

SMOKEOOD

FAM:

Fee Charged
Fee Charged

2014-2015

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 Submission	14/12/2020 19:25 (SGT)
Date of Accident	13/12/2020 12:12 (SGT)
Exact Location of Accident	Tampines Ave 9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2592R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SINCERE RENTAL
Company Reg No	5XXXX089E
Email Address	rogerktm525@yahoo.com.sg
Mobile Phone No	(Phone) +65-96833999
Alternative Phone No	+65-96833999

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115335124
Cover Note Number	-

DRIVER

Name of Driver	LIN HOCK LEONG
NRIC No	SXXXX605A

Date Of Driving Pass	17/06/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96833999
Alt. Phone Number	-
Email Address	rogerktm525@yahoo.com.sg
Address	BLK 639 ROWELL ROAD
Address complement	#24-94
Postcode	200639
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN INDIAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201214/2094

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	SLV8632R
Vehicle Manufacturer	-

Y F A T C A A A A A

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FAUZIAH BINTE ABU
NRIC No	SXXXX987D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIN HOCK LEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG2592R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



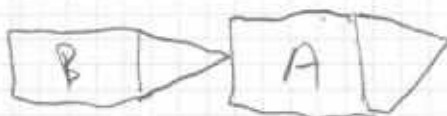
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

14/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan

A) SL6 2592 R Tampines Ave 9
B) SLV 8632 R



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20201214/2094

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

per 14/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (13/12/20) (DD/MM/YYYY), TIME: (12:12) (HH:MM)

LOCATION: Along Tampines Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 2592R
 b) INSURANCE COMPANY: Mtu
 c) POLICY NUMBER: 5115335124-000023
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: mazda 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 12/12
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SINCERE RENTAL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIN HOCK LEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0092605-A CONTACT: 96833999
 c) ADDRESS: 639 ROWELL ROAD #24-94 220639

* d) DATE OF BIRTH: (16/09/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17 Jun 1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLV 8632R MODEL: _____

b) DRIVER'S NAME: Fauziah Binte Abu

c) NRIC/FIN/PASSPORT: S131598FD CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

VIDEO



SINGAPORE POLICE FORCE



T/20201214/2094

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20201214/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2020 16:57		Vide Report No.:		Station Diary No.: 47
Informant's Particulars				
Name of Informant: LIN HOCK LEONG		Address: APT BLK 639 ROWELL ROAD #24-94 SINGAPORE 200639		
ID Type / ID No.: NRIC NO / S0092605A		Contact No.: Home/Office: Mobile: 96833999		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 70	Date of Birth: 16/09/1950	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2020 12:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG2592R	Car				Seriously Damaged	1
SLV8632R	Car				Slightly Damaged	1



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Brief Details.

On 13/12/20 at about 1212hrs, I was in my rented grab vehicle SLG2592R together with one passenger travelling along Tampines Avenue 9, I then slow down my vehicle speed as I was approaching to the school zone area. As there was a big hump on the road where I was heading to, I then further step on my brake. Suddenly, my vehicle was knocked by a vehicle SLV8632R from my rear, I then stopped my vehicle and went out to check on my vehicle. I then realized that my vehicle rear bonnet suffered from huge dent and also crack on the bonnet and bumper. I also spotted there was slight dent on the front bonnet of the vehicle SLV8632R due to the collision, I then exchange particulars with the vehicle owner namely Fauziah Binte Abu, S1315987D before we left.

I wished to state that I was suffering from neck and backache and my head knocked onto the door due to the collision, On 14/12/2020, I then went to A life clinic Pte Ltd at Novena Medical centre located at 10 Sinaran Dr #09-21 and I was given 7 days MC from 14/12/2020 to 20/12/2020 due to the injury. I wished to state that my vehicle has only front in car camera but however I do not know if the other party has any in car camera in her vehicle. I want to lodge a police report as my company require me to do so.



**SINGAPORE
POLICE FORCE**



T/20201214/2094

3 of 3

Report No. T/20201214/2094

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /
Sgt 3 LIU FENGZHAN, GERRY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/12/2020 16:57

Classification Of Case:

Claim Handling

Accident MT/1113634

Policy No.	5115335124	Vehicle No.	SLG2592R	GST Registration No.
Certificate No.	5115335124-000023			
Policyholder Name	SINCERE RENTAL			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96833999	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	14/12/2020 19:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2020	Time of Accident hh:mm	12:12	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WHAMPOA DRIVE AND BALESTIER ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 76 #12-174	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-174	Related Policy Number	5112367939-01	

▼ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIN HOCK LEONG	Driver NRIC	S0092605A	Driver DOB
Register Date of Driver License	17/06/1996	Driver Age	70	Driving Experience
Contact No.(Mobile)	96833999	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 639 #24-94	Address 2	ROWELL ROAD	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	24-94			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLG2592R	Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OG-MX	Insured Name	SINCERE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	SLG2592
Claim Description	SLG2592R / SLV8632R ON 13-Dec-2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	14/12/2020 19:42	Claim Close Date	

12/14/2020

Claim Handling(accident reporting Claim Task)

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Attachment



Accident No.	MT/1113634	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2020 19:43

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category *

Confidential

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:43	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:43	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:43	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:42	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:42	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:42	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:42	Photos		Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:42	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 19:42	SAS		Normal	SAS 207

Video List

Uploaded By/Date

Folder Date

File Name



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: S115335124-000023

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLG2592R
Chassis Number : JM6BM42ASGD344068
2. Name of Policyholder : SINCERE RENTAL
3. Effective Date of Insurance : 09 Feb 2020
4. Expiry Date of Insurance : 08 Feb 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 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 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
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	: BENEFIT AUTO ENTERPRISE PTE LTD
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 07 Feb 2020 15:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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: SN0820CE000D Vehicle Registration No: SLG 2592R
Name (as shown in NRIC): Lin Hock Guan NRIC/FIN/Passport No: SXXXX605A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96833999
Email Address: _____
Date of Accident: 13/12/2020 Time of Accident: 12:12
Place of Accident: Tampines Avenue 9
Insurance Company: True

(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:

DRIVER NAME TO Lin Hock Guan

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kalal