

# 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 ..... 27/01/2022 16:54 (SGT)  
Date of Accident ..... 24/01/2022 18:30 (SGT)  
Exact Location of Accident ..... 137 Simei Street 1, Singapore 520120  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX2429C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM TIONG WAH  
NRIC No ..... S0493211J  
Email Address ..... davin4159@gmail.com  
Mobile Phone No ..... (Phone) +65-96205997  
Alternative Phone No ..... +65-96205997

### 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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121777763  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM TIONG WAH  
NRIC No ..... S0493211J

Date Of Birth .....	09/11/1942
Occupation .....	Indoor
Date Of Driving Pass .....	13/10/1962
Driving experience .....	59 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96205997
Alt. Phone Number .....	+65-96205997
Email Address .....	davin4159@gmail.com
Address .....	BLK 137 SIMEI STREET 1 #05-104
Address complement .....	-
Postcode .....	520137
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

MY VEHICLE WAS STATIONARY PARKED AT BLK 137 SIMEI STREET 1 CARPARK. ON 24/01/2022 AT ABOUT 6.30PM, I WENT BACK TO MY VEHICLE AND REALISED THAT THE FRONT PORTION OF MY VEHICLE WAS DAMAGED AND I NOTICED THAT THERE WAS A NOTE ON MY WINDSCREEN, STATED THAT HIS VEHICLE HAD COLLIDED ONTO MY STATIONARY PARKED VEHICLE. VEHICLE B LEFT A NOTE WITH HIS CONTACT HP: 96212784. INITIALLY, VEHICLE B WISH TO COMPENSATE ME. HOWEVER, WE CANNOT COME INTO AN AGREEMENT WITH THE REPAIR COST. THEREFORE, WE DECIDED TO PROCEED WITH INSURANCE CLAIM.

#### 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 .....	SBR46A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	(Phone) +65-96212784
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**

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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' 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")

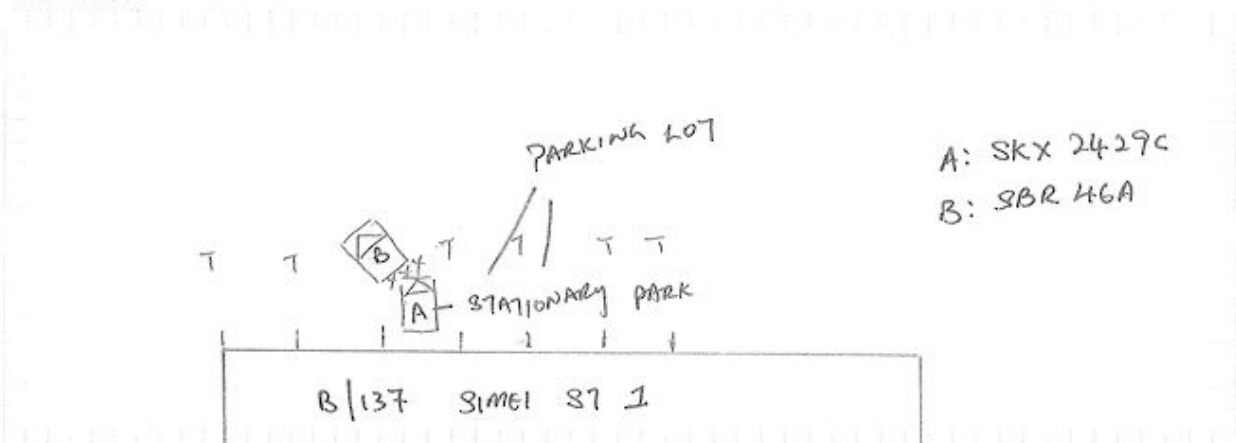
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

林忠华  
Policyholder's Signature / Date & Time

林忠华 27/1/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

MY VEHICLE WAS STATIONERY PARK AT B1137 SIMEI ST 1 CARPARK. ON 24-JAN-2022 AT ABOUT 6-30 PM, I WENT BACK MY VEHICLE AND REALISED THAT THE FRONT PORTION OF MY VEHICLE WAS DAMAGED AND I NOTICED THAT THERE WAS A NOTE ON MY WINDSCREEN, STATED THAT HIS VEHICLE HAD COLLIDED ONTO MY STATIONARY PARKED VEHICLE.

VEHICLE B LEFT A NOTE WITH HIS CONTACT HP: 96212784. INITIALLY VEHICLE 'B' WISH TO COMPENSATE ME, HOWEVER WE CANNOT COME INTO AGREEMENT WITH THE REPAIR COST, THEREFORE WE DECIDE TO PROCEED WITH INSURANCE CLAIM.

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



















19-04-21:12:08 : ASSURE

CHOON BEE

: 67493130

# 1 / 3



## 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: 512177763

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKX2429C  
 Chassis Number : JM6BM42A8G0323876
2. Name of Policyholder : LIM TIONG WAH
3. Effective Date of Insurance : 19 Apr 2021
4. Expiry Date of Insurance : 29 May 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)	: 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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM TIONG WAH
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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 19 Apr 2021 12:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive