

# 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 .....	12/05/2021 16:37 (SGT)
Date of Accident .....	11/05/2021 12:10 (SGT)
Exact Location of Accident .....	Choa Chu Kang, Singapore
Additional Location Information .....	OLD CHOA CHU KANG ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK5997J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SHINCON INDUSTRIAL PTE LTD
Company Reg No .....	1XXXXX369G
Email Address .....	GMB.SVG90@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96825812
Alternative Phone No .....	(Office) +65-65130166

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	DAS PIZUSH
Passport No/FIN .....	GXXXX929W

Date Of Birth .....	01/06/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	08/10/2020
Driving experience .....	7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94715663
Alt. Phone Number .....	-
Email Address .....	GMB.SVG90@GMAIL.COM
Address .....	OLD CHOA CHU KANG ROAD
Address complement .....	LAMP POST 326
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	95206MID
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government

Name of Driver .....	WARREN CHUA SHENG LIN
NRIC No .....	SXXXX597Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

## 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.

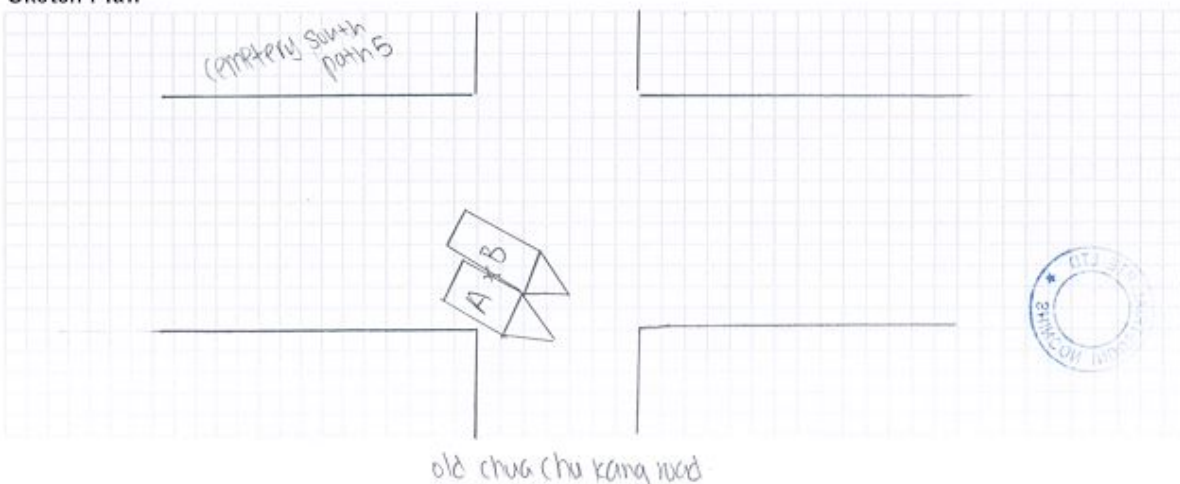


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



## Describe Circumstances of the Accident

On the stated date and time mentioned above, I was travelling straight and I saw vehicle B stationary in front of me. When I was <sup>driving</sup> pass vehicle B, suddenly vehicle B turned right and collided onto my vehicle.



## Declaration

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









































**SINGAPORE  
POLICE FORCE**



T/20210512/2030

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210512/2030

**CONTINUATION OF REPORT**

Driver			
Name	WARREN CHUA SHENG LIN		ID No. S9815597Z
Related Vehicle	95206MID (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DAS PIZUSH		ID No. G2263929W
Related Vehicle	GBK5997J (Van)		Contact No. 94715663
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/05/2021 at about 1210hrs, I was driving my vehicle bearing the registration plate number GBK5997J (V1) along Old Choa Chu Kang Road. I was travelling behind a Military vehicle 95206MID (V2). Upon reaching the slip road before Chinese Cemetery Path 10, V2 switched on the hazard light. As such, I checked for on-coming traffic from the opposite direction as I had intended to overtake V2. I then signaled my intention and overtook V2 thereafter.

While in the process of overtaking V2, V2 turned right into Chinese Cemetery Path 10. This resulted in a collision between V1 and V2 (Side-Swipe same direction). V1 sustained dents to the left passenger door and above the left headlight area.

The military personnel then called for police. However I do not know the police reference number for that traffic accident. V1 has an in-car camera, however it was not recording. No one was injured in this incident.





**SINGAPORE  
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T/20210512/2030

3 of 3

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Tel No: 1800-2689999

Report No. T/20210512/2030

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 THOMAS JOSEPH THONG WAI MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/05/2021 10:57

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

SN 126



### 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 :** 5118908389

**Cover :** Preferred Workshop Plan

- |  |                              |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBK5997J                   |
| Chassis Number   | : JTFHT02P709990037          |
| 2. Name of Policyholder  | : SHINCON INDUSTRIAL PTE LTD |
| 3. Effective Date of Insurance   | : 21 Sep 2020                |
| 4. Expiry Date of Insurance  | : 20 Sep 2021                |
| 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.<br>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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$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 : ABWIN PTE LTD (00000614234)  
 Date of Issue : 16 Sep 2020 12:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive