

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 03/01/2022 16:07 (SGT)
Date of Accident 01/01/2022 20:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TWDS SLE/TPE BEFORE JALAN BAHAGIA EXIT 7B
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW9495U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VEGAS RENTAL PTE LTD
Company Reg No 201831681D
Email Address supercars88@hotmail.com
Mobile Phone No (Phone) +65-98785544
Alternative Phone No +65-98785544

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5112583600-02
Cover Note Number -

DRIVER

Name of Driver TING SHYH CHYUAN
NRIC No S7313057C

Date Of Birth	11/04/1973
Occupation	Outdoor
Date Of Driving Pass	07/07/2008
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93551112
Alt. Phone Number	-
Email Address	supercars88@hotmail.com
Address	BLK 412 ANG MO KIO AVE 10 #10-889
Address complement	-
Postcode	560412
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	DRIZZLING
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 vehicle 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

I WAS DRIVING STRAIGHT ALONG CTE TOWARDS SLE/TPE BEFORE JALAN BAHAGIA EXIT 7B AT THE EXTREME RH LANE OF 4 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS HEAVY. ALL VEHICLES IN FRONT OF ME SLOWED DOWN AND STOP, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT FROM BEHIND. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION AND CAUSED DAMAGES. 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	SLA3355J
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 B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX6214E
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	TING SHYH CHYUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKW9495U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along CTE towards SLE/TPE b4 Jln Bahagia exit 7B at the extreme RH lane of 4 lanes.

The traffic at that point of time was heavy, all vehicles in front of me were moving slowly and stopping intermittently.

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

Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into the veh "c" rear portion and caused damage.

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

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.:























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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS1Y2213000M Vehicle Registration No: 9FW7495U

Name (as shown in NRIC): TINEI JAYH CHUAN NRIC/FIN/Passport No: 27313057C

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BIF 41 ANEI MDK RD AVE 10 #10-889 Singapore (560412)

Contact (Tel): _____ Mobile No.: 9355 1112

Email Address: _____

Date of Accident: 01/01/2022 Time of Accident: 20:40

Place of Accident: CTE TOWNS SLE/TPR BEFORE JALAN BAHAGIA BX7 7B

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 EMAIL ADDRESS

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: 5112583600-02

Cover : drive CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SKW9495U |
| Chassis Number | : JM6BM42A8G0323536 |
| 2. Name of Policyholder | : VEGAS RENTAL PTE LTD |
| 3. Effective Date of Insurance | : 23 Nov 2021 |
| 4. Expiry Date of Insurance | : 22 Nov 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: CAR HOUSE CAPITAL PTE LTD
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 : 20 Oct 2021 12:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive