

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	08/04/2022 18:08 (SGT)
Date of Accident	08/04/2022 13:30 (SGT)
Exact Location of Accident	Chay Yan St, Singapore
Additional Location Information	CHAY YAN STREET (BEFORE BLOCK 79)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7555A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SYLLYS AUTO PTE. LTD.
Company Reg No	2XXXXX359K
Email Address	aoangel3@gmail.com
Mobile Phone No	(Phone) +65-96985643
Alternative Phone No	(Home) +65-96985643

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	1991

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118320885-01
Cover Note Number	-

DRIVER

Name of Driver	NG ZHI XIANG, ALBERT
NRIC No	SXXXX303Z

Date Of Birth	30/09/1982
Occupation	Outdoor
Date Of Driving Pass	01/12/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97820340
Alt. Phone Number	-
Email Address	albert30031982@yahoo.com.sg
Address	BLK 377 BUKIT BATOK STREET 31
Address complement	#05-18
Postcode	850377
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	Hit and run / Vandalism / Damaged whilst parked
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

REFER TO SKETCH PLAN ATTACHED.

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BOOM LIFT
No. Of Passenger (Including Driver)	-

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

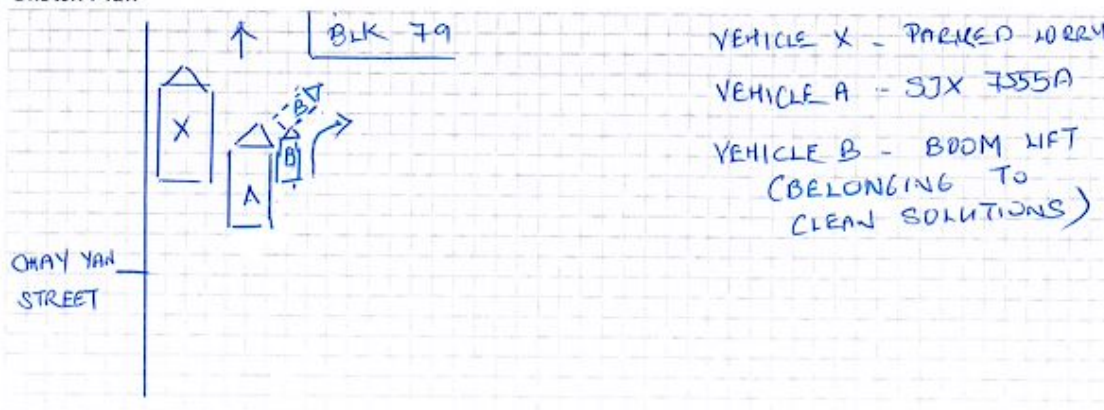
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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



Sketch Plan



Describe Circumstances of the Accident

ON 08/APR/2022 @ 1330HRS, I WAS TRAVELLING ALONG CHAY YAN STREET. I SAW A PARKED LORRY ON THE LEFT SIDE OF THE ROAD. I CONTINUE TO GO PAST THE LORRY. AT THAT TIME, THERE WAS A BOOM LIFT BELONGING TO CLEAN SOLUTIONS PTE LTD. AT THE TIME OF THE ACCIDENT, I SAW THE BOOM LIFT WAS MOVING STRAIGHT ON THE RIGHT SIDE OF THE ROAD. THERE WAS NO OTHER ROAD MARSHAL TO ACT AS A LOOK OUT OR DIRECT TRAFFIC. AS I PROCEEDED TO MOVE PAST THE BOOM LIFT, I HEARD A LOUD SOUND. I REALISED THE BOOM LIFT HAD SUDDENLY TURNED RIGHT WITHOUT WARNING, THE REAR END OF THE BOOM LIFT HAD HIT THE RIGHT SIDE OF MY CAR (VEHICLE A). THE RIGHT SIDE OF MY CAR WAS BADLY DAMAGE. THE BOOM LIFT DRIVER IS MR SARJIT SINGH NICHOLAS (S16F40636). I CONTACTED HIS EMPLOYER, CLEAN SOLUTIONS PTE LTD. A LADY, MISS CATHERINE, ASKED ME TO FILE A CLAIM AGAINST THEIR INSURANCE POLICY (PUBLIC LIABILITY). THE INSURANCE COMPANY IS INDIA INTERNATIONAL INSURANCE.

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



















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: 5118320885-01

Cover : Third Party

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJX7555A |
| Chassis Number | : WDD2050422 R037707 |
| 2. Name of Policyholder | : SYLLYS AUTO PTE. LTD. |
| 3. Effective Date of Insurance | : 27 Jul 2021 |
| 4. Expiry Date of Insurance | : 26 Jul 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.


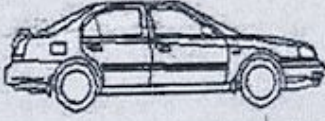
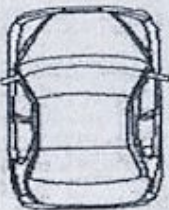
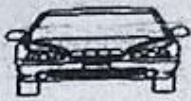
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 (SINGAPORE) PTE. LTD. (00000615327)
 Date of Issue : 10 Jun 2021 10:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

<h2 style="text-align: center;">GRACE AUTO LEASING</h2> <p style="text-align: center;">BLK 176 SIN MING DRIVE #03-10 SIN MING AUTOCARE S(575712) Reg No. 53387089E</p> <h3 style="text-align: center;">VEHICLE RENTAL AGREEMENT</h3>			
Kindly fill up all of the details below			
CAR MODEL/CARPLATE:	SJX755SA C200		
HIRER'S NAME:	Ng Zhixing Albert		DOB: 50/09/82
NRIC/PASSPORT NO.:	S2223338		
DRIVING LICENSE NO.:			
ADDRESS:	877 Bukit Batok 9431 #05-18 SCGSJFF		
CONTACT NO.:	97820340	NEXT OF KIN CONTACT: Ng Sr LYE 9882481	
HOME NO:		UPFRONT RENTAL: \$2500	
RENTAL DEPOSIT:			
DATE OF COMMENCE:	25/1/2022		
TIME OF COMENCE:	1pm		
EMAIL:	Albert50091982@yahoo.com.sg		
RENTAL RATE:	\$2500 per mth.		
FUEL LEVEL:			
CONTRACT VAILITY:	mm 1 year	(After contract, 1 week notice to return car)	
VEHICLE MILEAGE:			
D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING			
Left Side		Right Side	REMARKS:
			
Back			
Front			
			
Signed by THE OWNER			
Name : Lim Yeong Sin			
For and behalf of			
GRACE AUTO LEASING		Signed by THE HIRER	