



## 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             | 18/11/2020 16:35 |
| Date Of Accident           | 12/11/2020 16:30 |
| Exact Location Of Accident | TAMPINES RD      |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | SGJ4324D           |
| <b>Insured/Policyholder</b> |                    |
| Name Of Registered Owner    | TRIBECAR PTE. LTD. |
| Co Reg No                   | 2XXXXX563H         |
| Email Address               | NOEMAIL            |
| Mobile Phone No             |                    |
| Alternative Phone No        | OFFICE-98172807    |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | TOYOTA         |
| Model  | WISH           |
| 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                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | CV00000400299                          |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | GUI CHIN PHERNG      |
| NRIC No              | SXXXX894H            |
| Date Of Birth        | 22/09/1994           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 28/09/2018           |
| Driving Experience   | 2 YEARS AND 1 MONTH  |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-98172807 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|   |                           |
|---|---------------------------|
| Address   | BLK 86 WHAMPOA DR #12-939 |
| Postcode  | 320086                    |
| Was driver an employee of the Insured's Company     | NO                        |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER             |
| 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?  |     |
| 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         | SGP8151C    |
| 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) |             |

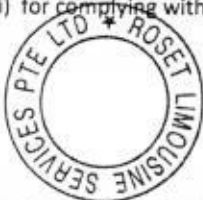
## SKETCH PLAN

### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. 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
- (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

A:- SGJ4324 D

B:- SGP8151 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While exiting Tampines road from KPE exit(9A), Lost control of vehicle near give way line.

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.:



### 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:** CV00000420487

**Cover:** Third Party

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle   | : SGJ4324D           |
| Chassis Number   | : ZNE100314488       |
| 2. Name of Policyholder  | : TRIBECAR PTE. LTD. |
| 3. Effective Date of Insurance   | : 19 Oct 2020        |
| 4. Expiry Date of Insurance  | : 18 Oct 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 or Hirer's business.   |                      |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (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)                   | : N/A                   |
| EXCESS (SECTION 2)                   | : S\$500                |
| WINDSCREEN EXCESS                    | : N/A                   |
| ADDITIONAL EXCESS                    | : N/A                   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO                    |
| INSURE WITH COE                      | : NO                    |
| NCD PROTECTION                       | : NO                    |
| TRANSPORT ALLOWANCE                  | : NO                    |
| EXCESS WAIVER                        | : NO                    |
| PRIMARY DRIVER                       | : N/A                   |
| NAMED DRIVER (1)                     | : N/A                   |
| NAMED DRIVER (2)                     | : N/A                   |
| HIRE PURCHASE COMPANY                | : N/A                   |
| SUM INSURED                          | : N/A                   |

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)

Date of Issue 19 Oct 2020 18:18:10

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Signed By:

Chief Executive

- **NRIC**
- **DRIVING LICENSE**
- **CERTIFICATE OF INSURANCE**
- **POLICE REPORT IF ANY**

Date of Accident : 12/11/2020 Time : 1630hrs.

Location Of Accident : Tampines Road.

Country/State of Loss : Singapore

**INSURED/POLICYHOLDER (OWN VEHICLE)**

Registered Owner Name : \_\_\_\_\_

Email Address : \_\_\_\_\_ Reg Owner ID : \_\_\_\_\_

Mobile Phone No : \_\_\_\_\_ Alternative Phone No : \_\_\_\_\_

**INSURANCE COMPANY (OWN VEHICLE)**

Handling Insurer : \_\_\_\_\_ Fleet Policy : **Yes / No**

Type Of Coverage : **Comprehensive / Third Party** Policy Number : \_\_\_\_\_

**DRIVER IDENTIFICATION**

Driver Name : Gui Chin Pheng

Date Of Birth : 22/09/1994 Driving Date Pass : 28/09/2018

Driver ID : \_\_\_\_\_ Occupation : **Indoor / Outdoor**

H/P Phone No : 98172807 Alternative Phone No : \_\_\_\_\_

Address : Blk 86 Whampoa Drive # 12-939 (320086)

Email Address : konguiabc@gmail.com Relationship : Single

Was driver an employee of the Insured's Company? : **Yes / (No)**

Driver's Own Vehicle Reg No : No Driver's Own Insurer : No

**VEHICLE INFORMATION**

Vehicle Registration No : S6TJ 4324D

Manufacturer : \_\_\_\_\_ Model : \_\_\_\_\_

Reporting Type : **Own Damage** / Third Party / Reporting Only

Exact Purpose for which vehicle was being used at time of accident : **Private Use** / Company Use /  
Hired Use

**GENERAL INFORMATION OF THE ACCIDENT**

Weather Condition : **Clear** / Raining / After Rain

Injured : **Yes** / **No**

Road Surface : **Dry** / Wet / Damp

Police Reported : **Yes** / **No**

Approach by Unknown : **Yes** / **No**

Video Camera : **Yes** / **No**

Number of Passengers (Including Driver) : 1

**DETAILS OF INJURED PERSON**Name : Maha Adee B

Injuries Sustained : \_\_\_\_\_

Were seat belts worn? : **Yes / No**

Approximate Age : \_\_\_\_\_

Injured person in which vehicle? : \_\_\_\_\_

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : \_\_\_\_\_

**WITNESS**

Details of Witness : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

**DETAILS OF OTHER VEHICLES**Vehicle Registration No : SGP8151C

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_