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	17362 .	INC (	)/Non-INC( )		
Owner / Driver: (	1730 2		Tcl:	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (	)	
Confirmed by : (		Datei	Times	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (V	VO): N: 0-20	%; P: 21-79%. F: 80	-100%]	ve f
Year of Registration: ( ' ) W	arranty: YES (	)/NO(	)		
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2) QC Check / Post Repair Inspection	( -)			1	
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		tunates dated	Fee Charge	NEW PARTY	

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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.
- 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.
- 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.			
THE WELL OF THE PARTY OF THE PA	ACCIDENT STATEMENT		
Date Of Report	19/10/2020 16:08		
Date Of Accident	17/10/2020 16:10		
Exact Location Of Accident	TAMPINES AVE 10 & AVE 5 JUNC		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBF367L		
Insured/Policyholder			
Name Of Registered Owner	TOP CHANNEL SECURITY SYSTEM		
Co Reg No	4XXXX000A		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-96616702		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	HIACE		
Exact Purpose for which vehicle was being used at time of accident	GOING HOME		
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	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	5090975844-03		
Cover Note Number			

### Driver

 Name of Driver
 KHOO BOON HUAT

 NRIC No
 SXXXX725E

 Date Of Birth
 21/06/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/07/1993

Driving Experience 27 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96616702

Fax Number Contact Number

EMail Address NOEMAIL

Address BLK 736 TAMPINES ST 72 #04-30

Postcode 520736

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 CHAIN COLLISION

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

Was any body injured in the Accident? NO

3

NO

NO

YES

NO

NO

SLL1736Z

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) 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

read there any made daptared by Gar Gamera.

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

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)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SJH5161A

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 repudiate policy liability.
- 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.
- 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:
  - 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.

ALEGO CHAPTER TO CONTROL OF THE CONT

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 17/10/2020 @ cround 4.10 pm I was driving along
On 17/10/2020 @ cround 4.10 pm I was driving along Tempines Ave 10 toward Pasir Ris When I stop at Tempines
Ave 10 and Ave 5 junction, when traffic light turn green
I follow front vehicle moving forward suddenly a vehicle
(SLL1736 Z) from behind hit direct on my real part and
(SLL1736 Z) from behind hit direct on my real part and my van moving forward hit is font vehicle (SJH SIGIA).

# DECLARATION

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

Policyholde Signature
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: June 1

Reporting Centre Personnel's Signature Name:

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)

Certificate Number: 5090975844-03

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: GBF367L

Chassis Number

.....

2. Name of Policyholder

: JTFHT02P400196777

Effective Date of Insurance

: TOP CHANNEL SECURITY SYSTEM

: 01 Jun 2020

4. Expiry Date of Insurance

: 31 May 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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: HONG LEONG FINANCE LIMITED

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

: KOH CHWEE SENG (00000630774)

Date of issue

: 15 May 2020 21:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

MAKE & MODEL: TOYOTA HIACC VEHICLE NO: GBF 367 L DATE OF ACCIDENT 17 110 12020 4.10 AM/PM) TIME OF ACCIDENT TAMPINES AVEID and AVES junction LOCATION OF ACCIDENT Exact Purpose use during accident Going Home TOP CHANNEL SECURITY SYSTEM NAME OF OWNER TELP NO NRIC ROC 45136000A (THIRD PARTY) / OD Reporting Only CLAIM TYPE INSURANCE CO. INCOM? Comprehensive / Third Party / Third Party Fire & Theft TYPE OF CAVERAGE 5090975844-03 POLICY NO. As above / If No: KHOO BOON HUAT NAME OF DRIVER NRIC C1275725E Any passengers. All 21 1 06 1 195: DATE OF BIRTH Outdoor / OCCUPATION DATE OF DRIVING PASS 63 107 11993 GENDER Male Female CONTAC NO. Office. Home. 96616707 ADDRESS BIK 736 TAMPINES STREET 72 AU4-30 S(520731) NO / If yes . Reg No. DRIVER HAVE ANY OWN Vehicle RELATIONSHIP Employee / If No. WEATHER CONDITION Clear / Raining / Other . Dry / Wet / Other: ROAD SURFACE No / If yes . Who? ANY INJURIES CONTAC NO. No / If yes . Where? POLICE REPORT VEHICLE B NO. SLLITZEZ Any Passenger . NAME CONTAC NO. VEHICLE C NO. Any Passenger . SJH 5161 A VEHICLE D NO. Any Passenger : VEHICLE E NO. Any Passenger : VEHICLE F NO. Any Passenger : ANY WITNESS WITNESS CONTACT NO. Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES (NO PARTICULAR WORKSHOP Sme Motor Pte Ltd Fax: 62426918 Phbms @yghoo-Com TELP NO 1 Kaki bukit ave 6 #02-15 CONTACT PERSON Autobay @ kaki bukit FAX NO. Singapore 417883 Telp: 67476106 (6 lines) Fax: 67442368