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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 29/01/2021 12:04 (SGT) Date of Accident 28/01/2021 18:25 (SGT) Exact Location of Accident South Buona Vista Rd, Singapore TURN RIGHT TOWARDS AYE (CITY) Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

SGE2020U Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? No TAY HUAT Name Of Registered Owner NRIC No SXXXX878H tayhuat1943@hotmail.com **Email Address** (Phone) +65-97882926 Mobile Phone No +65-97882926 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Nissan Model Note Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Reporting only Private car

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5097818557-02 Cover Note Number

#### DRIVER

Name of Driver TAY HUAT NRIC No SXXXX878H

Date Of Driving Pass Driving experience Gender Møbile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	08/06/1965 55 YEARS AND 7 MONTHS Male (Phone) +65-97882926 +65-97882926 tayhuat1943@hotmail.com BLK 56 STRATHMORE AVENUE #20-113 - 140056 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2 No
PASSENGER 1	
Name Gender	WIFE Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	PA9427Z Toyota Hiace - Commercial vehicle

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

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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.
- 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 ree 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 ir, 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.

Describe Circumstances of the Accident
I was driving from South Burns Vieta Dd town Part it It
traffic light white I was in the slip Rol A van PA 9427 Z came from the
left straight into my left hand side of my car into my path. The Van
and not stop to your way to the right all as your on
The list score is my part
she wash driver claimed that I should have given way to him
The green way to him
Declaration
We declare the foregoing particulars are true in every respect

0945 hvs, 29/1/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 28. 101 / 2021 )(DD/MM/YYYY), TIME: ( 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SEE 2020 U b)INSURANCE COMPANY: CIPOLICY NUMBER: 5097818 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME:\_\_\_ TAY HUAT (MALE / FEMALE) CONTACT: 978829. b) NRIC/FIN/PASSPORT: 50106878711 CIADDRESS: BK. JE #20-113 STRATHMORE SING-APORE 140056. \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER #No of passanger DRIVER AS ABOVE .\_\_(MALE / FEMALE) a) NAME: (Including driver) CONTACT: b) NRIC/FIN/PASSPORT:\_ c) ADDRESS; \*d) DATE OF BIRTH: (30/05/1943)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) FIDATE OF DRIVING PASS 1965 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES Y NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION; (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POUCE (YES / NO) 4 IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 Ho of passenger a) VEHICLE NUMBER:\_ b) DRIVER'S NAME:\_ ( Including driver) c) NRIC/FIN/PASSPORT: 5 CONTACT THIRD PARTY VEHICLE VEHICLE NUMBER: Who of passanger DRIVER'S NAME: (Including driver) fl CONTACT: NRIC/FIN/PASSPORT:

email.=

## **Claim Handling**

Accident MT/1119202				
Policy No.	5097818557-02	Vehicle No.	SGE2020U	GST Registration No.
Certificate No.				
Policyholder Name	TAY HUAT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	97882926	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No        Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Report Date	29/01/2021 12:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/01/2021	Time of Accident hh:mm	18:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SOUTH BUONA VISTA ROAD TURN RIGHT T	OWARDS AYE (CITY)		
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
	-	TP Standard Excess	0.00	
OD Standard Excess	600.00	YIED TP Excess	0.00	Driver is Covered?
YIED OD Excess	0.00	TIED IF EXCESS	0.00	
Additional Excess	0	Total TP Excess Applicable	0.00	
Total OD Excess Applicable	600.00	Total Tr Excess Applicable	0.00	
<b>▽</b> Benefits			Sum Insured	
Coverage			99999999999	
Transport Allowance	ion		3333333.23	
	No		GST Registration Date	
GST Registered GST Registration No.	NO		GST Status Verified	Yes
Modification History				
Address 1 Address 4	BLK 56 #20-113	Address 2 Address Type	STRATHMORE AVENUE Singapore address	Address 3 Post Code
Unit No.		Related Policy Number	5097818557-03	
Driver Name	TAY HUAT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0206878H	Driver DOB
Register Date of Driver License	02/02/1965	Driver Age	77	Driving Experience
Contact No.(Mobile)	97882926	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 56 #20-113	Address 2	STRATHMORE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGE2020U	Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes  No	
Modification History				
Claim 001 New				
Claim Type *			OD-MX	▼ Insured Name TAY HU
Contact No.(Mobile)			97882926	Contact No. (Home) 647921
Email Address			tayhuat1943@h	notmail.com OI Vehicle Number SGE202
Claim Description			SGE2020U / PA	9427Z ON 28 Jan 2021
Preferred				
Working op Philipsop Yes	Insured Liability Preferered Preferred Worksho	pp, Name unknown V GIA report	ved	

Uploaded By/Date

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2021 12:08

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File Name

Photos

Photos

NRIC/ Driving License

SAS

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Normal

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NRIC/ Driving Li-



# Certificate of Insurance

Cover : drivo PREMIUM

: JN1TAAE12Z0972141

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: 5097818557-03

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SGE2020U

: TAY HUAT

: 26 Feb 2021

: 25 Feb 2022

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) EXCESS (SECTION 2)

WINDSCREEN EXCESS ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE NCD PROTECTION

TRANSPORT ALLOWANCE

**EXCESS WAIVER** PRIMARY DRIVER

NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY

SUM INSURED

: S\$600

: N/A : S\$100

: N/A

: PLEASE REFER OVERLEAF

: YES : YES

: YES (FREE)

: YES : NO

: TAY HUAT : N/A

: N/A .

: N/A : 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

: PHILIP Y K SOH (00000518356)

Date of Issue

: 03 Jan 2021 22:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive