

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 17:12 (SGT)
Date of Accident 02/01/2021 21:05 (SGT)
Exact Location of Accident Rivervale St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH885Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ONE AIRCONDITIONING & SERVICING PTE LTD
Company Reg No 201312880D
Email Address oneairconservice@yahoo.com
Mobile Phone No (Phone) +65-91591166
Alternative Phone No +65-91591166

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 5097057018-02
Cover Note Number -

DRIVER

Name of Driver LOW KIAN KEONG
NRIC No S6925307E
Date Of Birth 20/07/1969
Occupation Outdoor

Date Of Driving Pass	06/11/1999
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91591166
Alt. Phone Number	-
Email Address	kksam69@icloud.com
Address	BLK 2B GEYLAN SERAI #10-23
Address complement	-
Postcode	404002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DANIEL
Gender	Male

PASSENGER 2

Name	DARYL
Gender	Male

PASSENGER 3

Name	MEOOW
Gender	Female

PASSENGER 4

Name	ALICE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210102/2096.

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 SHA2847K
 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 LOW KIAN KEONG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBH885Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop LEE BROTHER via email / fax. AUTOMOTIVE PTE LTD.

One Airconditioning & Servicing Pte Ltd.

Signature: Bik 2B Geylang Serai #10-23

Singapore 404002

Tel: 9159 1166

Email: oneairconservice@yahoo.com

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. 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.

One Airconditioning & Servicing Pte Ltd

Bik 2B Geylang Serai #10-23

Singapore 404002

Tel: 9159 1166

Email: oneairconservice@yahoo.com

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.:

$A = \text{GBH885Y}$
 $B = \text{SHA2847K}$

REFER TO POLICE REPORT

I/We declare the foregoing particulars are true in every respect.

Blok 2B Geylang Serai #10-23

Singapore 404002

Tel: 9159 1166

Email: onlineconservice@yahoo.com

Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

















**SINGAPORE
POLICE FORCE**



T/20210102/2096

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210102/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2021 22:27		Vide Report No.:		Station Diary No.: 74
Informant's Particulars				
Name of Informant: LOW KIAN KEONG		Address: APT BLK 2B GEYLANG SERAI #10-23 SINGAPORE 404002		
ID Type / ID No.: NRIC NO / S6925307E		Contact No.: Home/Office: Mobile: 91591166		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 51	Date of Birth: 21/07/1969	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/01/2021 21:05	Type of Location: SERVICE ROAD
Location: RIVERVALE STREET				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH885Y	Van				Slightly Damaged	4
SHA2847K	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210102/2096

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210102/2096

CONTINUATION OF REPORT

Driver			
Name	LOW KIAN KEONG	ID No.	S6925307E
Related Vehicle	NIL	Contact No.	91591166
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/01/2020 at around 2105hrs, I was driving along the service road on the left lane of 2 lanes along Rivervale Street. I was about to turn right into the carpark of 126A Rivervale Street and I had recalled signaling that I was about to turn right. While turning, a taxi (SHA2847K) which was previously following behind me suddenly collided into me. The right lane is supposed to be for oncoming vehicles travelling in the other direction.

I then alighted the vehicle and the driver of the taxi also alighted and informed he was going straight. I informed him that the other lane was for travelling into the other direction, hence he was not supposed cut into the other lane.

He then subsequently drove off without providing his particulars. I managed to take a picture of the plate number as well as the driver while he had alighted the vehicle for a moment.

No traffic police nor ambulance was called. I sustained damages on the right side of my vehicle. I do not have any in-car recording of the incident. As of the time of lodging this report, I feel pain on the region of my left shoulder, arm and hand.



**SINGAPORE
POLICE FORCE**



T/20210102/2096

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20210102/2096

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:

F /

Sgt 2 Foo Heng Wei John

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2021 22:27

Officer In Charge Of Case:

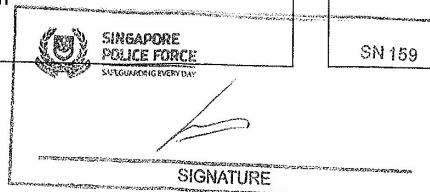
TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168





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 : 5097057018-02

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : GBH885Y |
| Chassis Number | : KDH2010208240 |
| 2. Name of Policyholder | : ONE AIRCONDITIONING & SERVICING PTE. LTD. |
| 3. Effective Date of Insurance | : 06 Jan 2020 |
| 4. Expiry Date of Insurance | : 05 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MV CREDIT 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 : HON BROTHERS MOTOR (00000571733)
 Date of Issue : 06 Jan 2020 09:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive