# **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 18/05/2021 14:43 (SGT) Date of Accident 17/05/2021 14:30 (SGT) Exact Location of Accident Tuas Rd, Singapore Additional Location Information **JUNCTION TUAS AVE 5** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number **GBL2242T** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMMERCIAL ENGINEERING PTE LTD Company Reg No 1XXXXX880W **Email Address** patrick.goh@ceaircon.com Mobile Phone No (Phone) +65-94300307 Alternative Phone No +65-94300307

VEHICLE PARTICULARS

Manufacturer

Model Cabstar Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Manual CC 3000

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5121515950 Cover Note Number

DRIVER

Name of Driver LAI CHEE WEI Passport No/FIN FXXXX152L

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	31/10/1980 Outdoor 07/05/2018 3 YEARS Male (Phone) +65-81287746 - patrick.goh@ceaircon.com BLK 412 SEMBAWANG DRIVE #14-742 - 750412 No Employee No				
GENERAL INFORMATION OF THE ACCIDENT					
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry				
OTHER INFORMATION					
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1 Name	No 2 No - Yes 2 No ARKARSOE				
Gender	Male				
DETAILS OF POLICE ACTION					
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -				
CIRCUMSTANCES OF ACCIDENT					
TRAFFIC LIGHT IS GREEN IN MY FAVOUR AND I PROCEED TO THE RED LIGHT AND COLLIDED ONTO MY VEHICLE'S FRONT					
ATTACHMENT(S)					
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No				
DETAILS OF OTHER	captured by Car Camera? No				
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	WC5409J - - - -				

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)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

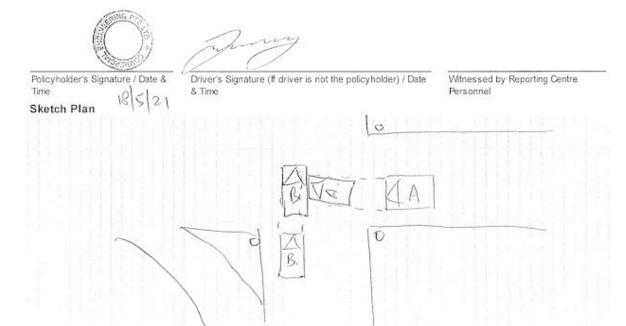
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 5. Any false reporting may be referred to the Police for investigation.
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- 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
- (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.



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ne	& Time			Personnel	



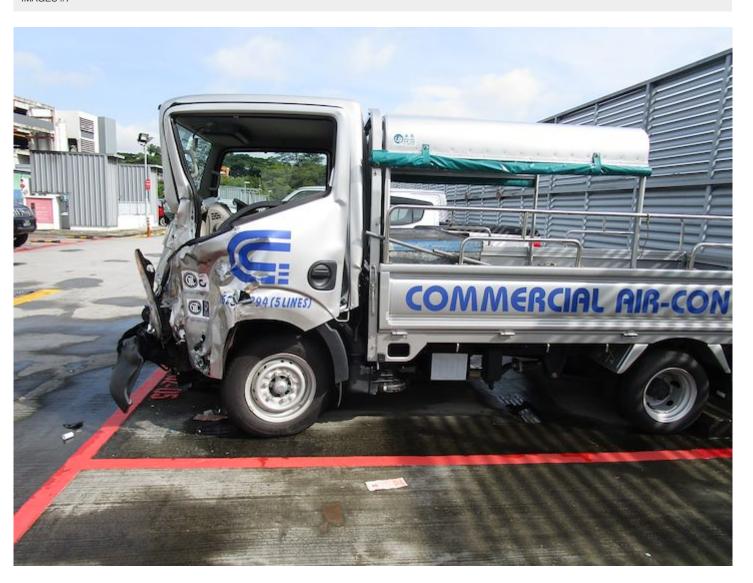


















# Certificate of Insurance

: GBL2242T

: 07 Apr 2021

: 06 Apr 2022

: JN1SA2F24Z0000174

Cover: Preferred Workshop Plan

: COMMERCIAL ENGINEERING PTE LTD

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: 5121515950

Index mark and Registration Number of Vehicle
 Chassis Number

- 2. Name of Policyholder
- 3. Effective Date of Insurance
- 4. Expiry Date of Insurance
- 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.
  - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 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

: RED AUTO PTE LTD (00000573774)

Date of Issue

: 05 Apr 2021 12:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive