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	05/05/2020 15:15
Date Of Accident	05/05/2020 11:05
Exact Location Of Accident	MARINE BOULEVARD TURNING TO SHEARES AVE.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH8042B
Insured/Policyholder	
Name Of Registered Owner	LAW KWONG YEW
NRIC No	S1486676J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97516751
Alternative Phone No	OFFICE-97516751
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108284176-01
Cover Note Number	
Driver	
Name of Driver	LAW CHEE WAI, DANNY
NDIO Na	000004000

 NRIC No
 \$8852189G

 Date Of Birth
 27/12/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 24/10/2008

Driving Experience 11 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97516751

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 88 REDHILL CLOSE #02-578

Postcode 150088

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

YES

Was any other material or property damaged? 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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG LANE 3 OF MARINE BOULEVARD TURNING TO SHEARES AVE ON 05/05/2020 @1105 HOURS. I PROCEED TO TURN LEFT TO SHEARES AVE WITH MY LEFT SIGNAL ON. WHEN I WAS TURNING LEFT, VEHICLE B IN THE LANE 4 MOVE STRAIGHT AND HIT ONTO MY FRONT LEFT PORTION OF MY VEHICLE. AFTER VEHICLE B HIT MY VEHICEL, HE PROCEED TO DRIVE STRAIGHT AND LEFT THE SCENE. I HORN HIM TO ASK HE TO STOP, HE STOP AT THE SIDE OF LANE 1. HE ADMIT HIS FAULT AND WE EXCHANGE PARTICULARS.

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 Witness 1

Name JIMMY

Phone Number

Email Address 93850589

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC3389M

Vehicle Make/Model/Colour

Details Of Properties VEH B

Vehicle Category PRIVATE CAR

Name of Driver EUGENE WEE RENHAO

NRIC/Passport Number S9317928E
Contact Number 85333415

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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

Driver's Signature

(If driver is not the policyholder)

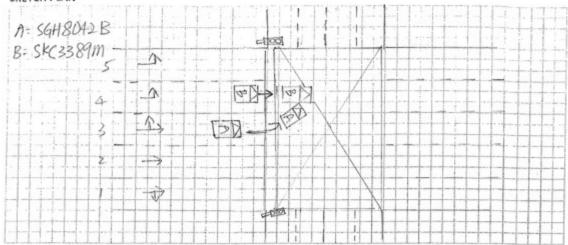
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lane 3 of Marine Boulevard turning to Sheares
Ave on 05.05 2020 @ 1105 hours. I proceed to turn left to Sheares Ave
with my left signal on when I was turning left, Vehicle 13 in the
Lane 4 move straight and hit onto my front left portion of my vehice
After Vehicle B hit my vehicle, he proceed to drive straight and left the
scene. I harn him to ask he to stop. He stop at the side of Lane 1
He admit his fault and we exchange particulars.

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

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) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

1. Index mark and Registration Number of Vehicle

: 5

Cover : drivo CLASSIC

. . . .

Certificate Number: 5108284176-01

: SGH8042B

Chassis Number

: MR053ZEC107122757

2. Name of Policyholder

: LAW KWONG YEW

3. Effective Date of Insurance

22.0 2040

4. Expiry Date of Insurance

: 23 Dec 2019 : 22 Dec 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) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : LAW KWONG YEW
NAMED DRIVER (1) : LAW CHEE WAI DANNY

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: I INSURANCE AGENCY (00000572538)

Date of Issue

: 16 Dec 2019 18:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

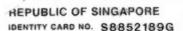
Countersigned By:

Authorised Officer

Chief Executive



Identification Card





LAW CHEE WAI, DANNY

CHINESE 27-12-1988 Country of birth SINGAPORE

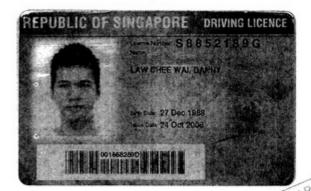




\$8852189G

26-12-2003

APT BLK 88 REDHILL CLOSE SINGAPORE 150088



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Usago for Insurance Motor Accident Reporting
Usago for Insurance Motor Accident Reporting

Usago for Insurance Motor Accident Reporting

Only

and Claims Purposes Only Vehicle no: Cola of Academi:

Land Transport Authority



VOCATIONAL LICENCE Licence No. \$8852189G Name: LAW CHER WAI, DANRY

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

13 PRIVATE HIRE CAR VL 04/04/2019 ISBA TUBBA TUBBA TUBBA TUBBA TUBBA

A LIBERT TRIBE TRIBET TERRE TOTAL TRIBE

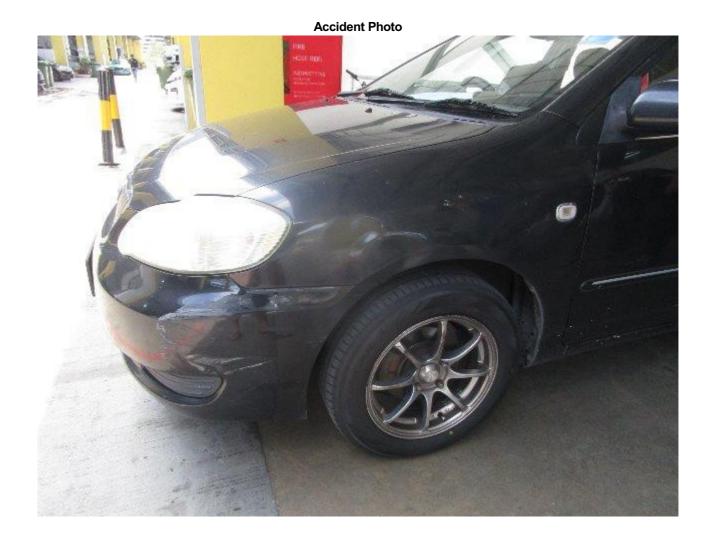












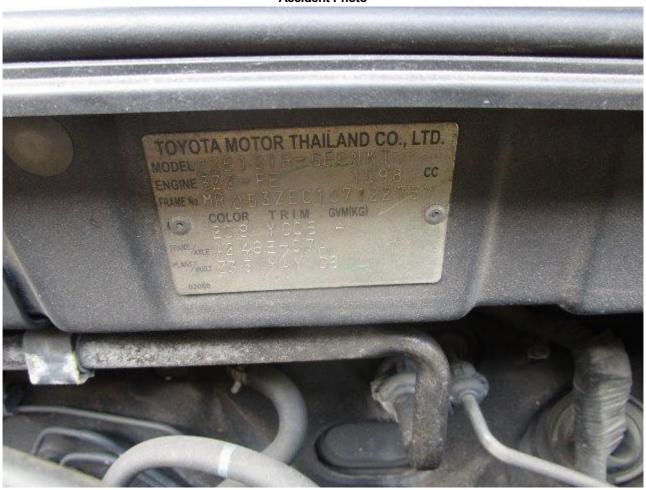




















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

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

ADDENDUM

	Original Report No:			Vehicle Registrat	ion No: 564 8042B		
	Name(as shownin NRIC): Way Chec Way		NRIC/FIN/Passport No:				
	Vehicle Driver / Vehicle Owner) () Please delete as appropriate						
	Address :				Singapore(
	Contact (Tel) :			Mobile No. :			
	Email Address :						
	Date of Accident : 0905(202		ル	Time of Accident	: 1105 Am		
	Place of Accident :	Manne	Boulevard	Turning to	Sheares Ave		
	Insurance Company:			. 0			
)	ADDITIONALINFORM	MATION / AME	NDMENTS:				
	make the following ar				clude additional information or		
	Add wo	the With	nous detai	ls = Dimmy	C 93850589		
9							
					h.		

Date: