

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 10/06/2021 15:09 (SGT)
Date of Accident 09/06/2021 18:29 (SGT)
Exact Location of Accident Bidadari Park Drive, Bidadari Park, Singapore
Additional Location Information ENTERING 102A & 102B
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ2977L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM RACHEL
NRIC No S9223600E
Email Address talktorachelle@gmail.com
Mobile Phone No (Phone) +65-91916244
Alternative Phone No +65-91916244

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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
Transmission Auto
CC 1200

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108640012-02
Cover Note Number -

DRIVER

Name of Driver JANG HA MIN
NRIC No S9110013D

Date Of Birth	31/03/1991
Occupation	Outdoor
Date Of Driving Pass	09/11/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82015337
Alt. Phone Number	-
Email Address	janghamin@gmail.com
Address	BLK 102A BIDADARI PARK DRIVE #09-173
Address complement	-
Postcode	341102
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON 09/06/2021 AT ABOUT 6.29PM, I WAS DRIVING MY VEHICLE A ON BIDADARI PARK DRIVE TURNING INTO BLK 102A & 102B. VEHICLE B IN FRONT OF MY VEHICLE SLOWED DOWN AND STOPPED. I FOLLOWED TO STOP AS WELL. SUDDENLY, VEHICLE B REVERSED WITHOUT CHECKING OR WARNING AND COLLIDED ONTO MY VEHICLE FRONT PORTION. I ONLY HAVE VEHICLE B CONTACT NUMBER, TOOK PHOTOS OF ACCIDENT AREA.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4023C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-90091370

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

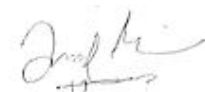
SKETCH PLAN

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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.



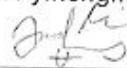
Policyholder's Signature
Date & Time:

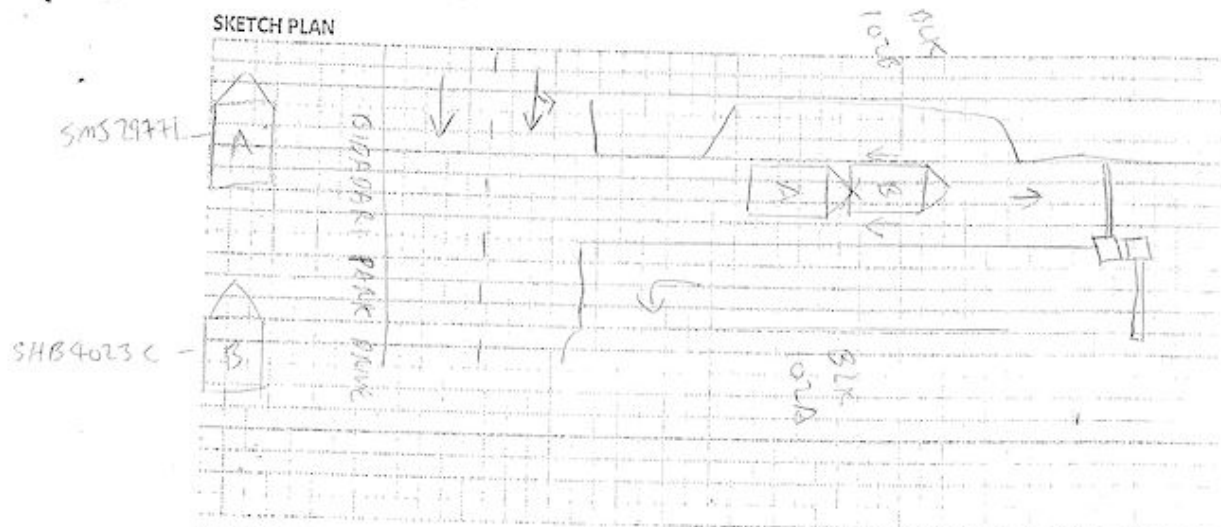


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Yi Heng Motor Workshop via email : yihengmotorworkshop@yahoo.com.sg

Signature : 



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 9/6/2021 AT ABOUT 6:29PM, I WAS DRIVING MY VEHICLE 'A'

ON BIDADARI PARK DRIVE TURNING INTO BLK 102A & 102B. VEHICLE 'B'

IN FRONT OF MY VEHICLE SLOWED DOWN & STOPPED. I FOLLOWED TO STOP

CHECKING ON

AS WELL. SUDDENLY, VEHICLE 'B' REVERSED WITHOUT WARNING AND

COLLIDED TO MY VEHICLE FRONT PORTION. I ONLY HAVE VEHICLE 'B'

CONTACT NUMBER, TOOK PHOTOS OF ACCIDENT AREAS.

DECLARATION

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

[Signature]

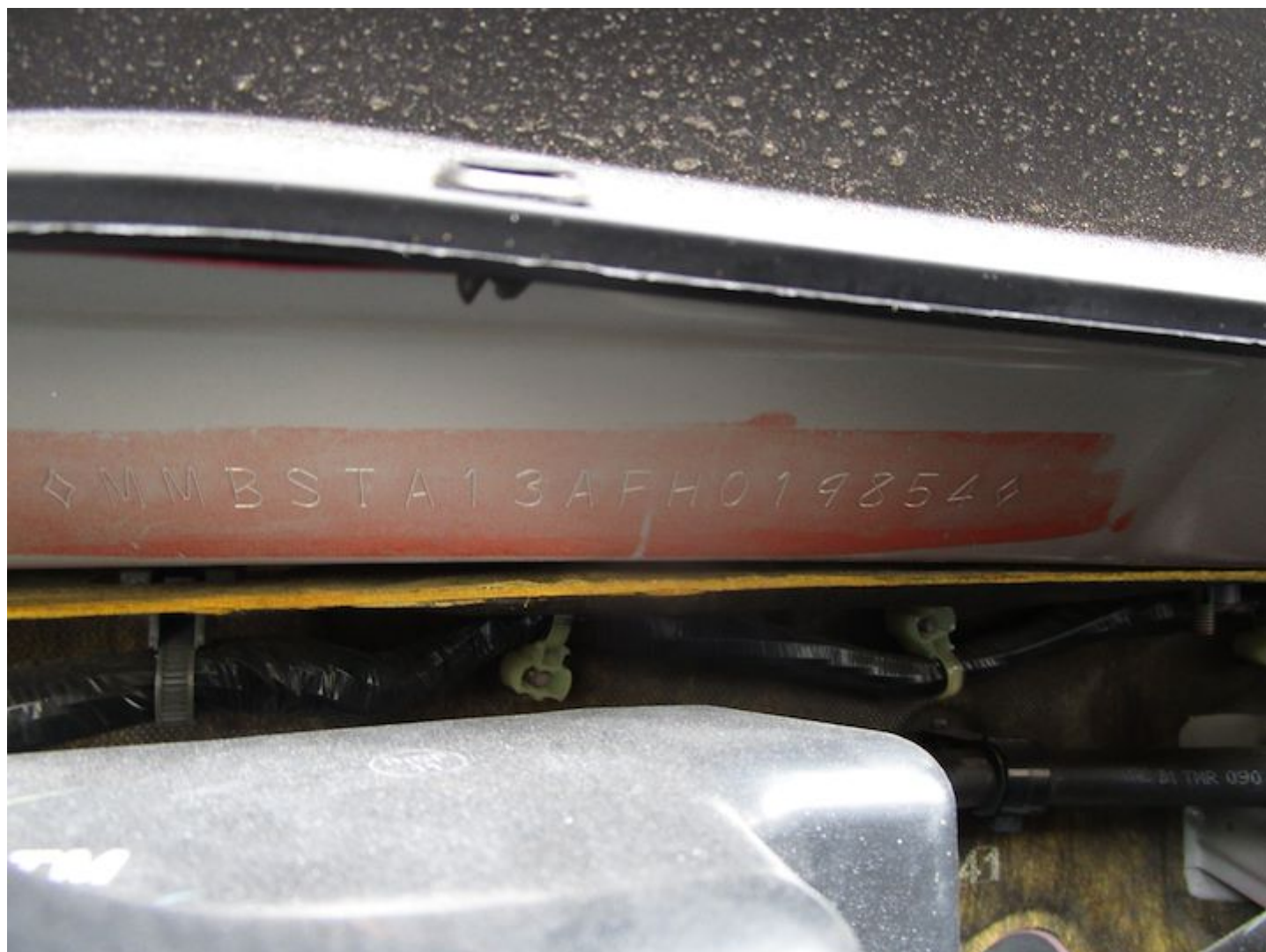
Policyholder's Signature
Date & Time:

[Signature]

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

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

Continued on next page















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1Y216A0004 Vehicle Registration No: SMJ 2979C
Name (as shown in NRIC) : LIM RACHEL NRIC/FIN/Passport No : S9203600E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLOCK A BLODARI PARK DR # 09-173 Singapore (341102)
Contact (Tel) : _____ Mobile No. : 8201 5337
Email Address : _____
Date of Accident : 09/06/21 Time of Accident : 16.29
Place of Accident : BLODARI PARK DRIVE BATTERIES 102A & 102B
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND BATTERY ADDRESSES

**SIGN
HERE**



Policyholder / Driver's Signature
Date: _____

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



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: 5108640012-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMJ2977L**
 Chassis Number : MMBSTA13AFH019854
2. Name of Policyholder : LIM RACHEL
3. Effective Date of Insurance : 05 Apr 2021
4. Expiry Date of Insurance : 21 Mar 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)	: N/A
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LIM RACHEL
NAMED DRIVER (1)	: JANG HA MIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : IVAN INSURANCE BROKERS PTE LTD (00000691209)
 Date of Issue : 22 Mar 2021 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive