



## 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	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
<b>Insured/Policyholder</b>	
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	TOYOTA
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	3
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)	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

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	SLL1736Z
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
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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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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.

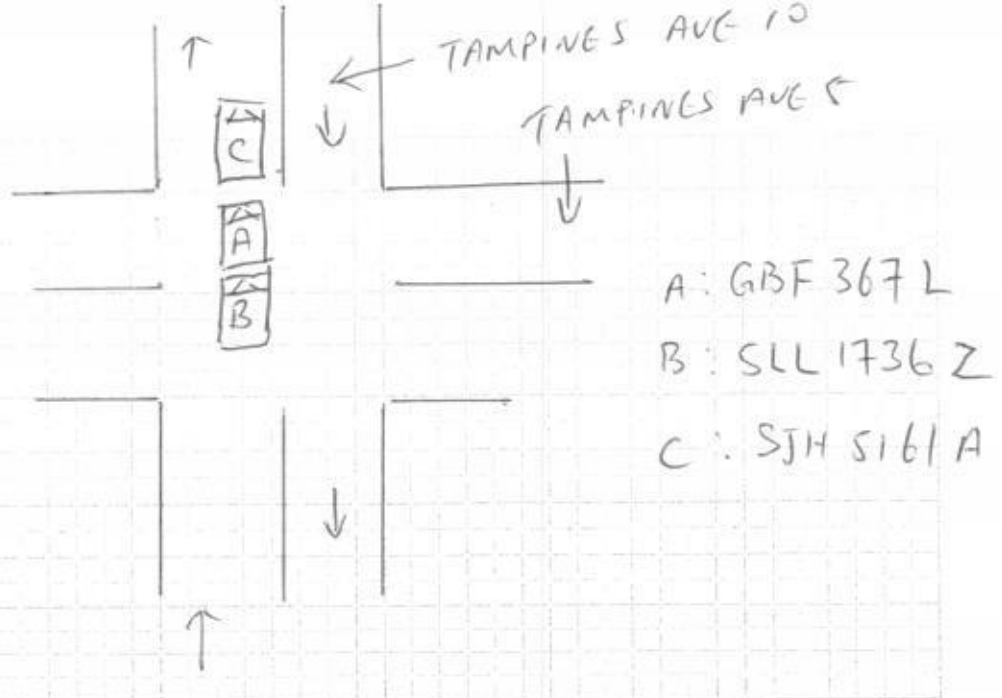


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/10/2020 @ around 4.10pm I was driving along Tampines Ave 10 toward Pasir Ris. When I stop at Tampines 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 rear part and my van moving forward hit in front vehicle (SJH 5161 A).

## 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.:

*[Handwritten signature]*



## 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   | : JTFHT02P400196777           |
| 2. Name of Policyholder  | : TOP CHANNEL SECURITY SYSTEM |
| 3. Effective Date of Insurance   | : 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.<br>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	: S\$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

VEHICLE NO: GBF 367L

MAKE &amp; MODEL: TOYOTA HIACE

DATE OF ACCIDENT	17 / 10 / 2020	
TIME OF ACCIDENT	4.10 AM / PM	
LOCATION OF ACCIDENT	TAMPINES AVE 10 and AVE 5 junction	
Exact Purpose use during accident	Going Home	
NAME OF OWNER	TOP CHANNEL SECURITY SYSTEM	
TELP NO		
NRIC	45136000A	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
INSURANCE CO.	INCOME	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5090975844-03	
NAME OF DRIVER	As above / If No: KHOO BOON HUAT	
NRIC	S1275725E	
DATE OF BIRTH	21 / 06 / 1957	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	08 / 07 / 1993	
GENDER	<u>Male</u> / Female	
CONTAC NO.	96616702 Office, Home,	
ADDRESS	BLK 736 TAMPINES STREET 72 #04-30 S(520736)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No.	
RELATIONSHIP	<u>Employee</u> / If No.	
WEATHER CONDITION	<u>Clear</u> / Raining / Other,	
ROAD SURFACE	<u>Dry</u> / Wet / Other,	
ANY INJURIES	<u>No</u> / If yes, Who?	
CONTAC NO.		
POLICE REPORT	<u>No</u> / If yes, Where?	
VEHICLE B NO.	SLL1736Z	
NAME		
CONTAC NO.		
VEHICLE C NO.	SJH5161A	
VEHICLE D NO.		
VEHICLE E NO.		
VEHICLE F NO.		
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	Singapore 417883	
	Telp, 67476106 (6 lines)	
	Fax, 67442368	

Fax: 67476918

email: phbms@yghoo.com