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SN0821290002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/02/2021 12:54 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (09/02/2021 12:54 (SGT))



# 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
- 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 Date of Accident Exact Location of Accident Additional Location Information

09/02/2021 12:54 (SGT) 08/02/2021 09:15 (SGT) 1 Devonshire Rd, Singapore 239896

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

PC6136Y

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

Yes DHI DOWNTOWN PTE LTD 2XXXXX758G fiona.sng@oakwood.com (Phone) +65-98335313 +65-98335313

VEHICLE PARTICULARS

Manufacturer

Model

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

Mercedes 316CDI/3665

Employment

No - Reporting only Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

NTUC

Comprehensive

No

5114139262-01

DRIVER

Name of Driver NRIC No

SIEW KWOK WAI, KENNY (XIAO GUOWEI) SXXXX346C

Date Of Driving Pass	
Driving experience	02/02/2007
Gender	14 YEARS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-98335313
Email Address	
Address	fiona.sng@oakwood.com
Address complement	BLK 103 BUKIT PURMEI ROAD #07-52
Postcode	000103
Is the driver the policyholder?	090103 No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry
	5.19
OTHER INFORMATION	
Mean	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any other material as a special by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	N/2
	No
PASSENGER 1	
Name	CHEST
Gender	GUEST
	Male
PASSENGER 2	
Name	CHEST
Gender	GUEST Female
	remaie
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	No
in you, against whom:	F
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	SARS -
Was there any audio recorded?	No No
7 32 11 (ELEC.)	No

Date Of Driving Pass

### SKETCH PLAN

### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 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' 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

09022021

(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.

THE COLUMN OF TH

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

& Time

Witnessed by Reporting Centre Personnel

NO. | DENOMSHIPM

Policyholder's Signature / Date & Time

Sketch Plan

CEILING TREUS.

# Describe Circumstances of the Accident

UPON	APRIVITE AT A DE LICE
01014	ARRIVING AT 1 DEVONSHIRE CONDOMINIUM, DRIVER NOTICE
1110 1101	GHT LIMIT OF THE CARPARK ENTRANCE. DRIVER MENTIONED TO
GUEST T	HAT VEHICLE WANT WAS BE ASSET
	HAT VEHICLE MIGHT NOT BE ABLE TO ENTER, GUEST REPLIED
MIHT 1	- YOU CAN! " BACT ON COMMENT
1	YOU CAN." BASE ON GOODWILL TO SEND AND DROP OFF GVEST
	TO THEIR LIFT LOBBY AS THEY HAVE A LOT OF LUGGAGES,
DRIVER	PROCEEDED. ONCE ENTERED THE CAPPARK, DRIVER REALISE
	DELVETE KEALLS E
HEIGHT	OF CARPARK IS TOO LOW TO GO PURTHER. SO DRIVER DID A
3 POINT	TURN TO EXIT. IN THE MIDST OF REVERSING, BACK OF THE
VEHICLE	HIT THE CEILING TREVLIS WHICH DENTED A COPNER OF IT.
	TOS II OF III

## Declaration

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

Policyholder's Signature / Date & Time

09022021

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE (8 102 ) 302 (DD/MM/Y	YYY), TIME-109 15 VILLE MAN.
LOCATION: 1 DEVONSHIRE ROAD	i i i i i i i i i i i i i i i i i i i
1. DETAILS OF VEHICLE	,
alvehicle Number: PC61367	
BONGY HILLER FINE IN COME	IN CUO ANIE CO- OPED ATIVE !
CIPOLICY NUMBER: 5114139262 - 01	THIS PRINCE CO OF CONTINUE FIMILE
DIPOLICY TYPE: (COMPREHENSIVE / THIRD P	ADIV / TUIDE DA BOY FIRE AVIEW
OMAKE & MODEL: MERCEDES BENZ	PRINTER
F)TYPE: (SALOON / COUPE / MPV /VAN / LOF	PRY / MOTOROVOLE / CHILDRE
g) VEHICLE CATEGORY: (PRIVATE / COMMER	THE THE TOTAL CONTROL OF THE RES
h)PURPOSE OF USING AT ACCIDENT TIME:	DODO OF AVESTO
I) ARE YOU CLAIMING UNDER YOUR OWN INS	SID INCE DESCRIPTION
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	DEBOODLING OF ITS
C IN THE THE PROPERTY OF THE P	ACT. OKTING ONCE)
ANAME DOLL DOLL OF TRUE	PL (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT
b)NRIC/FIN/PASSPORT:	
i i i i i i i i i i i i i i i i i i i	
Who of passanges DRIVER OF VINOS ALSO POLICY H	OLDER .
(Including driver) GINAME: SIEW KNOK WAI, KENNY	
history than the second of the second	(MALE / FEMALE)
(3) b)NRIC/FIN/PASSPORT: S&618346-C C/ADDRESS: BLK 103 BUKIT PURMET P	CONTACT: 9833 5313
STANDENESS DO TO S BOTH T POLEMET A	-0 <del>401-52.</del> S(040103)
*d)DATE OF BIRTH: (05 107 1986 100)	(MAN 0000)
e)OCCUPATION: (INDOOR / OUTDOOR) /	1
FIDATE OF DRIVING PACE OTLUY	7007 .
4. WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES / NO)
" NO, REDATIONSHIP OF THE DRIVER WIT	H INSURED.
5. G/WEATHER CONDITION; (CLEAR / RAINING /	OTHERS
DIROAD SURFACE: (DRY / WET / OTHERS	, , , , , , , , , , , , , , , , , , , ,
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE	
Ho of passanger a) VEHICLE NUMBER:	HOREL
(Including driver) b) DRIVER'S NAME:	_MODEL:
( ) NRIC/FIN/PASSPORT:	_CONTACT:
9. THIRD PARTY VEHICLE	,
Ho of passanger d) VEHICLE NUMBER:	_MODEL:
(Industrial del a Col Driver's NAME	
f) NRIC/FIN/PASSPORT:	_CONTACT:
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: email = FIDNA SN	16 @OAKWOOD. COM
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### Claim Handling Accident MT/1120550

#					
Policy No.	5114139262-01	Vehicle No.	PC6136Y		GST Registration No.
Certificate No.					
Policyholder Name	DHI DOWNTOWN PTE LTD				Policyholder NRIC
Product Code Contact No.(Mobile)	BUS INSURANCE	Cover Type	Comprehensive		Loading
Email Address	98335313	Contact No.(Office)			Contact No.(Home)
KFK	No. 10 March 1971	Special Remark			eCode
	No Yes	TCA	No Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	10		Private Hire
▼ Accident Details					
Report Date	09/02/2021 12:52	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	08/02/2021	Time of Accident hh:mm	09:15		Country of Accident
Reporting Centre		Orange Force			ICM No.
Accident Location	NO. 1 DEVONSHIRE ROAD				
<b>▽ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess		500.00	
OD Standard Excess	2,000.00	TP Standard Excess		3,000.00	
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Covered?
Additional Excess					briver is covered?
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		3,000.00	
■ Benefits					
GST Registered Informa	tion				2001
GST Registered	Yes		GST Registrat	tion Date	01/11/201
GST Registration No.	201925758G		GST Status V	erified	Yes
Modification History	09/02/2021 12:56:43 Syst	em changed GST Registration No. from 20 em changed GST Status Verified from No	01925758G to 20192575	58G	
		em changed GST Status verified from No	to Yes		
Policyholder Mailing Add	Iress				
Address 1	BLK 336 #07-300	Address 2	SMITH STREET		Address 3
Address 4	SINGAPORE 050336	Address Type	Singapore address		Post Code
Unit No.	07-300	Related Policy Number	5114139262-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIEW KWOK WAI, KENNY (XIAC	Driver NRIC	S8618346C		Driver DOB
Register Date of Driver License	02/02/2007	Driver Age	34		Driving Experience
Contact No.(Mobile)	98335313	Contact No.(Office)			Contact No.(Home)
Address 1	BLK 103 #07-52	Address 2	BUKIT PURMEI ROAD		Address 3
Address 4	SINGAPORE 090103	Address Type	Foreign address		Post Code
Unit No.	07-52				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PC6136Y		Driver Insurer Comp.
Declaration					
Breathalyser or Blood Test	0 mg	Steen West Const.			
Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 New					
Claim 001 New					
Claim Type *					Insured Dut Dou
			L	OD-MX	Name DHI DOW
Contact No.(Mobile)					Contact No.
			t-sa		(Home)
Email Address					Vehicle PC6136Y Number
Claim Description			F	PC6136Y / - ON 8 Feb 2021	
Preferred Workshop	Insured Liability Fully at Ea	nult .			
Rentite No. Yes	Preferered Prully at Fa	Name unknown GIA Received	~		
Date Registered	Option	report		20/02/2021 12 52	Claim
			L	09/02/2021 12:59	Close Date
ttps://giclaim.income.com.s	sg/gcs/icm/eclaim/registrationSave do				Date

Report Taken By

Print AK letter

ROSLI WAHAB

Save Submit Attachment Accident No. MT/1120550 Claim No. 001 Last Doc. Received ● Yes ○ No Upload Date 09/02/2021 13:00 Path \* Choose File No file chosen Confidential Clear Please Select ~ Choose File No file chosen NO Clear Please Select ~ NO Choose File No file chosen Clear Please Select v Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select NO Attachment Uploaded By/Date Category Urgency Descr NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 13:00 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 13:00 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT MERAH)) on 09 Feb 2021 13:00 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 13:00 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Feb 2021 12:59

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Folder Date

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### 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 : 5114139262-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : PC6136Y

Chassis Number

: WDB9066332P346999 2. Name of Policyholder : DHI DOWNTOWN PTE LTD

3. Effective Date of Insurance : 18 Nov 2020

4. Expiry Date of Insurance : 28 Aug 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 the carriage of passengers in connection with the Policyholder's business.
- (b) Limited to carry 13 passengers

### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) : S\$2,000 EXCESS (SECTION II) \$\$3,000 WINDSCREEN EXCESS \$\$500 INSURE WITH COE YES

HIRE PURCHASE COMPANY : N/A

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

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 05 Aug 2020 11:55 hrs

Reprint

: 06 Aug 2020 11:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive