

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 08/03/2021 16:23 (SGT)
Date of Accident 07/03/2021 17:40 (SGT)
Exact Location of Accident Ubi Ave 2, Singapore
Additional Location Information TWDS UBI AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR1953U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LUSIA REDOMPTA
NRIC No SXXXX648D
Email Address lusia.redompta@gmail.com
Mobile Phone No (Phone) +65-97372859
Alternative Phone No +65-97372859

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
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 car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120555030
Cover Note Number -

DRIVER

Name of Driver TAN YIH SHEE
NRIC No SXXXX378E
Date Of Birth 11/10/1975
Occupation Indoor

Date Of Driving Pass	05/06/1997
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94502059
Alt. Phone Number	-
Email Address	tansam2021@gmail.com
Address	57 RICHARDS PLACE
Address complement	-
Postcode	546375
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MARIA
Gender	Female

PASSENGER 2

Name	TAN KE JIA CHRISTIE
Gender	Female

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 DRIVING STRAIGHT ALONG UBI AVE 2 TOWARDS UBI AVE 1 AT EXTREME LEFT LANE OF 2 LANES. VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. I ALIGHTED AND REALISED THERE WERE A TOTAL OF 3 VEHICLES INVOLVED,

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	GBF5815C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU1330L
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN YIH SHEE SAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR1953U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MARIA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR1953U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	TAN KE JIA CHRISTIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle? SMR1953U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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.
- (d) 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:

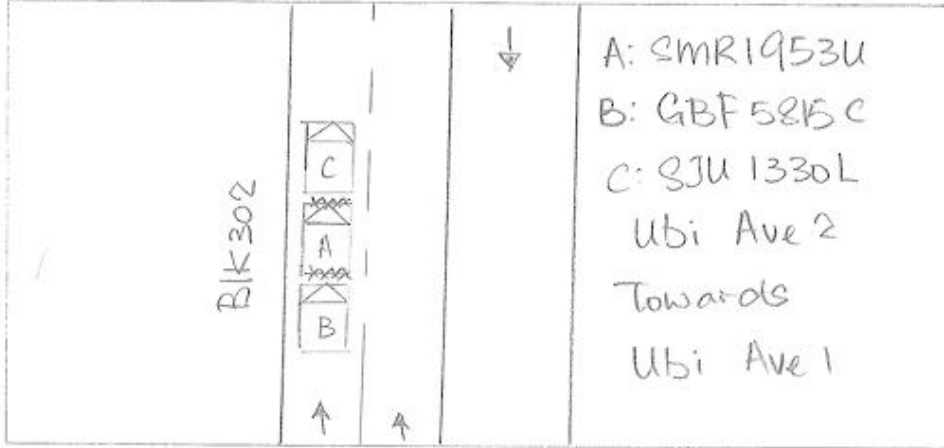
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

20150513 13:05:00 (1/1)

I authorized SME to email the
GIA Report to admin@nhtmotor.com



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Ubi Ave 2 towards Ubi Ave 1 at extreme left lane of 2 lanes.

Vehicle in front of me slowed down and stopped. I followed suit.

Suddenly, I felt a huge impact.

Veh "B" collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into veh "C" rear portion.

I alighted and realised there were a total of 3 vehicles involved.

Law
Law

DECLARATION

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


 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.:













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: S120555030

Cover : drivo PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMR1953U |
| Chassis Number | : WBA6V120705P29871 |
| 2. Name of Policyholder | : LUSIA REDOMPTA |
| 3. Effective Date of Insurance | : 21 Jan 2021 |
| 4. Expiry Date of Insurance | : 20 Jan 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LUSIA REDOMPTA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : CAR TIMES INSURANCE AGENCY PTE. LTD. (00003571584)
 Date of Issue : 21 Jan 2021 11:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED