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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 truthful and accurate 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.
- 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.
- 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.	
CAPPARE AND THE STATE OF THE ST	ACCIDENT STATEMENT
Date Of Report	12/11/2020 15:46
Date Of Accident	12/11/2020 06:20
Exact Location Of Accident	AIRPORT ROAD BEFORE KPE TUNNEL
Country/State of Loss	SINGAPORE
Service of the service of D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT4428P
Insured/Policyholder	
Name Of Registered Owner	CHIA ENG HUAT
NRIC No	SXXXX570E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98567172
Alternative Phone No	OTHERS-98567172
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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?	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	5116127019

Driver

Cover Note Number

 Name of Driver
 CHIA ENG HUAT

 NRIC No
 SXXXX570E

 Date Of Birth
 19/09/1958

 Occupation
 INDOOR

 Date Of Driving Pass
 29/07/1999

Driving Experience 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98567172

Fax Number

Contact Number OTHERS_08567179

Address

BLK 200 COMPASSVALEVALE WALK

#14-429

Postcode

540230

OWNER

Was driver an employee of the Insured's Company NO

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PA8401D

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

97330908

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Deserves (Institution Deliver)

SKETCH PLAN

IMPORTANT NOTICE

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- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 5. 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:
 - (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
- 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.
- 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:

NRIC/FIN No:

WAD	BIN
NB	
	A)3MT 4428P B)PA 8401D
DESCRIBE CIRCUMSTANCES O	//////////////////////////////////////

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was driving along airport road before KPE tunnel towards Tampines.
I was travelling on the extreme left hand lane. On my right hand there was a mini bus th lane of
my right.
The Van on his left hand signal and move next to me while i was side him. I then immedate
jammed my brakes however the van did not stop it continue to move to my lane and pushed n
vehicle to hit th kerb on my left damaging my left hand rim.th centre portion of the van hit onto
my front hand of vehicle.
I later spoke to the boss Mr. Ho and then he told me to claim his insurance as repairs were high
for his driver to pay.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number Eldail Address

- 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 micropresentation or witholding of material facts may allow insurance companies to
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- Any false reporting may be referred to the Police for investigation.
- 5. This report will be forwarded by the insurers of the GIA Records alamagement Centre established by the General Insurance Association of Singepore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the ledgement 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.

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ACC	IDENT STATEMENT
Date Of Report / 2 // 2 ()	
Date Of Accident /2 //20 0626	140
Exact Location Of Accident AMPOAT ROA	N BAKIE
Country/State of Loss	
DETAIL	S OF OWN VEHICLE
Vehicle Registration Number SM7 4441	
insured/Policyholder	· ·
Name Of Registered Owner CHIA ENG.	HUAT
Co Reg No	7 9/11
Email Address	
Mobile Phone No. 9856 7/7Z	
Alternative Phone No	50
Vehicle Particulars HONDA STUT	7ZE ·
Manufacturer	
Model	
Exact Purpose for which vehicle was being used at time of accident	RIVATE.
Are you claiming under your own insurance policy for repair to your vehicle?	
	THIRD PAPTY
If No, Please state action to be taken CLAM Vehicle Category SALOOK	/
Insurance Company V7UC	
Manager of Version and American State of State o	or.
Type Of Coverage COMPREHENS!	VE.
Fleet Policy	
Policy Number	
Cover Note Number	
Driver AC ABOVE.	
Name of Driver	
NRIC No	
Date Of Birth 190958.	
Occupation SUPERVISOR.	
Date Of Driving Pass	
Driving Experience:	
Gender	
Mobile Number AS ABOUTS	
Fay Number 75-3 A SOU G	

Address

Postcode

Was driver an employee of the Insured's Company If No. Relationship of the Driver with the Insured Vahidle Registration Number of Driver's Own Vahidle NA.

Insurance Company of Driver's Own Vehicle

NA-

Canaral Information of the Accident

Type Of Accident

Weather Conditions

Road Suriege

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Applicant?

Was any other material or properly demaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) _ 0/

Details of Pollos Action

Was the ecoldent reported to the police?

If Yee, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Altechment(s)

Are accident photos available for attechment?

Was there any video captured by Car Comera?

Remarks/ Ressons.

ND

1494 10407A HACE.

Vehicle Registration Number

Vehicle Make/Model/Colour

Datails Of Properties

Idama of Driver

NRIG/Passport Number

Contact Number

Address

Postcode

Insurance Company Manie

Nature Of Damage

No. Of Passanger (including Driver)

Datailla of Willness

Mame

£

Phone Number

Email Address

		ciaim nanding(accident reportin			
Claim Handling					
Accident MT/1109988					
Policy No.	5116127019	Vehicle No.	SMT4428P	GST Regist	ration No
Certificate No.		68-0	30171207	Gat Regist	racion (sc
Policyhoider Name	CHIA ENG HUAT				00.00
Product Code	PRIVATE CAR INSURANCE	Parant Trans	11.02.0101	Policyholde	er NRIC
Contact No.(Mobile)		Cover Type	drivo CLASSIC	Loading	
Email Address	98567172	Contact No.(Office)		Contact No	(Hame)
KFK	m No. 11 No.	Special Remark	LAS AND	eCode	
	no Yes	TCA	No Yes	eCode Rea	noe
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	0
▼ Accident Details					
Report Date	13/11/2020 10:22	Accident Report Within 24 hrs	Yes	Accident Ty	ype
Date of Accident	12/11/2020	Time of Accident hhamm	06:20	Country of	Accident
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT ROAD BEFORE KPE TUNNEL				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OO Excess	0.00	YIED TP Excess		Driver is Co	overed?
Additional Excess	0,00	TANK IF EASTER	0.00	DITIVITY IS SA	www.red.r
Total OD Excess Applicable		Total TO Consult to South	WOM MIT		
	600.00	Total TP Excess Applicable	0.00		
▽ Benefits					
GST Registered Informat	1.875		note servit of brat oxionaria.		
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	13	Yes
Modification History					
Policyholder Mailing Add	ress				
Address 1	BLK 230 #14-428	Address 2	COMPASSVALE WALK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5116127019		
Driver Name	CHIA ENG HUAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	51317570E	Driver DO	В
Register Date of Driver License	20/11/1978	Driver Age	62	Driving Ex	perience
Contact No.(Mobile)	98567172	Contact No.(Office)		Contact No	o.(Home)
Address 1	BLK 36 #14-429	Address 2	JALAN RUMAH TINGGI	Address 3	
Address 4	BLK 36 #19-447	Address Type	Singapore address	Post Code	
Unit No.	14-429	51 100 S = 100 S 410 S 410 S 51	3 10 10 10 10 10 10 10 10 10 10 10 10 10		
Does he own a Singapore		Driver Vehicle No.	SMT4428P	Driver Insi	ume Com
Registered car7	Yes - No	Driver venicle No.	50144205	Psilver tile	arer com
MARKS 1900					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
And broken has burney and proper					
Modification History					
Claim 001 New					
No. 11 PERSON AT				Incored	
Claim Type *			OD-MX	V Insured Name	CHIA E
Contact No.(Mobile)			98567172	Contact No.	_
Service Head Comments			[3830/1/4	(Hame)	-
Email Address				OI Vehicle	SMT44
(UCHA) COSTAGOS				Number	
Claim Description			SMTAATRID / C	A8401D ON 12 Nov 2020	
			factors ()	THE THE STATE OF LUZO	
Claim Description					
Preferred	Insured Liability Not at F	ault 💙			
	Insured Liability Not at F	TA CIA		Claim	

Claim Close Date

ROSLI WAHAB

Print AK letter

			Save Submit			
Attachment						
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ccident No.	MT/1109968	Claim No.		001		
ast Doc. Received	Yes ○ No	Upload Date		13/11/2020 10:28		
	Path *			Category *		Confidential
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Choose File No	file chosen		Clear	Please Select	v N	5 5
Choose File No	file chosen		Clear	Please Select	v N) ,
Choose File No	file chosen		Clear	Please Select	Y N	,
Choose File No	file chosen		Clear	Please Select	v N	•
Choose File No	file chosen		Clear	Please Select	v N	9
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	List					
Attachment	Uploaded By/Date	Category	9	Urgency		Desc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:28	Photos		Normal		Photos 2
E.	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:28	Photos		Normal		Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	NRIC/ Driving License	• Y	Normal	×	IRIC/ Driving
TO THE	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25	NRIC/ Driving License	e Y	Normal	*	RIC/ Driving

NRIC/ Oriving License

SAS

Normal

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25

NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) o n 13 Nov 2020 10:25 SAS 201

NRIC/ Driving Lic

■ Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window Scan and uploading



Certificate of Insurance

1,238.15

AND THE VEHICLES (THIRD PARTY HUSES AND COMPENSATION) ACT (CHAPTER 189)

WITTER VEHICLES (THIRD PARTY RISKS AND CHAPENSATION) RULES, 1960

DUMO TRANSPORT ACT, 1987 (MALAYSIA)

TORU TRANSPORT (AMENDMIN) ALL JUTE (MALAYSIA) *

MOTOR VEHICLES (THIRD PARTY ILISIS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116127018

Cover : drivo CLASSIC

1 . Hidex mark and Registration Number of Vehicle

SMS14445

Number

GK82103478

Policyholder

: CHIA ENG HUAT

The Date of Insurance

12 Feb 2020

Enjoy Date of Insurance

: 11 Feb 2021

5 Property or Classes of Persons entitled to omed

The Palicyholder

The Parry other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person diverse 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 exactment or regulation in that behalf from driving the Motor Vehicle.

(a) Like for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- la the for hire or reward.
- (b) Ow for racing, pace making, nemberty trial or speed-testing.
- If the for the carriage of goods former than samples) in connection with any trade or business.
- in the for any purpose in connection with the Motor Trade.

Limitations rendered incorrective by Socion 8 of the Motor Vehicle (Third Parry Risks and Compensation)
Act (Chapter 189) and Socion 15 of the Road Transport Act, 1987 (Malaysid), are not to be included under starse
headings.

EFFERS (SECTION 1)

- 5\$600 - N/A

White EREN EXCESS

: N/A : S\$100

ACCUPICINAL EXCESS

N/A

THE STED DRIVER EXCESS.

PLEASE REFER OVERLEAS

STEAR AT OWNER'S PREFERRED MODESTAND

NO YES

MISSIMEWATH COE

: NO

THANSPORT ALLOWANCE

: NO

FEDERA WAIVER

: NO

DELIZARY DRIVER

: CHIA ENG HUAT

MATERIAL DRIVER (1)

N/A

SAMED DRIVER (2)

: N/A

THE PURCHASE COMPANY

. MAYBANK SINGAPORE LIMITED

STIRLINGURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/Ave berefy Certify that the Policy to which the Certificate relates is issued in accordance with the provisions of the Motor Visheday (Third Party Risks and Compression) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Autoritie

- TECK WEI CHEDIT HTT LTD (00000572499)

Dutinof issue:

10 Feb 2020 14 53 h/s

FOR SITUCINCOME INSURANCE CO-OPERATIVE LIMITED

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E M E M M 人有限公司 TEOM WELCREDIT PTE LTD Co. Reg. No. 200512300K 200 Tun Cun Pood, The Grandstand Lin An Emperore 287995 Tel. 200 00210 Fax: 6465 0017

Chief Executive