

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	04/01/2021 17:03 (SGT)
Date of Accident	31/12/2020 14:10 (SGT)
Exact Location of Accident	Woodlands Ave 9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6096T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE AH MENG
NRIC No	SXXXX375F
Email Address	kent.wshc@gmail.com
Mobile Phone No	(Phone) +65-93882263
Alternative Phone No	+65-93882263

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115575780
Cover Note Number	-

DRIVER

Name of Driver	LEE AH MENG
NRIC No	SXXXX375F
Date Of Birth	23/02/1965
Occupation	Outdoor

Date Of Driving Pass	14/03/1985
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93882263
Alt. Phone Number	+65-93882263
Email Address	kent.wshc@gmail.com
Address	BLK 853 WOODLANDS STREET 83 #07-126
Address complement	-
Postcode	730853
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF310U
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PEARL RODRIGO AGDEPPA
NRIC No	SXXXX176F

Contact Number		(Phone) +65-83998493
Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		1

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time
16.45pm

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

Witnessed by Reporting Centre Personnel

Sketch Plan

NOEDLANDS 20K 9

A) SKU 6096T

B) SMF 8104

Patrol Kiosk

Diagram showing a sketch plan of the accident scene. It includes a grid with handwritten labels for 'NOEDLANDS 20K 9', 'A) SKU 6096T', 'B) SMF 8104', and 'Patrol Kiosk'. There are also handwritten labels 'A' and 'B' in boxes, and a large bracket indicating a specific area of the sketch.

Describe Circumstances of the Accident

ON 31/12/2020 AT ABOUT 14:10 HRS I WAS AT WOODLANDS
AVENUE & I WANTED TO GO TO THE OPPOSITE SIDE PATROL KIOSK. A CAR
SOME 30M AHEAD MAKING A U-TURN TO GO SAME WAY SUDDENLY
FROM BEHIND MY CAR HIT THE REAR OF THE SAID CAR.

Declaration

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

Witnessed by Reporting Centre
Personnel

HP NUMBER ACCIDENT STATEMENT

ACCIDENT DATE: 31/12/2020 (DD/MM/YYYY), TIME: 2:10 PM (HH:MM)

LOCATION: Woodlands Ave 9 opposite shell petrol kiosk

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 6096T
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5115575780
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: Lee Ah Meng (MALE / FEMALE) 9
 b) NRIC/FIN/PASSPORT: S1687315 P CONTACT:
 c) ADDRESS: Woodlands St 83, Blk 853
#01-126 57308531

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Ah Meng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1687315 P CONTACT:
 c) ADDRESS: Woodlands St 83, Blk 853
#01-126 57308531
 *d) DATE OF BIRTH: 23/02/1965 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 30

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

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: SMF 310U MODEL: TOYOTA
 b) DRIVER'S NAME: Pearl Rodriga Agdeppa
 c) NRIC/FIN/PASSPORT: 37184176F CONTACT: 83948493

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = Kent.wshe@gmail.com

fax =

VIDEO =

WIFE

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

Claim Handling

Accident MT/1116908

Policy No.	5115575780	Vehicle No.	SKU6096T	GST Registration No.
Certificate No.				
Policyholder Name	LEE AH MENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93882263	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	04/01/2021 17:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/12/2020	Time of Accident hh:mm	14:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS AVENUE 9			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ 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 853 #07-126	Address 2	WOODLANDS STREET 83	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-126	Related Policy Number	5115575780	

▼ OI Driver Info

Driver Name	LEE AH MENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1687379F	Driver DOB
Register Date of Driver License	14/03/1985	Driver Age	55	Driving Experience
Contact No.(Mobile)	93882263	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 853 #07-126	Address 2	WOODLANDS STREET 83	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-126			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKU6096T	Driver Insurer Comp

Declaration

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

Claim 001

New

Claim Type *

OD-MX

Insured Name

LEE AH M

Contact No.(Mobile)

93882263

Contact No.

6746141

Email Address

kentlee65@yahoo.com.sg

Contact No.(Home)

OI

Vehicle Number

SKU6096

Claim Description

SKU6096T / SMF310U ON 31 Dec 2020

Preferred

Workshop

Contact No.

Finalisation

Yes ☒ No ☐

Insured Liability

Fully at Fault

Preferred

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

04/01/2021 17:32

Claim Close Date

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: S115575780

Cover : drivo CLASSIC

- | | |
|---|---------------|
| 1. Index mark and Registration Number of Vehicle | : SKU6096T |
| Chassis Number | : RU11100938 |
| 2. Name of Policyholder | : LEE AH MENG |
| 3. Effective Date of Insurance | : 17 Jan 2020 |
| 4. Expiry Date of Insurance | : 16 Jan 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. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE AH MENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE 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 : IMOTOR INSURE (00000573595)
Date of Issue : 17 Jan 2020 11:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive