

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 | 02/01/2021 14:28 (SGT) |
| Date of Accident | 31/12/2020 22:50 (SGT) |
| Exact Location of Accident | Cambridge Rd, Singapore |
| Additional Location Information | CAMBRIDGE RD & CARLISLE RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMC1437Y |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LOW PUAY LI SHIRLEY |
| NRIC No | S7004327J |
| Email Address | s1999@live.com |
| Mobile Phone No | (Phone) +65-83837070 |
| Alternative Phone No | +65-83837070 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Note |
| 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 - Claiming third party |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5116832686 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | LING KIM HUAT |
| NRIC No | S1722605C |
| Date Of Birth | 30/10/1965 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 26/06/1988 |
| Driving experience | 32 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88387070 |
| Alt. Phone Number | - |
| Email Address | darranling65@gmail.com |
| Address | BLK 115 RIVERVALE WALK #09-27 |
| Address complement | - |
| Postcode | 540115 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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 - Cross Junction |
| 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) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|--------------|
| Name | TIMOTHY DONG |
| Gender | Male |

PASSENGER 2

| | |
|--------------|--------------|
| Name | LOW PUAY ENG |
| Gender | Female |

PASSENGER 3

| | |
|--------------|---------------------|
| Name | LOW PUAY LI SHIRLEY |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210102/7017.

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 SH9660T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LING KIM HUAT
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMC1437Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LOW PUAY LI SHIRLEY
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMC1437Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

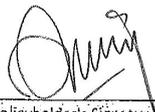
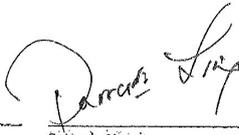
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.: |
|--|---|---|

GIA8801 SketchPlan.com v3

I authorized SME to email the GIA Report
 to admin@nhtmotor.com / yunli@nhtmotor.com







**SINGAPORE
POLICE FORCE**



T/20210102/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210102/7017

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|------------------------------------|-----------|--|
| Name | SHIRLEY LOW PUAY LI | | ID No. S7004327J |
| Related Vehicle | SMC1437Y (Car) | | Contact No. 83837070 |
| Hospital/Clinic | MY FAMILY CLINIC (HOUGANG CENTRAL) | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | 01/01/2021 | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Driver | | | |
| Name | LING KIM HUAT | | ID No. S1722605C |
| Related Vehicle | SMC1437Y (Car) | | Contact No. 88387070 |
| Hospital/Clinic | MY FAMILY CLINIC (HOUGANG CENTRAL) | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | 01/01/2021 | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

I (SMC1437Y) was driving straight along Cambridge road.

Suddenly vehicle "B" (SH9660T) dash out from Carlisle Road without checking the main road oncoming traffic and collided into the front portion of my vehicle and caused damages.

Vehicle "B" (SH9660T) admitted his fault and apologized and got me to claim against his insurance policy.

After the accident, my passenger and myself felt discomfort and went to MY FAMILY CLINIC (HOUGANG CENTRAL) to seek medical treatment and was given 3 days by a doctor.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210102/7017

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Report No. T/20210102/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| |
|---|
| Signature Of Officer Recording The Report: Not applicable |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172 |

Authentication Stamp
NP168

| |
|--|
| Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Date/Time: 02/01/2021 12:09 |
| Classification Of Case: |



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: 5116832686 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMC1437Y**
 Chassis Number : JN1TAAE12Z0980582
2. Name of Policyholder : LOW PUAY LI SHIRLEY
3. Effective Date of Insurance : 20 Mar 2020
4. Expiry Date of Insurance : 19 Mar 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 | : SHIRLEY LOW PUAY LI |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : ACE FINANCIAL SERVICES 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 19 Mar 2020 17:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive