# **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 witholding 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.

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   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 11/04/2022 12:01 (SGT) Date of Accident 09/04/2022 18:58 (SGT) Exact Location of Accident Near Opp Yio Chu Kang Stn, Singapore Additional Location Information Ang Mo Kio Avenue 6 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJJ1321X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Li. Ye NRIC No. S2640465G

Email Address yaojunsg@gmail.com Mobile Phone No (Phone) +65-98202606

Alternative Phone No +65-91594991

VEHICLE PARTICULARS

Manufacturer Nissan Model X-trail Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Private use

No - Claiming third party

Private car Auto

1997

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage Comprehensive Fleet Policy

Policy Number 5075600337-06

Cover Note Number

DRIVER

Name of Driver Li, Ye NRIC No. S2640465G Date Of Birth 06/02/1964 Occupation Indoor Date Of Driving Pass 18/12/2000 Driving experience 21 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-98202606 Alt. Phone Number +65-91594991 Email Address yaojunsg@gmail.com Address 1 Paya Lebar Crescent, #03-03 Address complement Postcode 536019 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 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 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer attachment. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMU3894C Vehicle Manufacturer Toyota Vehicle Model Wish Vehicle Variant Vehicle Colour Blue Vehicle Category Private car Name of Driver Muhammad Amiruddin Bin Mohamad Azmi NRIC No T0313866B Contact Number (Phone) +65-96603594



Address complement Postcode Insurance Company Name Nature Of Damage LH side of front bumper and LH front fender. Details of property damaged in accident No. Of Passenger (Including Driver) 5 PASSENGER 1 Name NA Gender Female PASSENGER 2 Name NA Gender Male PASSENGER 3 Name NA Gender Male PASSENGER 4 Name NA Gender Male

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLW8582Z Vehicle Manufacturer Honda Vehicle Model Vezel Vehicle Variant Vehicle Colour Brown Vehicle Category Private hire Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

Describe Circumstances of t	the Accident
I was drivin	ng my Vehicle 'A' SJJ 1321 x on lane 3 of Ang
Mo Kio Ave 6,	activate left Signal in order to turn left.
into Ang Mo Ki	o Ave 8. Lane 3 is strictly for turning left
only, Vehicle 'B	SMU 3894C on lane 2 make a lane Change
into lane 3 at	t the double white time and collided into
the RH side of claim that the impactor the right and hit	f my vehicle 'A' - The driver of Vehicle 'C'SL 8582 t cause vehicle B' SMU 3894°C to move side way to the LH rear of vehicle 'C'.
Declaration	WOUSTRIAL PTE LTD
We declare the foregoing particulars	s are true in every respect.  AUTOLUTION INDUSTRIAL PTE LTD  19 UBI ROAD 4  SINGAPORE 408623 TEL: 6490 966 FAX: 68467483
李时 11/4/22 11:00 Am	TELLOGIC
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Dworting Centre & Time

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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)

l understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GA") 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 invoive 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.

Policyholder's Signature / Date & Time

Policyholder's Signature / Date & Time

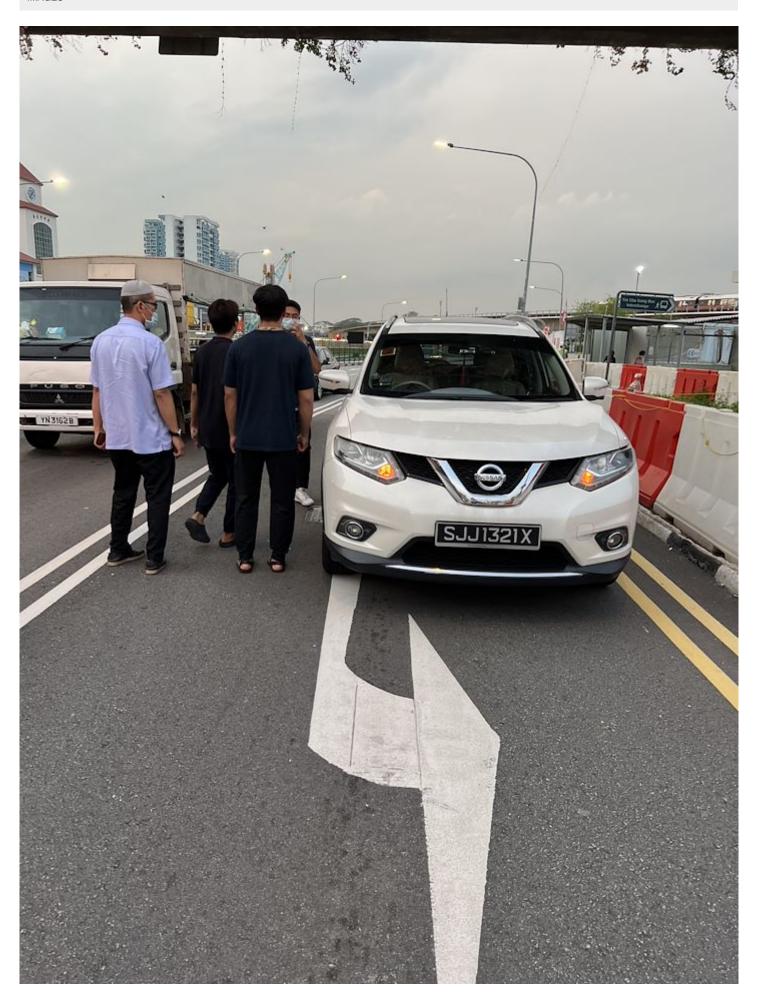
Sketch Plan

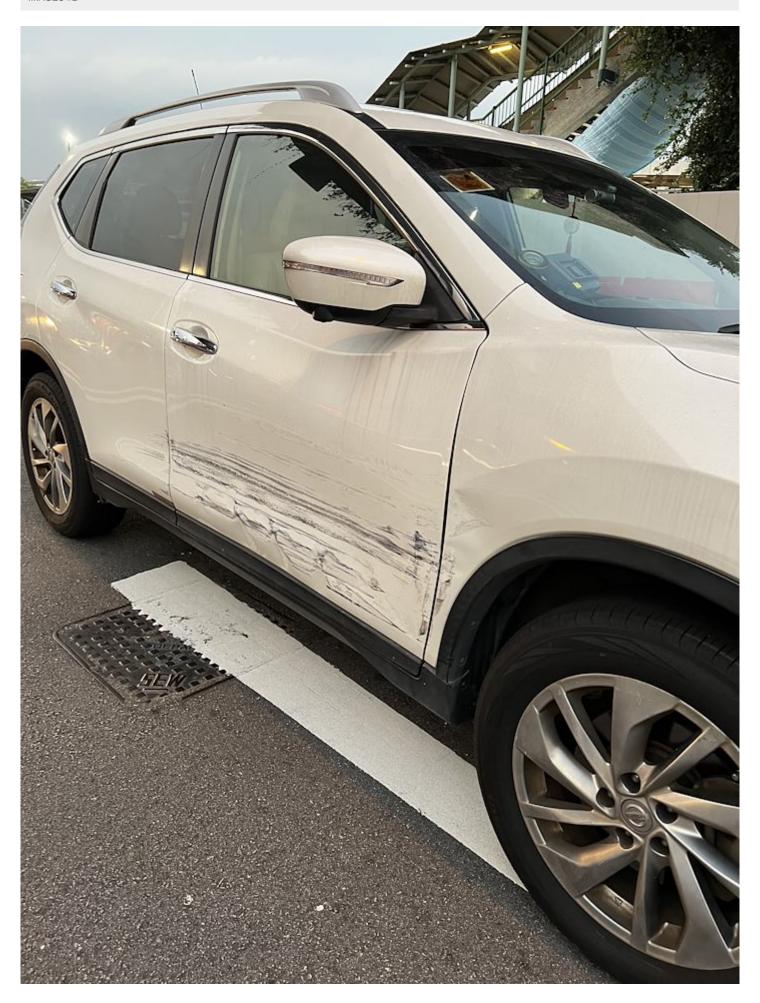
Any wo kio Avenue 6

Any wo kio Avenue 6

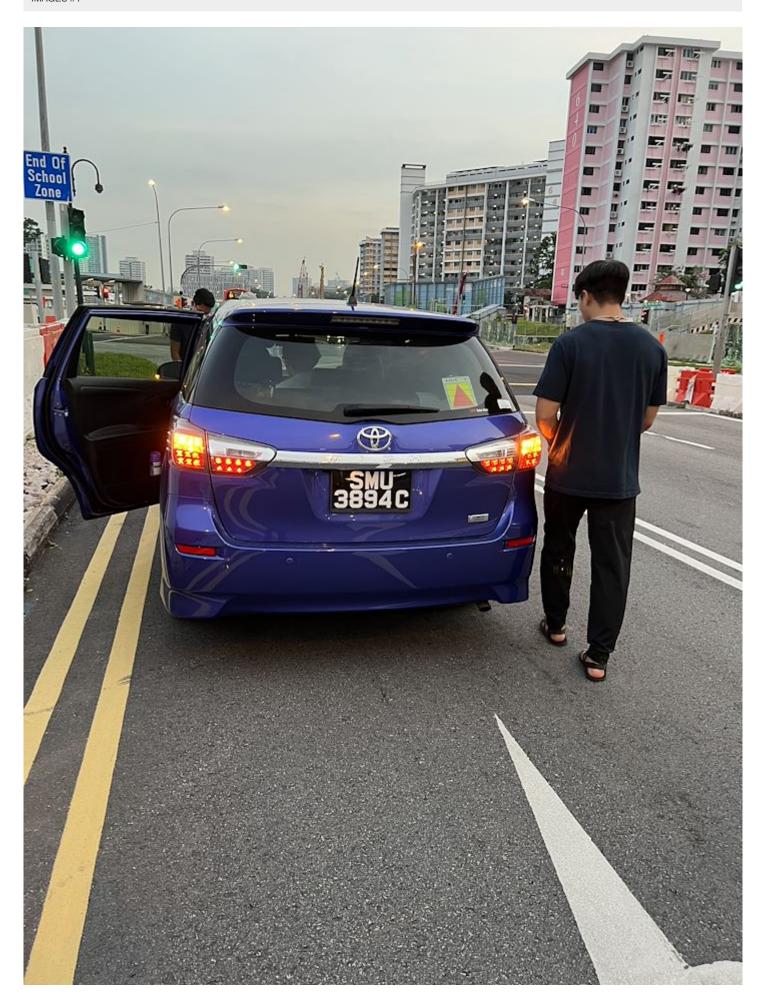
Any wo kio Avenue 6

Any wo kio Avenue 8





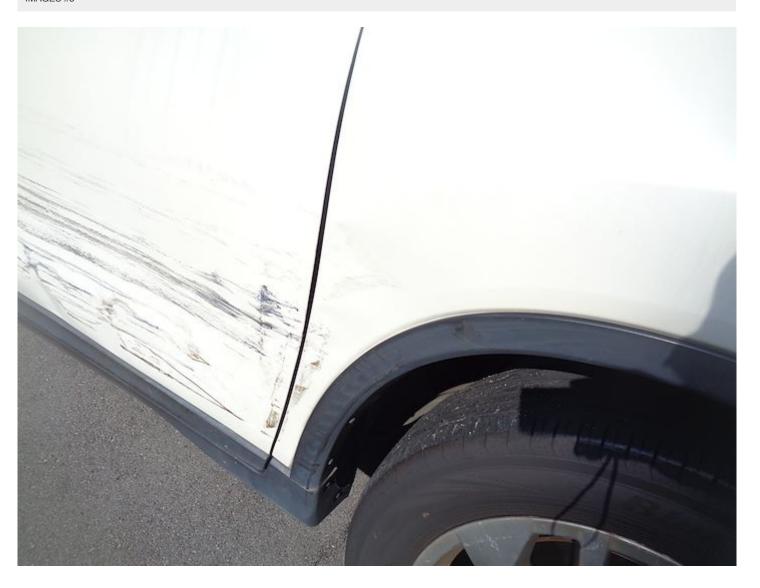


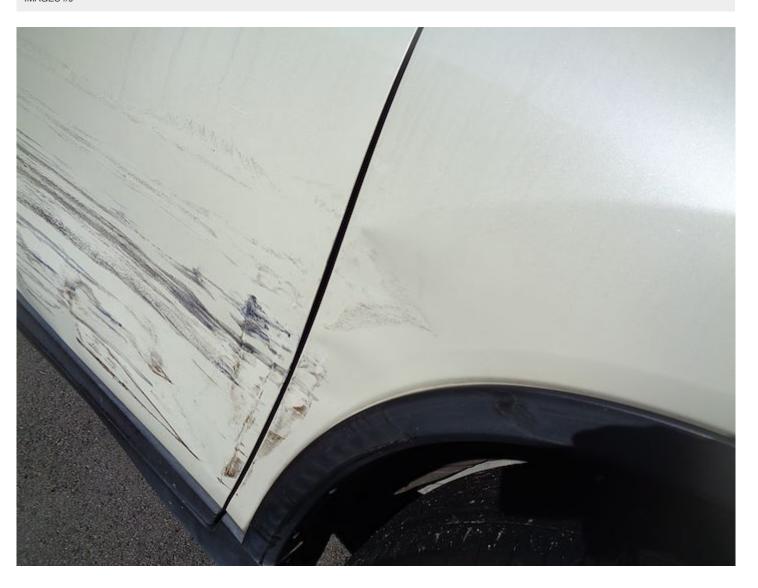


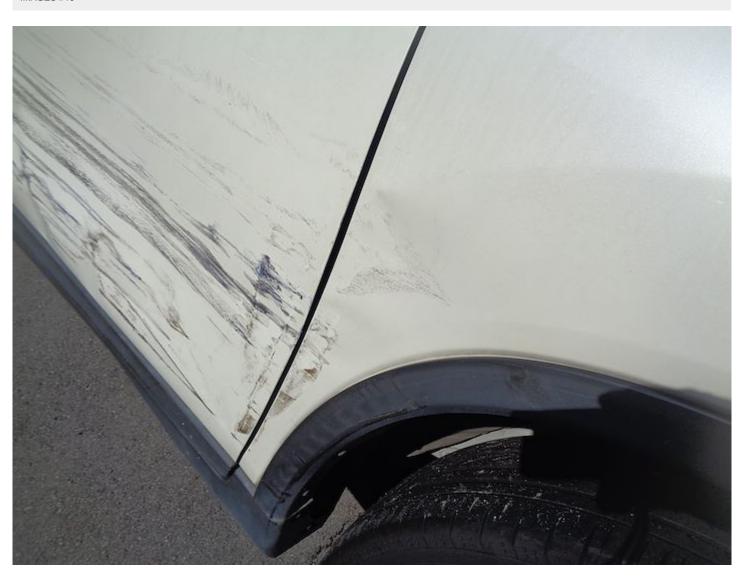


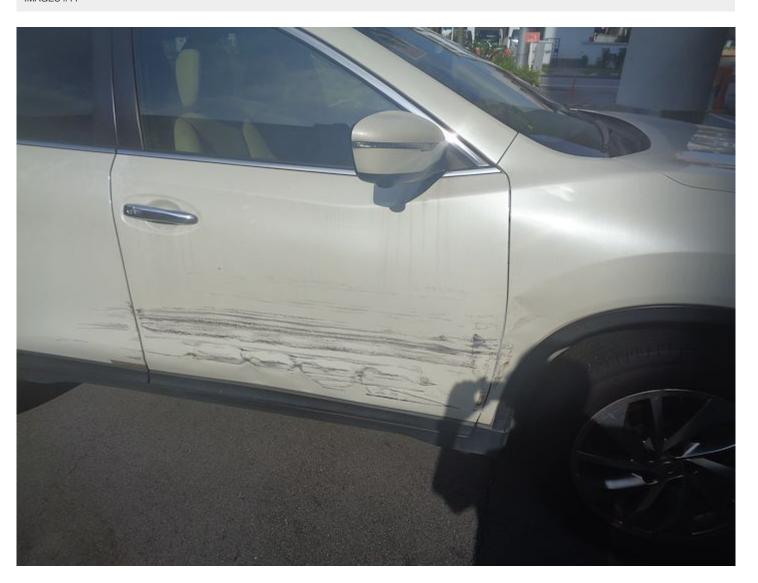


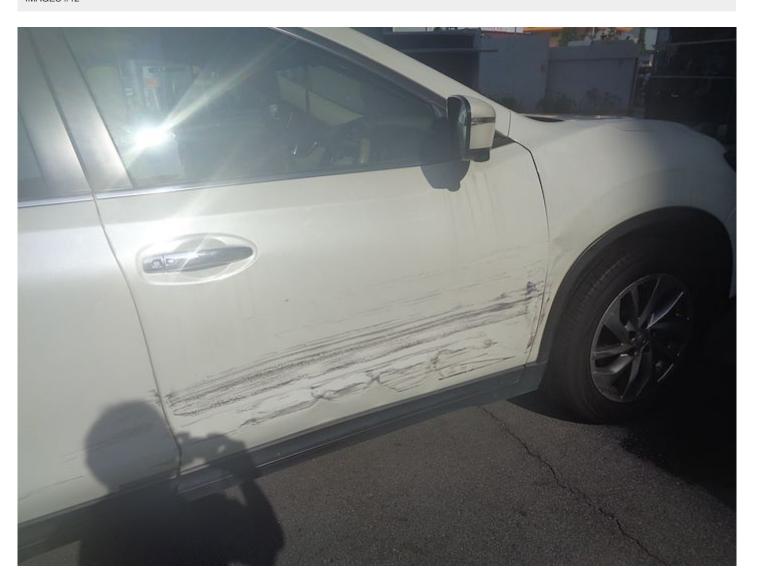




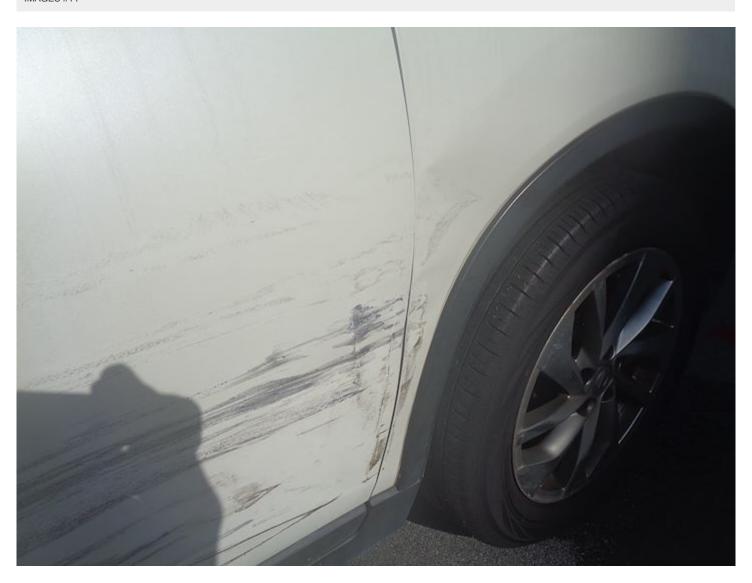






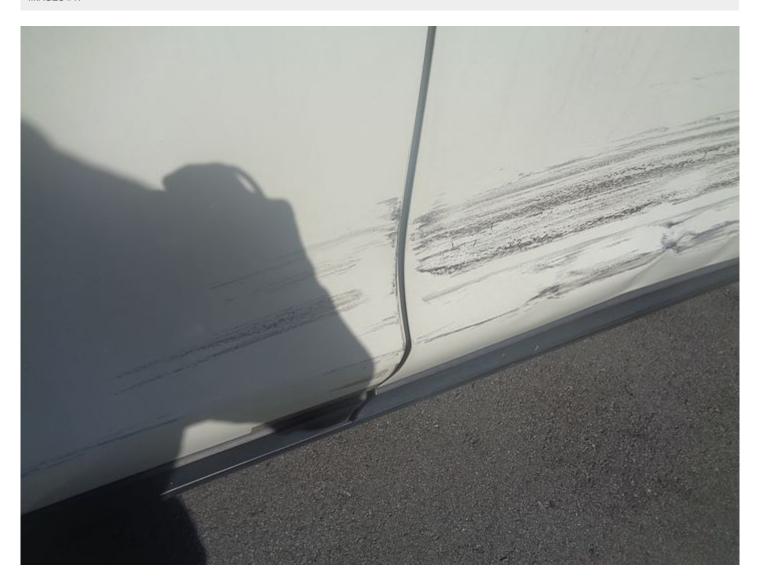


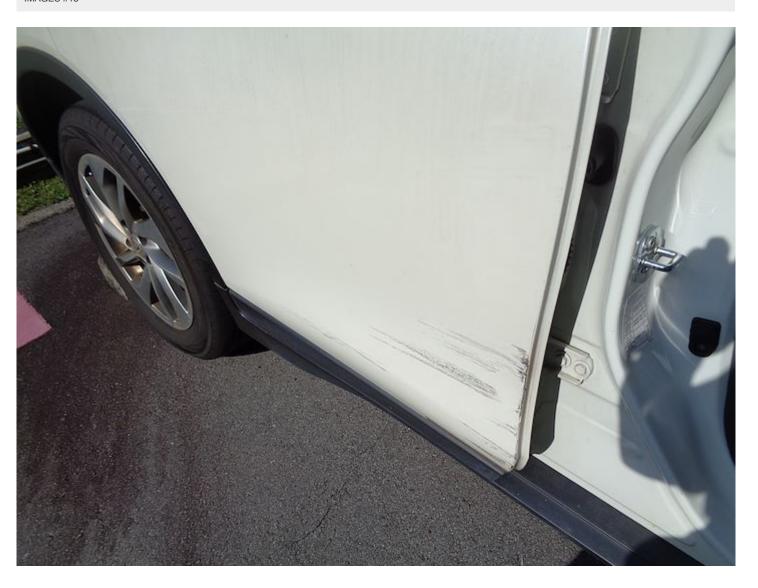
















## Certificate of Insurance

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: 5075600337-06 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJJ1321X

Chassis Number : JN1JANT32Z0001145
. Name of Policyholder : YAO JUN

 2. Name of Policyholder
 : YAO JUN

 3. Effective Date of Insurance
 : 17 Nov 2021

 4. Expiry Date of Insurance
 : 16 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 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$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 : YAO JUN
NAMED DRIVER (1) : LI YE

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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 : HONG HENG CO (PTE) LTD (00000610869)

Date of Issue : 01 Nov 2021 19:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive