# **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.

- 4. The issue and acceptance of this is form by instrained 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 20/04/2022 17:33 (SGT) Date of Accident 19/04/2022 18:55 (SGT) Exact Location of Accident Near 2 Kallang Sector, Singapore 349277 Additional Location Information PIE TOWARD KPE (KALLANG WAY FLYOVER) Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMK3913J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **REGINA TEO SWEE CHIN** NRIC No. SXXXX135H Email Address ADMIN@DACC.COM.SG Mobile Phone No (Phone) +65-91518844 Alternative Phone No +65-91518844

#### VEHICLE PARTICULARS

Manufacturer Mazda Model 5 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 1998

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5111004619-02 Cover Note Number

#### DRIVER

Name of Driver **REGINA TEO SWEE CHIN** NRIC No. SXXXX135H

Date Of Birth 14/05/1971 Occupation Indoor Date Of Driving Pass 18/10/2001 Driving experience 20 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-91518844 Alt. Phone Number +65-91518844 Email Address ADMIN@DACC.COM.SG Address **BLK 358 HOUGANG AVENUE 5** Address complement #07-350 Postcode 530358 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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 ON 19 APRIL 2022 AT ABOUT 1855HRS AT PIE TOWARD KPE. I WAS DRIVING MY VEHICLE (A) SMK3913J, WHEN APPROACHING KPE NEAR TO KALLANG WAY FLYOVER THE TRAFFIC WAS VERY BAD AND WAS DRIZZLING, MY CAR WAS STATIONERY ON THE LEFT LANE WAITING FOR FRONT VEHICLE TO MOVE. SUDDENLY I FELT AN IMPACT FROM MY REAR VEHICLE, VEHICLE (B) SLK2642J HAS COLLIDED ON MY REAR BUMPER AND CAUSE DAMAGED. VEHICLE A: SMK3913J VEHICLE B: SLK2642J ATTACHMENT(S) Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK2642J
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	Red

Vehicle Category Name of Driver NRIC No	NA / Unknown ZOU JIANWEN SXXXX686H
Contact Number	(Phone) +65-90676368
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

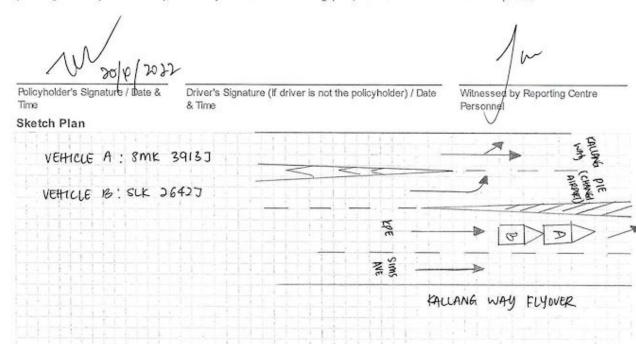
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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. The 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.
- 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)

Lunderstand, 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,



Describe Circumstances of the Accident

	ON 19 APRIL 2022 AT ABOUT 1855 HRS AT PIE TOWARD KPE.
	I WAS DRIVING MY VEHICLE (A) SMK 3913J, WHEN APPROACHING
	KPE NEAR TO KALLANG WAY FLYOVER THE TRAFFIC WAS VERY BAD
	AND WAS DRIZZLING, MY CAR WAS STATIONERY ON THE LEFT LAN
	WAITING FOR FRONT VEHICLE TO MOVE . SUPPENLY I FELT AN
	IMPACT FROM MY REAR VEHICLE, VEHICLE (B) SLK 2642 J HAS
	COLLIDED ON MY REAR BUMPER AND CAUSE DAMAGED.
VEHIC	UE A: SMK 3913J
VEHC	LE B: SLK 26427
VENTE	LC B . OCK 26923

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

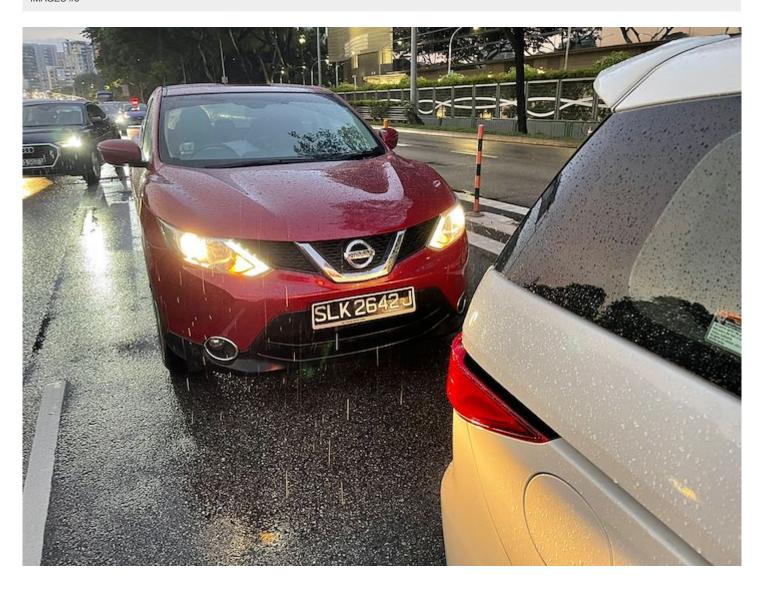
Time

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

Witnessed by Reporting Centre Personnel

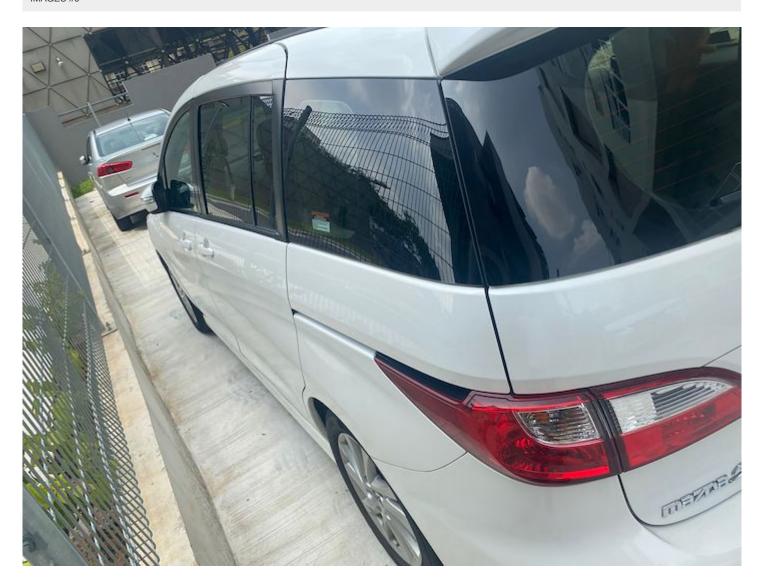






















#### Certificate of Insurance

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: 5111004619-02 Cover : drivo CLASSIC

 Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SMK3913J

: 16 Aug 2021 : 15 Aug 2022

: JM6CW1071G0124770

: REGINA TEO SWEE CHIN

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 : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE NCD PROTECTION : YES (FREE) ROADSIDE ASSISTANCE AND WELLNESS COVER : NO : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** 

PRIMARY DRIVER : REGINA TEO SWEE CHIN : CHAN SOOM HUA NAMED DRIVER (1) : ISABEL CHAN JIA HUI NAMED DRIVER (2) : DICKSON CAPITAL PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 27 Jul 2021 21:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive