

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 01/07/2020 13:52
Date Of Accident 30/06/2020 17:30
Exact Location Of Accident 34A WATTEN VIEW RESIDENTIAL CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM6421T
Insured/Policyholder
Name Of Registered Owner KIRALY PRIVATE LIMITED
Co Reg No 2XXXXX081C
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64921785

Vehicle Particulars

Manufacturer AUDI
Model Q5
Exact Purpose for which vehicle was being used at time of accident PARKED
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 5113097961
Cover Note Number

Driver

Name of Driver LIM WEN CAI ROBERT
NRIC No SXXXX476C
Date Of Birth 13/08/1990
Occupation OUTDOOR
Date Of Driving Pass 28/11/2008
Driving Experience 11 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91900214
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 412 WOODLANDS ST 41 #01-57
Postcode	730412
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 TO STATEMENT.

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	SMN363A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

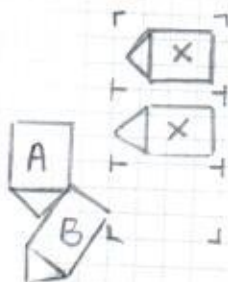
KIRALY PTE LTD

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



A = SLM 6421T

B = SMN 363A

34A Watten View
Residential Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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

KIRALY PTE LTD

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.:

On 30.06.2020 at about 17:30 hours, I parked my vehicle (A) at 34A Watten View Residential Carpark.

After about 3 minutes later, when I was standing behind of my vehicle (A), suddenly I heard a loud bang. I then realised vehicle (B) had collided onto front left hand side portion of my vehicle (A) while reversing.

Vehicle (A): SLM 6421T

Vehicle (B): SMN 363A

A handwritten signature in blue ink, appearing to read 'Pauli'.

KIRALY PTE LTD

SINGAPORE ACCIDENT STATEMENT

Accident Date:	30/06/2020	Time:	17:30	(hh:mm) 24 hr format
Location	34A Watten View Residential Carpark			
Vehicle Number	SLM 6421T			
Insured Name	Kiraly Private Limited.			
NRIC/FIN	201412081C	Contact Number	64921785.	
Make	Audi	Model	Q5.	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	NTUC			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	5113097961.			
Name of Driver	Lim Wen Cai, Robert		() Same as Insured	
NRIC/FIN	59030476C	Contact Number	9910 91900214.	
Date of Birth	13/08/1990			
Driving Pass Date	28/11/2008.			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	robertlimwc@gmail.com		() NO EMAIL	
Address of Driver	BLK 412 Woodlands Street 41 #01-57 Singapore 730412.			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured (<input checked="" type="checkbox"/>) Hirer.				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SMN 363A.			
Veh C				
Veh D				
Veh E				
Veh F				

Nobody inside vehicle.

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)

Certificate Number: 5113097961

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : drivo CLASSIC |
| Chassis Number | : SLM6421T |
| 2. Name of Policyholder | : WAUZZZ8R2AA011305 |
| 3. Effective Date of Insurance | : KIRALY PRIVATE LIMITED |
| 4. Expiry Date of Insurance | : 08 Oct 2019 |
| 5. Persons or Classes of Persons entitled to drive# | : 09 Oct 2020 |
| (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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: TECK WEI CREDIT PTE LTD
	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road
The Grandstand, Lot A8
Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

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 : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 09 Oct 2019 09:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1095804

Policy No.	5113097961	Vehicle No.	SLM6421T	GST Registrat
Certificate No.				
Policyholder Name	KIRALY PRIVATE LIMITED			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	64921785	Contact No.(Office)		Contact No.(Hr
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	01/07/2020 14:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/06/2020	Time of Accident hh:mm	17:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	34A WATTEN VIEW RESIDENTIAL CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/07/2020 14:33:02 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#06-43 PREMIER @ KAKI BUKI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-43	Related Policy Number	5109607940-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	LIM WEN CAI ROBERT	Driver NRIC	S9030476C	Driving Experi
Register Date of Driver License	28/11/2008	Driver Age	29	Contact No.(Hr
Contact No.(Mobile)	91900214	Contact No.(Office)		Address 3
Address 1	BLK 412 #01-57	Address 2	WOODLANDS STREET 41	Post Code
Address 4		Address Type	Singapore address	
Unit No.	01-57	Driver Vehicle No.		Driver Insurer
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KJI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	SLI
Claim Description		SLM6421T / SMN363A ON 30 Jun 2020	
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		01/07/2020 14:34	Claim Close Date
		[IEW SHAN HU]	

☐ Print AK letter

Save Submit

Attachment

Accident No.

MT/1095804

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

01/07/2020 14:38

Path *

Choose File No file chosen

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Choose File No file chosen

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Message Read

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Category *

Confider

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:38	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:38	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:38	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:38	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:38	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:38	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:36	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:36	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:36	Photos	Normal	Pt
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:36	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:34	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:34	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:34	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:34	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2020 14:34	Photos	Normal	Pt

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

