2020

COLUMN Category

A - Car (160Dcc & below)

OF Part

\$30,000.00

Transaction Details

Burness Transaction Ref. No. 20200302144707650500

Richness Transaction Date:

03 Mar 2020

Econos fornaction Time.

12/47/29

Message

Yet icle has been succentrally transferred to CARS SELECT PTE LTD. (2017)/4976R1

Please over that \$25.00 will be deducted from your GRO account.

OK

Save at PDF