

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 17:50 (SGT)
Date of Accident 05/03/2021 10:45 (SGT)
Exact Location of Accident Sungei Kadut Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2570C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CRESCENDO LIMO SERVICES
Company Reg No 5XXXX968M
Email Address quanv3@yahoo.com.sg
Mobile Phone No (Phone) +65-96969806
Alternative Phone No +65-96969806

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5110520043-01
Cover Note Number -

DRIVER

Name of Driver SET MENG GEE
NRIC No SXXXX493Z
Date Of Birth 20/07/1976
Occupation Outdoor

Date Of Driving Pass	20/05/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96969806
Alt. Phone Number	-
Email Address	quanv3@yahoo.com.sg
Address	BLK 770 CHOA CHU KANG ST 54 #19-07
Address complement	-
Postcode	680770
Is the driver the policyholder?	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	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TOH DAGEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210306/2098.

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	GBE8169U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM POH TNG
Contact Number	(Phone) +65-96304349
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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. 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:

- (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.

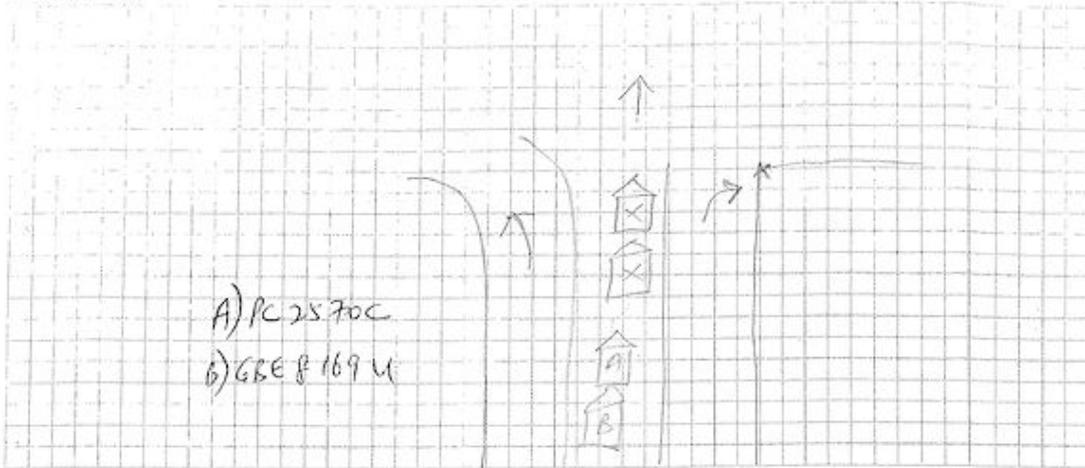


Policyholder's Signature
Date & Time: 8/3/21

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped due to red light traffic. Seconds later, I felt an impact from behind. Vehicle (B) has hit onto the rear of my vehicle. My vehicle rear portion was badly damaged & rear w/screen was also smashed. After the accident my passenger & myself was feeling unwell & we both decided to go home & rest first. The next day, both of us felt the neck & backbone was painful & decided to proceed to hospital to see doctor.

DECLARATION

I 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.:












**SINGAPORE
POLICE FORCE**


T/20210306/2098

1 of 4

Report No. T/20210306/2098

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2021 20:05		Vide Report No.:		Station Diary No.: 94
Informant's Particulars				
Name of Informant: SET MENG GEE		Address: APT BLK 770 CHOA CHU KANG STREET 54 #19-07 SINGAPORE 680770		
ID Type / ID No.: NRIC NO / S7621493Z		Contact No.:		Mobile: 96969809
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 20/07/1976	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2021 10:45	Type of Location: Straight Road
Location: SUNGEI KADUT AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8169U	Lorry				Seriously Damaged	0
PC2570C	Van				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210306/2098

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 4

Report No. T/20210306/2098

CONTINUATION OF REPORT

Driver			
Name	Lim Poh Tng	ID No.	S1400530G
Related Vehicle	GBE8169U (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SET MENG GEE	ID No.	S7621493Z
Related Vehicle	PC2570C (Van)	Contact No.	96969809
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	06/03/2021	Date Discharge	06/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Toh Dagen	ID No.	S8513945B
Related Vehicle	PC2570C (Van)	Contact No.	91199345
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/03/2021	Date Discharge	06/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 05/03/2021 at about 1045hrs, I was driving my vehicle (PC2570C) along Sungei Kadut Avenue. I then came to a stop at the traffic junction to wait for the traffic light to turn green. Suddenly a vehicle (GBE8169U) hit onto the rear of my vehicle.

I came out of my vehicle to make a check, the other party was not injured. We exchanged particulars and left the area. My vehicle suffered from a huge dent on the left rear and the other vehicle suffered from a dent on the front right of the vehicle. Police and ambulance did not attend to us and no government property was damaged.

I wish to state that I have a passenger with me and both of us went to Alvernia hospital for checkup on 06/03/2021 and we were both given 5 days outpatient leave.



**SINGAPORE
POLICE FORCE**



T/20210306/2098

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 4

Report No. T/20210306/2098

CONTINUATION OF REPORT

I am lodging this report for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20210306/2098

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

4 of 4

Report No. T/20210306/2098

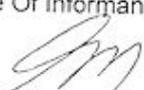
CONTINUATION OF REPORT

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 DARRYL LIM JUN DE 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / POLICE FORCE SI ANG YI TING, STEPHANIE Contact No.: 65476414 
Authentication Stamp NP168 SIGNATURE

Signature Of Informant: 
Date/Time: 06/03/2021 20:05
Classification Of Case:



THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept an renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule;
2. the Conditions and General Exclusions of this Policy; and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M90372806G

Policy Number	5110520043-01		
The Policyholder	CRESCENDO LIMO SERVICES BLK 770 #19-07 CHOA CHU KANG STREET S4 SINGAPORE 680770		
Period of Insurance	01 Jul 2020 To 30 Jun 2021		
Sum Insured	Market Value of Insured Vehicle less Residual COE/PARE Value at Time of Loss		
Premium (inclusive GST)	S\$1,470.36		
Interest Insured			
Cover Type	Third Party, Fire & Theft		
Make/Model	TOYOTA/HiACE		
Capacity	2982 tons	Number of Seater	14
Registration Number	PC2570C	Registration Date	01 Jul 2014
Chassis Number	KDH2230026651	Insure with COE	No
Excess (Section I)	N/A	NCD (equipment)	20%
Excess (Section II)	S\$3,000		
Geographical limit	WITHIN THE REPUBLIC OF SINGAPORE ONLY		
Hire Purchase Company	AIRWIN PTE LTD		

Memo A : N/A

Endorsement Operative : M2, M3

Agency	INSURIMYCAR COM SG (00000619275)
Date of Issue	30 Jun 2020 09:52 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know; otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Policy Number: 5110520043-01

