

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	06/02/2021 10:04 (SGT)
Date of Accident	05/02/2021 14:15 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW386H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG WEE KHENG GERALD
NRIC No	SXXXX273J
Email Address	GAWK22@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97977775
Alternative Phone No	+65-97977775

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100425979-02
Cover Note Number	-

DRIVER

Name of Driver	ANG WEE KHENG GERALD
NRIC No	SXXXX273J
Date Of Birth	24/07/1977
Occupation	Outdoor

Date Of Driving Pass	15/04/2005
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97977775
Alt. Phone Number	+65-97977775
Email Address	GAWK22@HOTMAIL.COM
Address	BLK 81 BEDOK NORTH RD #08-290
Address complement	-
Postcode	460081
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 - Change/cross lane
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

REFER TO STATEMENT.

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	SHB4948J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG TIAK CHUAN
Contact Number	(Phone) +65-97887311
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.



Policyholder's Signature / Date & Time

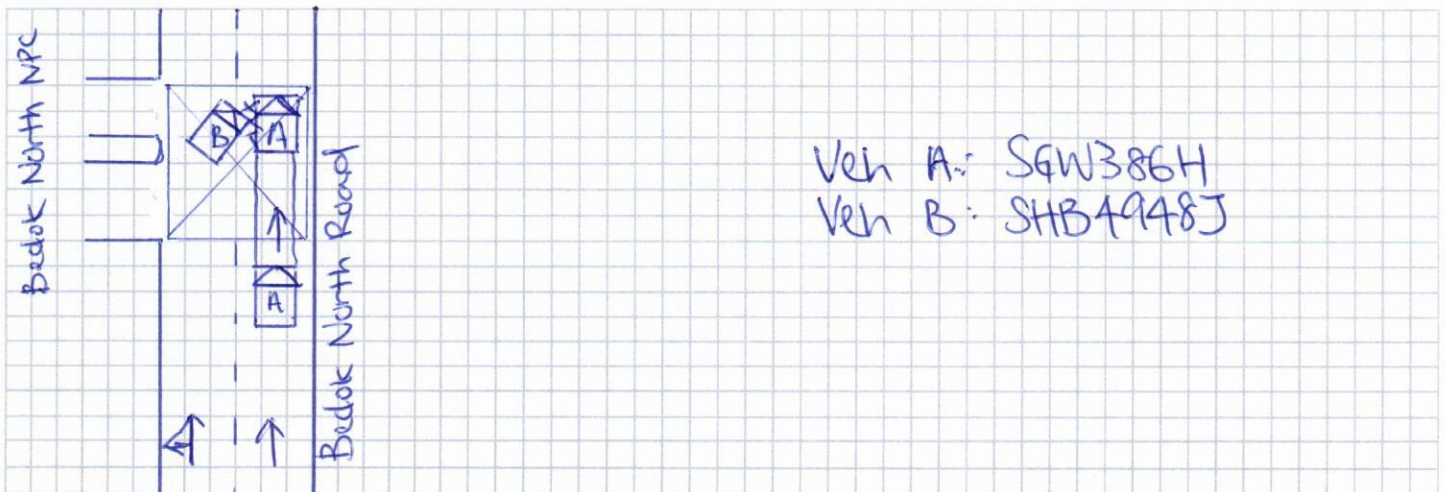


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



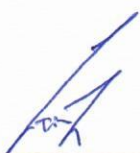
Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SGW386H) traveling along Bedok North Road towards New Upper Changi Road on most right lane of a 2-lanes, road. Somewhere in front of Bedok North NPC, vehicle B (SHB4948J) which stationary at the entrance suddenly made a sharp right turn and filter to my lane. As a result, the front right portion of vehicle B collided onto the left portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &


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


Witnessed by Reporting Centre

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: 5100425979-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGW386H**
 Chassis Number : ZYX102027084
2. Name of Policyholder : ANG WEE KHENG GERALD
3. Effective Date of Insurance : 02 Jun 2020
4. Expiry Date of Insurance : 01 Jun 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG WEE KHENG GERALD
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : I INSURANCE AGENCY (00000572538)
 Date of Issue : 18 May 2020 13:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

VEHICLE NO: <u>3EW386H</u>	MAKE & MODEL: <u>Toyota C-HR 1.8A Hybrid</u> <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT: <u>05/02/2021</u>	CC: <u>1.8</u>	
TIME OF ACCIDENT: <u>14:15</u> HRS		
LOCATION OF ACCIDENT: <u>Bedok North Road in front of Bedok North NRC</u>		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	<u>Ang Wee Kheng</u>	
TEL NO:	H/P: <u>9797 7775</u> OFFICE:	HOME:
NRIC:	<u>S7720273J</u>	
ADDRESS:	<u>81 Bedok North Road #08-290 S(460081)</u>	
EMAIL:	<u>gaw22@hotmail.com</u>	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE COMPANY:	<u>NTUC</u>	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	<u>5100425979-02</u>	
NAME OF DRIVER:	AS ABOVE / IF NO:	
NRIC:	ANY PASSENGER: <u>-</u>	
DATE OF BIRTH: <u>24/7/1977</u>	LICENCE PASSED DATE: <u>15/4/2005</u>	
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	MALE / FEMALE	
CONTACT NO:	H/P: <u>9797 7775</u> OFFICE:	HOME: <u>-</u>
ADDRESS:		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:	INSURER:
RELATIONSHIP:	<u>Owner</u>	
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	DRY / WET / OTHER:	
ANY INJURIES:	<u>NO</u> / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO:	<u>SHB4948J</u>	ANY PASSENGERS: <u>-</u>
NAME OF DRIVER:	<u> Ong Tiak Chuan </u>	CONTACT NO: <u>9788 7311</u>
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO	
ACCIDENT PORTION:	<u>Left portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>		
WORKSHOP PARTICULAR:	<u>Twincar Automotive Pte Ltd</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:	<u>Brandon</u>	