

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 | 05/09/2020 11:14 |
| Date Of Accident | 04/09/2020 16:05 |
| Exact Location Of Accident | SIN MING AVE TWDS MARYMOUNT RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMJ9595J |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHOON LAN |
| NRIC No | S8165839J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96258000 |
| Alternative Phone No | OFFICE-96258000 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5117641581 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEE ENG TECK |
| NRIC No | S7108838C |
| Date Of Birth | 12/03/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/03/1992 |
| Driving Experience | 28 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83323382 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 768 CHOA CHU KANG ST 54 #05-39 |
| Postcode | 680768 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 | 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? | 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) | 3 |
| Passenger 1 | NAME: : TAN CHOON LAN GENDER: : FEMALE |
| Passenger 2 | NAME: : LEE EAZER GENDER: : MALE |

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

ON THE ABOVE MENTION DATE AND TIME, I WAS TRAVELLING ALONG SIN MING AVE TOWARDS MARYMOUNT RD. I WAS WAITING FOR THE VEHICLE IN FRONT OF ME TO MOVE. OUT OF SUDDEN, VEHICLE B HIT ONTO THE REAR PORTION OF MY CAR.

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 | SHA2558U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| Vehicle Category | TAXI |
| Name of Driver | JERRY LIM GUAN SENG |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

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

Sketch Plan

SKETCH PLAN

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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:
 - (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.



Policyholder's Signature
Date & Time:

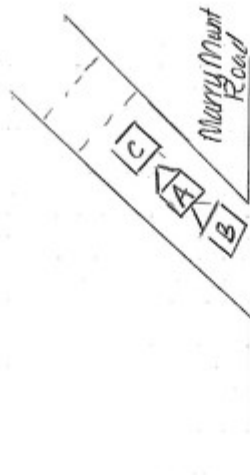


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ALPHA ONE

SKETCH PLAN



vehicle A: SMJ 9595J

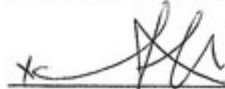
vehicle B: SHA 258U.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to the attachment -

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
Name:
NRIC/FIN No.:

On the above mention date and time, I was traveling along Sin Ming Ave
twds Marymount road, I was waiting for the vehicle infront of me to move ,
out of suddenly vehicle B hit onto my rear portion of my car.

Vehicle A: SMJ 9595J

Vehicle B: SHA 2558U

A handwritten signature in black ink, appearing to be a stylized 'M' or 'A' with a flourish at the end.A handwritten signature in black ink, appearing to be a stylized 'Z' or 'S' with a flourish at the end.

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8165839J



Name

TAN CHOON LAN

陈俊兰

Race

CHINESE

Date of birth

09-07-1981

Sex

F

Country of birth

MALAYSIA

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no:

SMJ 959 SJ

Date of Accident:

04/09/20

9017888



NRIC No: S8165839J



Nationality

MALAYSIAN

Date of issue

31-03-2009

APT BLK 768 CHOA CHU KANG STREET 54 #05-39
SINGAPORE 680768

NRIC No: S8165839J

Date: 18/02/2017

Driving License

Driver

1781558



NRIC No: S7108838C




Fixed Group: O+ Date of issue: 11-03-1994

APT BLK 768 CHOA CHU KANG STREET 54 #05-39
SINGAPORE 680768

NRIC No: S7108838C Date: 26/08/2017

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7108838C




Name: LEE ENG TECK

李 永 德

Race: CHINESE

Date of Birth: 12-03-1971 Sex: M

Country of Birth: SINGAPORE

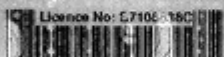


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 25 Mar 1992 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 16 Jun 1993 |
| Class 5 | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 20 Aug 1993 |

NP 428A

Licence No: S7108838C



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7108838C

Name: LEE ENG TECK

Birth Date: 12 Mar 1971

Issue Date: 08 Mar 2003




000274779C



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

| Type | Description | Issue Date |
|------|-------------|------------|
| 02 | TAXI VL | 19/12/2001 |
| 03 | BUS VL | 16/03/1994 |



Land Transport Authority


VOCATIONAL LICENCE

Licence No: S7108838C

Name: LEE ENG TECK

Issue Date: 5/12/2005

Please visit www.lta.gov.sg to check the status of this vocational licence



Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: Smj 9595J

Date of Accident: 04/09/20

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 | : 5117641581 | | |
| The Policyholder | : TAN CHOON LAN | | |
| | : BLK 768 #05-39 | | |
| | : CHOA CHU KANG STREET 54 | | |
| | : SINGAPORE 680768 | | |
| Period of Insurance | : 03 Jun 2020 To 02 Jun 2021 | | |
| Sum Insured | : Market Value of Insured Vehicle at Time of Loss | | |
| Premium (inclusive GST) | : S\$1,385.59 | | |
| Interest Insured | | | |
| Cover Type | : drive CLASSIC | | |
| Primary Driver | : TAN CHOON LAN | | |
| Named Driver (1) | : LEE ENG TECK | | |
| Named Driver (2) | : N/A | | |
| Make/Model | : TOYOTA/VIOS | Capacity | : 1500cc |
| Registration Number | : SMJ9595J | Registration Year | : 2008 |
| Chassis Number | : MR053HY9305065391 | Off-peak Car | : No |
| Repair at Owner's Preferred Workshop | : No | Insure with COE | : Yes |
| Excess (Section 1) | : S\$2,000 | NCD Entitlement | : 50% |
| Excess (Section 2) | : S\$1,500 | NCD Protection | : No |
| 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 : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 29 May 2020 15:43 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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

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

ADDENDUM

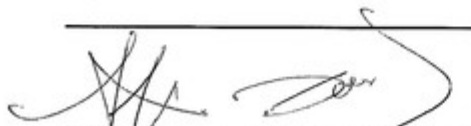
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSME20076595 Vehicle Registration No: SMJ 9595J
Name (as shown in NRIC) : Tan Choon Lan NRIC/FIN/Passport No : S 8165839J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 768 Choa Chu Kang Street 54 # 05-39 Singapore (680-768)
Contact (Tel) : 96258000 Mobile No. : _____
Email Address : joey88381u@yahoo.com.sg / angelcltan@yahoo.com
Date of Accident : 04/09/2020 Time of Accident : 16:05 hrs.
Place of Accident : Sin Ming Ave twds Marymount Road.
Insurance Company: N7uc Income.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Accident Time from 04:05 hrs to 16:05 hrs



Policyholder / Driver's Signature
Date:

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