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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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

alvidodiu.		
2019 A. C.	ACCIDENT STATEMENT	242
Date Of Report	05/09/2020 13:41	
Date Of Accident	04/09/2020 15:40	
Exact Location Of Accident	BEDOK NORTH RD JUNC WITH KAK	I BUKIT RD 5
Country/State of Loss	SINGAPORE	
Miller of Control of Street, Street	DETAILS OF OWN VEHICLE	THE PARTY OF THE PARTY OF THE
Vehicle Registration Number	SLT6424Z	
Insured/Policyholder		
Name Of Registered Owner	CHUA QWONG LIANG	
NRIC No	SXXXX272G	

Email Address QLCHUA@SINGNET.COM.SG

 Mobile Phone No
 (LOCAL) +65-97553223

 Alternative Phone No
 OFFICE-97553223

Vehicle Particulars

Manufacturer HONDA Model JAZZ

Exact Purpose for which vehicle was being used at time of accident PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5114515539

Cover Note Number

Driver

 Name of Driver
 CHUA XIN JIE

 NRIC No
 TXXXX762I

 Date Of Birth
 16/04/2000

 Occupation
 INDOOR

 Date Of Driving Pass
 02/09/2019

Driving Experience 1 YEAR AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91288037

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 187B RIVERVALE DR #04-868

Postcode 542187

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 - CHANGE/CROSS LANE

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 NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

2

NAME: : UNKNOWN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

Police Station Address 545025 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200905/2000

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 SMC9101M

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

## **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 7. 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

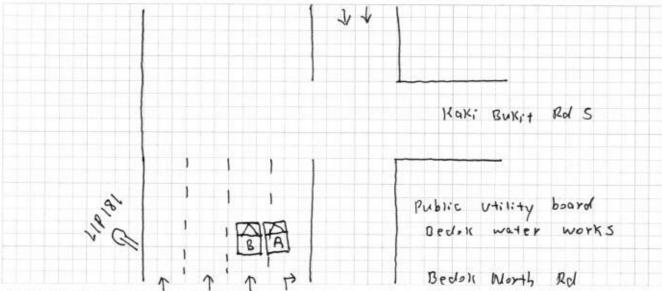
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

## SKETCH PLAN



DESCRIBE	CIRCUMST	ANCES OF	THE AC	CIDENT

			<del></del>
Refer	+•	Police Report 7/20200905/20	100

## 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:

The

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

T/20200905/2000

Report No. T/20200905/2000

1 of 3

Date/Time Report Made: 05/09/2020 00:00		Made:	Vide Report No.:	Station Diary No.	
Informan	t's Partic	ulars		V Comment	
Name of CHUA XII	Informant: N JIE		Address: APT BLK 187B RIVERVAL 542187	E DRIVE #04-868 SINGAPORE	
ID Type / ID No.: NRIC NO / T0016762I			Contact No.: Home/Office:	Mobile: 91288037	
Nationality: SINGAPORE CITIZEN		'EN	Email:		
Sex: Female	Age: 20	Date of Birth: 16/04/2000	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2020 15:40	Type of Location Straight Road	
Location: BEDOK NOR	TH ROAD			8	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	103	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Sw		vipe - Same Direction	8	Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLT6424Z	Car	HONDA	HONDA JAZZ 1.3L A	Purple	Slightly Damaged	1
SMC9101M	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Blue	Slightly Damaged	4

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20200905/2000

Tel No: 1800-343 8999

#### CONTINUATION OF REPORT

Driver		SPINSES AND		E Zuit	Marie Company of the Art of the A
Name	CHUA XIN JIE		ID No	}	T0016762I
Related Vehicle	SLT6424Z (Car)			ct No.	91288037
Hospital/Clinic	NIL	Class Drivin Licent Expiry	g ce &	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver			TO STATE OF THE PARTY OF THE PA	SE INSTITUTE	A CONTRACTOR OF STREET
Name	SITI FATHANAH BTE JOHARI		ID No.		S8803312D
Related Vehicle	SMC9101M (Car)		Conta	ct No.	94599624
Hospital/Clinic	NIL		Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

#### Brief Details.

On the 04/09/2020 at about 1540hrs, I was driving vehicle SLT6424Z along Bedok North Road. As I was approaching the junction of Bedok North Road and Kakit Bukit Road 5, I was on the right lane however I wanted to go straight as such I change to the left lane. While I was changing lane, a blue car SMC9101M suddenly appears from the rear and swipe against the left side of my vehicle. I immediately stopped my vehicle after the said accident and came out to check on the damages. My vehicle's left passenger side mirror paint chipped off due to the collision while the other car driver's side mirror dropped off and a slight dent at the driver's side front bumper area. we then exchanged particulars with each other before moving off from the location. No one was injured after the said accident.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

3 of 3 Report No. T/20200905/2000

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 MUHAMMAD FAIRUZ ZAMEEN	Jus-
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2020 00:00
Officer In Charge Of Case:	Classification Of Case:
아이는 이 4700년이 10 - 19일 - 유럽시	31 000
Staff Sgt WONG SIEW LUI Contact No.: 654761	

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have



### 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: 5114515539

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SIT64247

Chassis Number

: JHMGE68509S210248

2. Name of Policyholder

: CHUA QWONG LIANG

3. Effective Date of Insurance

: 30 Nov 2019

4. Expiry Date of Insurance

: 10 Feb 2021

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 business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) · \$\$600 EXCESS (SECTION 2) : N/A 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 : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** 

PRIMARY DRIVER : CHUA QWONG LIANG

NAMED DRIVER (1) : CHUA XIN JIE

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : SGCARMART FINANCIAL SERVICES PTE LTD

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

: INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

: 29 Nov 2019 17:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

# ACCIDENT STATEMENT

A	CCIDENT DATE: 4 9 1 20 )(DD/MM/YYYY), TIME: (15:40)(HH:MM)
Lo	OCATION. Bedok North Rel
	1. DETAILS OF VEHICLE
	GIVEHICLE NUMBER: SLT 64242
	DINSURANCE COMPANY: IN C
	CIPOLICY NUMBER:
	dipolicy type: /comprehensive
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV (VAN / LOPEY)
	GITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	THE THE PARTY OF USING ALACTINENT TIME.
	TARE TOO CLAIMING UNDER YOUR OWN INCIDENCE DESCRIPTION
	THE THIRD PARTY CLAIM / DEPONTING OF THE
	AINAME: Chun Qwong Liana
	AJNAME: Chua Qwong Liang (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9755 3223
	c)ADDRESS:CONTACT:1753_3223
×11 1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
* No of passonga	2) DRIVER
Clinduding driver	DINRIC (FIN/PASSPORT. (MALE / FEMALE)
(2)	binric/fin/Passport:
1	
F-	*d)DATE OF BIRTH: (//
9-	SOCCUPATION: (INDOOR / OUTDOOR)
To account to	1) TEAKS OF DRIVING EXPRERIENCE:
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED CO.
٥,	TO CONTRACT DE ANTICES.
	DIVIOLOGICE IDRY / WET / OTLERS
7.	WAS ANYBODY INJURED (YES / NO)  DIREPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION: Seng Kung MPC.
8.	THIRD PARTY VEHICLE
TO THE OF THE SSENIGER	O) VEHICLE NUMBER. SMC BLOOM
( Induding driver)	D) DRIVER'S NAME:
( )	C) NRIC/FIN/PASSPORT-
7.	THRO PARTI VEHICLE
* No of passenger	d) VEHICLE NUMBER:MODEL:
(Indudina driver)	f) DRIVER'S NAME:CONTACT:
( 1	TI NRIC/FIN/PASSPORT:CONTACT:
-	
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	email = globus@ singnet.com.sg   cag 868@ gmail.com
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