

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	13/09/2021 11:31 (SGT)
Date of Accident	11/09/2021 10:45 (SGT)
Exact Location of Accident	50 Choa Chu Kang Way, Singapore 688265
Additional Location Information	TRAFFIC LIGHT INFRONT OF BLK 239
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG8225G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DIEH SOW CHENG
NRIC No	SXXXX291Z
Email Address	DIEHCH8225@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97378225
Alternative Phone No	+65-97378225

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx270
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	2672

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118895332-01
Cover Note Number	-

DRIVER

Name of Driver	DIEH SOW CHENG
NRIC No	SXXXX291Z

Date Of Birth	27/03/1960
Occupation	Outdoor
Date Of Driving Pass	15/05/1985
Driving experience	36 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97378225
Alt. Phone Number	+65-97378225
Email Address	DIEHCH8225@HOTMAIL.COM
Address	BLK 401 CHOA CHU KANG AVENUE 3 #07-211
Address complement	-
Postcode	680401
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	TAN MEI LING
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

ON 11 SEPTEMBER 2021, AT ABOUT 1045 HRS AT 50 CHOA CHU KANG WAY, TRAFFIC LIGHT INFRONT OF BLK 239. I WAS DRIVING ON THE RIGHT LANE AND STOPPED AT THE WHITE LINE WHEN THE TRAFFIC LIGHT WAS RED. SUDDENLY, I FELT A GREAT IMPACT AT MY REAR PORTION AND IT PUSHED MY VEHICLE FORWARD. WHEN I ALIGHTED, VEHICLE (B) HAD HIT ONTO MY REAR AND CAUSED DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER WITH ME. SHE HIT HER MOUTH ON THE DASHBOARD DURING THE ACCIDENT.

(A) SDG8225G
(B) SHB1772T

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	SHB1772T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM HOCK THIAM
NRIC No	SXXXX070H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN MEI LING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HIT MOUTH ON DASHBOARD
Injured person in which vehicle?	SDG8225G
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.

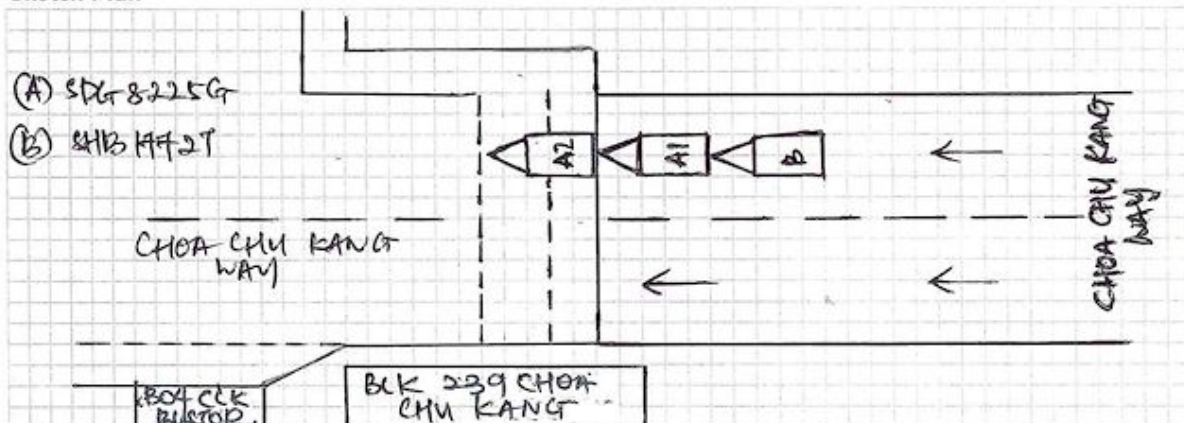
* *[Signature]* 13-9-21 10.am

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



ON 11 SEPTEMBER 2021, AT ABOUT 1045 HRS AT CHOA CHU KANG
WAY TRAFFIC LIGHT IN FRONT OF BLK 239. I WAS DRIVING ON THE
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LIGHT WAS RED. SUDDENLY, I FELT A GREAT IMPACT AT MY REAR
PORTION OF MY VEHICLE AND IT PUSHED MY VEHICLE FORWARD. WHEN
I ALIGHTED, VEHICLE (B) HAD HIT ON TO MY REAR AND CAUSED
DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER WITH ME. SHE HIT
HER MOUTH ON THE DASHBOARD DURING THE ACCIDENT.

(A) QDG 8225G

(B) QHB 1772T

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

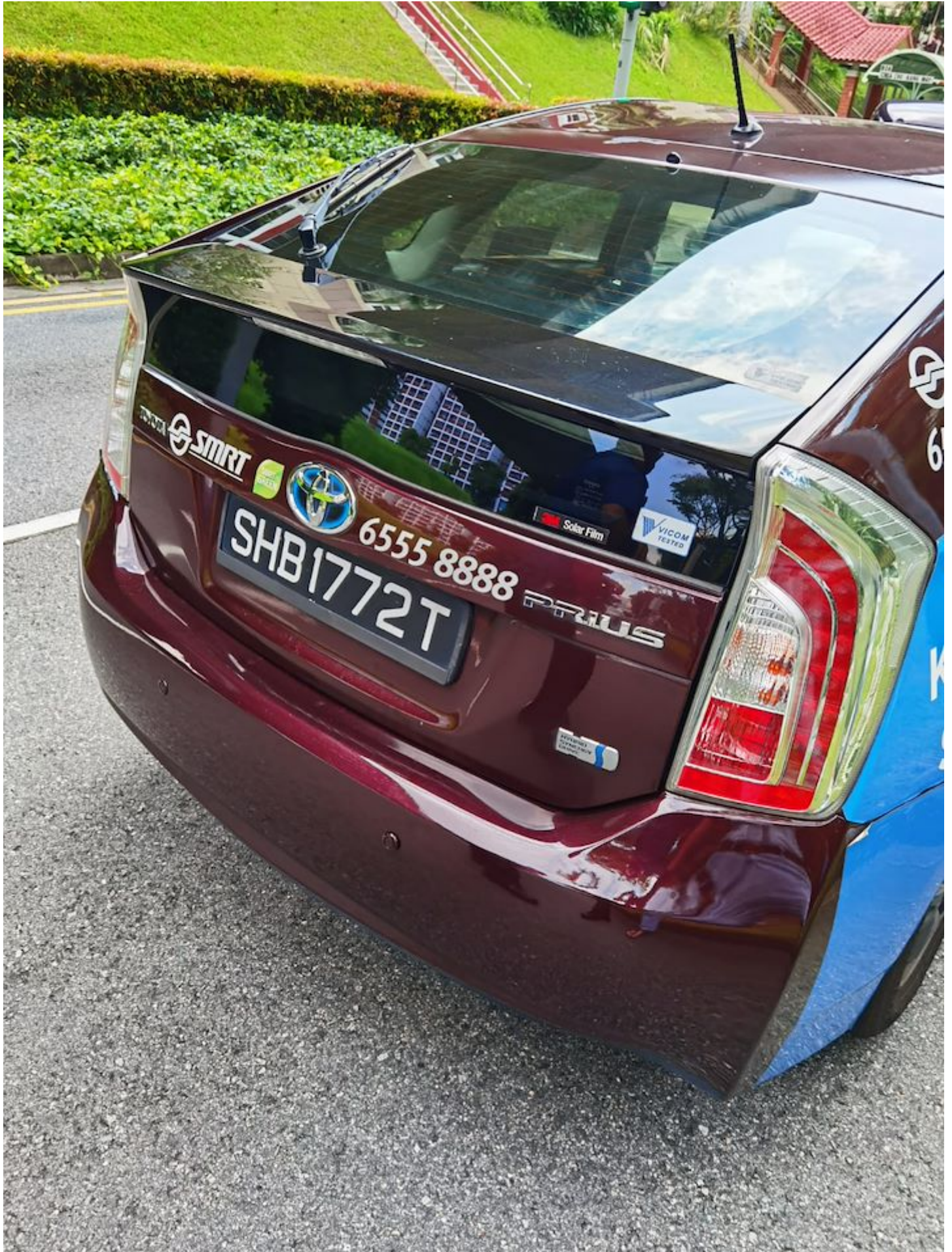
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel













CCK FAMILY CLINIC

Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.

Tel: 6891 0338 • Fax: 6891 0983

GST Reg No : 20-0201430-W

TAX INVOICE

TAN MEI LING

401 CHOA CHU KANG AVENUE 3

#07-211

S(680401)

Invoice No. : 699144
 Our Reference : 235090
 Date : 11 Sep 2021

Patient : TAN MEI LING(S2702292H)

DESCRIPTION	QTY	FEE
ORACORT E 5GM	1.00 tube	\$9.00
PIRITON/CHLORAMINE 4MG TAB (R)	10.00 tabs	\$5.00
CONSULTATION		\$23.00
Total Amount Payable		\$37.00
Receipt No. 1089241 - CASH	Payment Received	\$37.00
Outstanding Balance		\$0.00

Inclusive of GST 7.0% : \$2.42

This is a computer generated invoice which does not require a signature



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: 5118895332-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SDG8225G**
 Chassis Number : JTJZA11A502426057
2. Name of Policyholder : DIEH SOW CHENG
3. Effective Date of Insurance : 11 Sep 2021
4. Expiry Date of Insurance : 10 Sep 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.
 This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DIEH SOW CHENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 24 Aug 2021 20:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive