

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	04/02/2021 18:14 (SGT)
Date of Accident	03/02/2021 20:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	TWDS ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2181S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEW HONG RESTAURANT
Company Reg No	5XXXX030M
Email Address	limmeiling7020@gmail.com
Mobile Phone No	(Phone) +65-93697020
Alternative Phone No	+65-93697020

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5082607195-04
Cover Note Number	-

DRIVER

Name of Driver	LIM BEE LIN
NRIC No	SXXXX283B
Date Of Birth	18/02/1963
Occupation	Indoor

Date Of Driving Pass	03/11/1982
Driving experience	38 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93697020
Alt. Phone Number	-
Email Address	limmeiling7020@gmail.com
Address	BLK 25 SIN MING ROAD
Address complement	#08-92
Postcode	570025
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 - 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

I WAS TRAVELLING FROM ANG MO KIO AVE 3 TWDS ANG MO KIO AVE 1.I STOP AT THE RED TRAFFIC LIGHT JUNCTION ,WHEN THE LIGHT TURN GREEN,INFRT OF MY PROCEED TO MAKE A LEFT TURN AND I FOLLOWED SUIT.SUDDENLY THE FRT VEH STOP COZ THE GUY WITH THE SCOOTER CROSS THE ROAD.I CAN'T STOP ONTIME AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ1502E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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

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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.

YEW HONG RESTAURANT

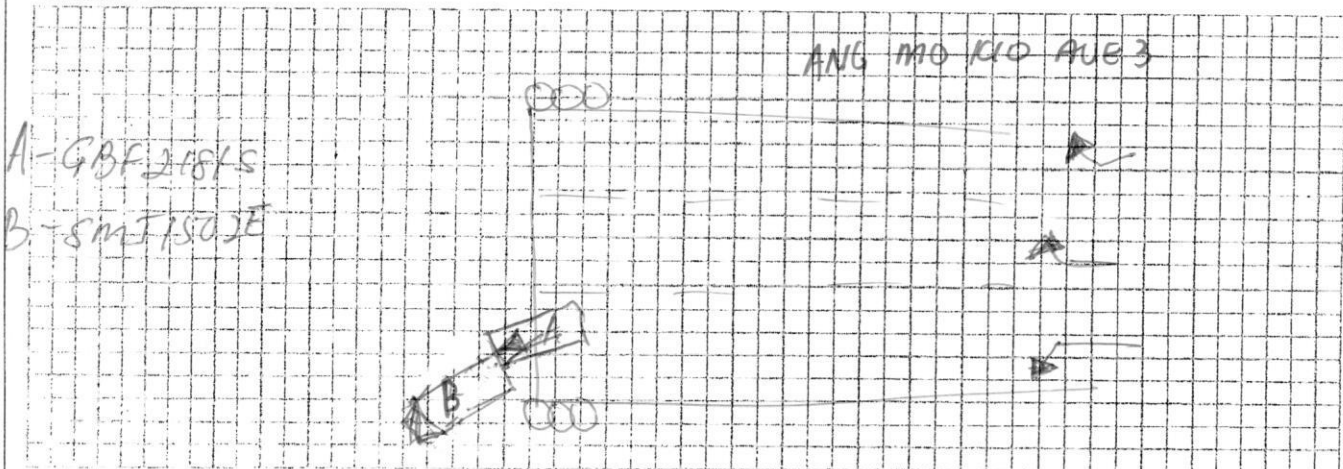
[Signature]

Policyholder's Signature / Date & Time

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

[Signature] 04/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan



ANG MO KIO
AVE 1

p/s refer to the statement.

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

YEW HONG RESTAURANT

~~林来旺~~

Witnessed by Reporting Centre
Personnel

sym 04/02/21

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 02 / 21) (DD/MM/YYYY), TIME: (20 : 30) (HH:MM)

LOCATION: ANG MO KIO AVE 3 turn left to ANG AVE.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF21815
 b) INSURANCE COMPANY: NTC
 c) POLICY NUMBER: 5082607195-
 d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
 e) MAKE & MODEL:
 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: YEW HONG RESTAURANT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 93697020
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM BEE LIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1577883B CONTACT: 93697020
 c) ADDRESS: BLK 25 SIN MING RD
 #08-92 (S70025)

*d) DATE OF BIRTH: (18 / 02 / 1963) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 03/11/1982

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

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: SMJ1502E MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = LimBeeLin7020@guiacl.com

Fax =

VIDEO = yes

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

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 : 5082607195-04

Cover : Comprehensive

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF2181S |
| Chassis Number | : VSKYBAM20Z0126321 |
| 2. Name of Policyholder | : YEW HONG RESTAURANT |
| 3. Effective Date of Insurance | : 30 Jul 2020 |
| 4. Expiry Date of Insurance | : 29 Jul 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	: THINK ONE 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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)
Date of Issue : 22 Jun 2020 15:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1119999

Policy No.	5082607195-04	Vehicle No.	GBF2181S	GST Registration No.	
Certificate No.					
Policyholder Name	YEW HONG RESTAURANT			Policyholder NRIC	52850030M
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	04/02/2021 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	03/02/2021	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
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	04/02/2021 15:28:19 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 25 #08-92	Address 2	SIN MING ROAD	Address 3	SINGAPORE 57001
Address 4		Address Type	Singapore address	Post Code	570025
Unit No.		Related Policy Number	5082607195-04		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	YEW HONG RESTAURANT	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	GBF2181S	TP Vehicle Number	
Claim Description	GBF2181S / SMJ1502E ON 3 Feb 2021				
Preferred Workshop		Insured Liability	Fully at Fault		
Contract No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	04/02/2021 19:07
Report Taken By				Workshop Repairer	ROSLINDA
				Date Received	
				Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1119999	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/02/2021 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	SAS		Normal	SAS 2021-2-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	Photos		Normal	Photos 2021-2-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	Photos		Normal	Photos 2021-2-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	Photos		Normal	Photos 2021-2-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	Photos		Normal	Photos 2021-2-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	Photos		Normal	Photos 2021-2-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2021 19:06	Photos		Normal	Photos 2021-2-4

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>	