# **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 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.

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   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 01/03/2021 17:55 (SGT) Date of Accident 27/02/2021 21:40 (SGT) Exact Location of Accident Bedok North Street 3, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMX9809U

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SILVERLAU SERVUCES Company Reg No 5XXXX454W **Email Address** silverylau000@ymail.com Mobile Phone No (Phone) +65-84281365 Alternative Phone No +65-84281365

## VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car

## INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5120919409 Cover Note Number

## DRIVER

Name of Driver LAU SIEW HOON NRIC No SXXXX957G Date Of Birth 20/12/1965 Occupation Outdoor

Date Of Driving Pass 03/03/1987 Driving experience 33 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-84281365 Alt. Phone Number Email Address silverylau000@ymail.com Address BLK 140C CORPORATION DRIVE #09-62 Address complement Postcode 613140 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20210228/2032. ATTACHMENT(S) 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 SKN5187H Vehicle Manufacturer

Private car

SNG CHYE HUAT

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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)	_

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
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- 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:

- 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)
  - (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
- 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.
- 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.

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.: 1 CSV 1185

GIARMC SketchPlanForm, V3

Vehicle 19:5	SKN5187H		
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		HIPA I	
		179	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
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ECLARATION We declare the form of the second	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	>32
ECLARATION We declare the form of the state	Priver's Signature	Reporting Centre Personnel's Signature Name:	>32
ECLARATION We declare the form the second se	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	















Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 1 of 3 Report No. T/20210228/2032

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2021 13:00		Made:	Vide Report No.:	Station Diary No.: 9		
Informan	rt's Partic	ulars				
Name of LAU SIEV	Informant: N HOON		Address: APT BLK 140C CORPORATION DRIVE #09-62 SINGAPORE 613140			
ID Type / NRIC NO	ID No.: / S17049	57G	Contact No.: Home/Office:	Mobile: 84281365		
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female			Type of Informant: Driver			
Race: Chinese			Language: Chinese	Institution / School Name:		
Occupation PHV DRI			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/02/2021 21:4	Type of Location: Straight Road
Location: BEDOK NORTH	STREET 3	Road Surface:		Road Speed Limit:
	The state of the s	Dry		
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:

Details of V	ehicle Invo	lved	William Aleman		10.00	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKN5187H	Car	TOYOTA	CAMRY 2.5 AUTO	Grey	Slightly Damaged	0
SMX9809U	Car	HONDA	VEZEL 1.5X CVT	Purple	Slightly Damaged	0

Details of Person Involved	HAT AN THE RESIDENCE OF THE RESIDENCE OF THE PARTY OF THE
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 2 of 3 Report No. T/20210228/2032

#### CONTINUATION OF REPORT

Driver					District	
Name	SNG CHYE HUAT			ID No		S1263626A
Related Vehicle	SKN5187H (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL.	
Driver				0 0000		decision de la company
Name	LAU SIEW HOON		ID No.		S1704957G	
Related Vehicle	SMX9809U (Car)			Contact No.		84281365
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL		Degree of Injury NIL				

# Brief Details.

On 27/02/2021 at about 2140hrs, I had parked my vehicle at the road side along Bedok North St 3 as I was instructed by a passenger to wait the said location. I had turned on my hazard light and came to a complete stop.

Moments later, a car bearing plate number SKN5187H (V1) had sideswiped my vehicle from the rear right and stopped. I was unable open my door as V1 is preventing it. I had signaled V1's driver to either move off however the driver was not responsive. I also tried to move forward, but I cant as my vehicle is stuck. A passer by then instructed V1's driver to reverse which he then did then parked V1 behind my vehicle.

I made a check and discovered there were scratches seen on the right rear door and rear fender of my vehicle. We then exchanged particulars and left. No one claimed injured at that point of time. My vehicle have an in-car camera. I believe V1's driver is drunk at that point of time.

The driver requested for a private settlement however his behavior is a bit rude and I declined and decided to proceed and made insurance claim.





Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 3 of 3 Report No. T/20210228/2032

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:  J /  Sgt 2 FAIZUL BIN NENWARI	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2021 13:00
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp  Signature:  Singapore Police Form	orce SN 125



#### 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: 5120919409

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SMX9809U : RU11326773

Chassis Number 2. Name of Policyholder

: SILVERLAU SERVICES

3. Effective Date of Insurance

: 08 Feb 2021

4. Expiry Date of Insurance

: 07 Feb 2022

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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : LAU SIEW HOON

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : GENIE FINANCIAL SERVICES PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

/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 Date of Issue

: CAR TIMES INSURANCE AGENCY PTE. LTD. (00000571584) : 08 Feb 2021 16:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive