

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	25/06/2020 17:04
Date Of Accident	24/06/2020 11:45
Exact Location Of Accident	OUTSIDE FUNAN SHOPPING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9999Z
Insured/Policyholder	
Name Of Registered Owner	PERENNIAL REAL ESTATE HOLDINGS LIMITED
Co Reg No	2XXXXX338M
Email Address	JAMES.LI@PERENNIALREALESTATE.COM.SG
Mobile Phone No	(LOCAL) +65-92713900
Alternative Phone No	OFFICE-66028605

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109970831-01
Cover Note Number	

Driver

Name of Driver	LI WEIGUO, JAMES
NRIC No	SXXXX397G
Date Of Birth	11/06/1982
Occupation	INDOOR
Date Of Driving Pass	13/11/2001
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92713900
Fax Number	
Contact Number	OFFICE-66028605
E Mail Address	JAMES.LI@PERENNIALREALESTATE.COM.SG

Address	BLK 53 NEW UPPER CHANGI ROAD #13-1478
Postcode	461053
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SKB9648B
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD SALEM BIN AHMAD
NRIC/Passport Number	SXXXXX217G
Contact Number	84427078
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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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.

** I AM AWARE 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.



Policyholder's Signature: _____
 Date & Time: 24 Jun 2020
 16 15

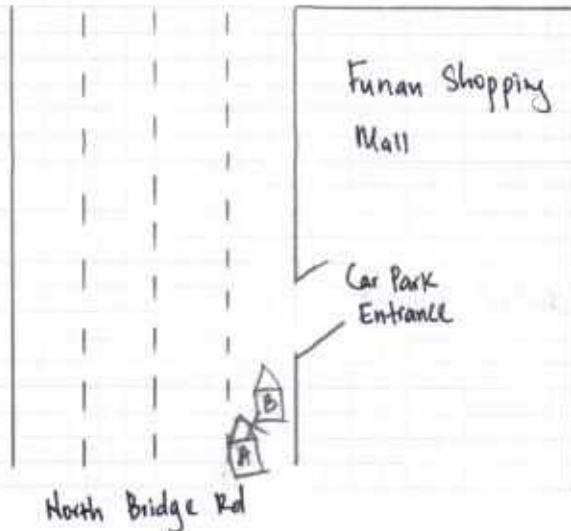
Driver's Signature: _____
 (If driver is not the policyholder)
 Date & Time: 24 Jun 2020
 15 40

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

SKETCH PLAN

Veh A: SLM 9999Z

Veh B: SKB 9684B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling along North Bridge Road outside Funan Shopping centre, I was preparing to change lane but vehicle B jam brake while I was checking my blind spot. Vehicle B had made an e-brake and came to a complete stop. I could not stop in time and collided with the rear of vehicle in front.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 24 Jun 20 1615

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24 Jun 20 1540

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/06/2020
Resal MATROS

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

*Customer Still in Consider To do
Self Repair or Not!

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 22 June 2020 *Time of Accident: 11:45
*Accident Location: Outside Funan Shopping Centre

Vehicle Details

*Vehicle Number: SZM 9999Z *Make & Model: Toyota / Venza

Insured / Policyholder

*Owner Name: Perennial Real Estate Holdings Limited *NRIC: 200210328M
*Address: 8 Shenton Way #36-01, S 068811
*Email: - *HP: -
*Occupation: - (Indoor / Outdoor) *Tel / H / Other: 66021605

Driver () same as above

*Driver Name: Lo Weiguo James *NRIC: S 82153979
*Address: 53 New Upper Changi Road #13-1278, S 461053
*Date of Birth: 11 Jun 82 *Driving Pass Date: 13 Nov 2001 *HP: 92713900
*Email: James.L@perennialrealestate.com.sg *Gender: Male / Female
*Occupation: HR Manager (Indoor / Outdoor) *Tel / H / Other: 92713900
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: -)

Passengers Details

*P/Name: / (Male/Female) *P/Name: / (Male/Female)
*P/Name: / (Male/Female) *P/Name: / (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: -

Detail of other vehicle / Property 1

Vehicle No.: SFB3684B
Make & Model: Honda / Fit
Vehicle Category: -
Name of Driver: Mohamed Saleem B Ahmad
NRIC: S 04432179
HP: 84427078
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: -
Make & Model: -
Vehicle Category: -
Name of Driver: -
NRIC: -
HP: -
No. of Passengers (Including Driver): -

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Bear / Side swipe / others:
*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No
*Road Surface: Dry / Wet / others:
*Witness: Yes / No (Name: - NRIC: - HP: -)
*Accident reported to police: Yes / No *Summon against whom: -
*Injured party: Yes / No *No. of passengers (include driver): -
-I/Name: - *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: - *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

This premium on this policy has not been collected.

Accident HT/1093354

Policy No.	SLM9999Z-01	Vehicle No.	SLM9999Z	GST Registration No.	
Certificate No.					
Policyholder Name	PERENNIAL REAL ESTATE HOLDINGS LIMITED			Policyholder NRIC	200210338H
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Leading	0
Contact No.(Mobile)	92717900	Contact No.(Office)	66028605	Contact No.(Home)	
Email Address		Special Remark		eCode	NO
KPI	No Yes	TCA	No Yes	eCode Reason	
NCB Protection	No	NCB Entitlement(%)	35	Private line	No
Accident Details					
Report Date	25/06/2020 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/06/2020	Time of Accident occur	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE PULVIS SHOPPING CENTRE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
RED OD Excess	0.00	YIELD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	22/12/2003		
GST Registration No.	200210338H	GST Status Verified	Yes		
Modification History	25/06/2020 17:43:16 System changed GST Registered from No to Yes 25/06/2020 17:43:16 System changed GST Registration No. from null to 200210338H 25/06/2020 17:43:16 System changed GST Registration Date from null to 22/12/2003				
Policyholder Mailing Address					
Address 1	8 SUNDOWN WAY	Address 2	#36-01 AXA TOWER	Address 3	SINGAPORE 088611
Address 4		Address Type	Singapore address	Post Code	088611
Unit No.	36-01	Related Policy Number	SLM9999Z-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	L1W016UO, JAMES	Driver NRIC	500003970	Driver DOB	11/06/1982
Register Date of Driver License	13/11/2004	Driver Age	38	Driving Experience	18
Contact No.(Mobile)	92717900	Contact No.(Office)	66028605	Contact No.(Home)	
Address 1	8/A-53 #13-1478	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 481052
Address 4		Address Type	Foreign address	Post Code	481052
Unit No.	13-1478				
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	SLM9999Z	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes / No		

Modification History

Claim 001 **New**

Claim Type *	OD-HV	Insured Name	PERENNIAL REAL ESTATE HOLDINGS LIMITED	Insured NRIC	200210338H
Contact No.(Mobile)		Contact No.(Home)	NO	Contact No.(Office)	
Email Address		OT		TP	
Claim Description	SLM9999Z / S489648B ON 24 Jun 2020			Vehicle Number	S489648B
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Selected No. Forklift	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/06/2020 17:44	Claim Case Date		Date Received	25/06/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1093354	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/06/2020 17:45
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Send Mail			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
SAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal
S (BUKIT MERAH) on 25 Jun 2020 17:45			
Description			
Photos 2020-6-25			
Reg. Sent (CO)			



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2020 17:43	Photos	Normal	Photos 2020-6-25
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2020 17:44	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-25
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2020 17:44	SAS	Normal	SAS 2020-6-25

Video List

Uploaded By/Date	Folder/Date	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5109970831-01
The Policyholder	: PERENNIAL REAL ESTATE HOLDINGS LIMITED 8 SHENTON WAY #36-01 AXA TOWER SINGAPORE 068811

Period of Insurance	: 08 Jun 2020 To 07 Jun 2021
Sum Insured	: Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss
Premium (inclusive GST)	: S\$1,130.28

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 2500cc
Primary Driver	: Lee Seng Kee	Registration Year	: 2017
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: No
Make/Model	: TOYOTA/VELLFIRE	NCD Entitlement	: 30%
Registration Number	: SLM9999Z	NCD Protection	: No
Chassis Number	: AGH300124191		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M3

Agency	: INSUREMYCAR.COM.SG (00000615275)
Date of Issue	: 02 Jun 2020 16:39 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive