

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 09/05/2022 10:56 (SGT)
Date of Accident 07/05/2022 23:40 (SGT)
Exact Location of Accident Near 12 Kent Ridge Dr, Temasek Hall Office, Singapore 119243
Additional Location Information Kent Ridge Drive, near Temasek Hall Open car park.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU1395P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chew Tiong Chwee
NRIC No SXXXX425E
Email Address a.m.v.trading2004@gmail.com
Mobile Phone No (Phone) +65-90671488
Alternative Phone No +65-81288553

VEHICLE PARTICULARS

Manufacturer Nissan
Model Serena
Variant Highway Star
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 1198

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118306447-01
Cover Note Number -

DRIVER

Name of Driver Chew Tiong Chwee
NRIC No SXXXX425E

Date Of Birth	24/02/1964
Occupation	Outdoor
Date Of Driving Pass	21/12/1984
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90671488
Alt. Phone Number	+65-81288553
Email Address	a.m.v.trading2004@gmail.com
Address	Blk 718 Bedok Reservoir Road, #10-4574
Address complement	-
Postcode	470718
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	Collided into Parked Vehicle
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 SMU1395A was stationary at the parking lot. Vehicle SLM7171H collided into the back of my vehicle.

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	SLM7171H
Vehicle Manufacturer	Lexus
Vehicle Model	Rx200t
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	Simon
Contact Number	(Phone) +65-96932123
Address	-
Address complement	-

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

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.

09/05/2022
 1035

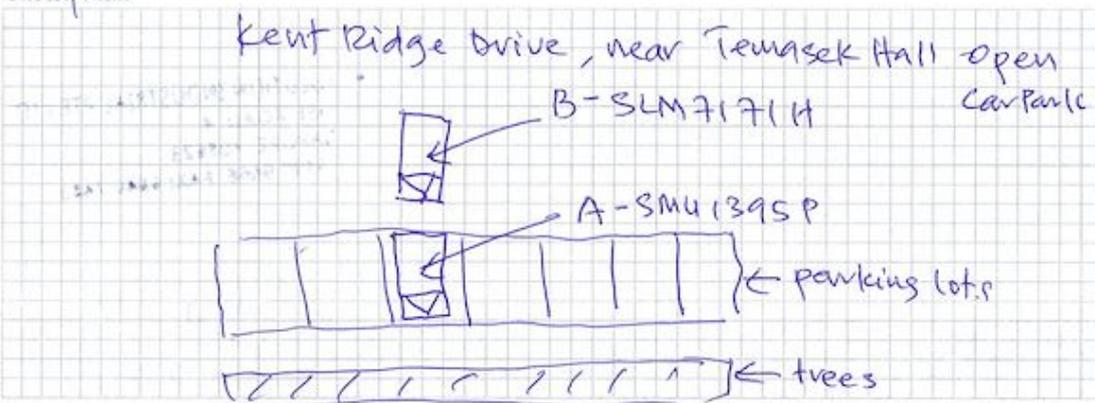

Policyholder's Signature / Date & Time


 WITNESS INDUSTRIAL PTE LTD
 100 JUBI ROAD #4
 SINGAPORE 408623
 TEL: 6490 2666 FAX: 6846 7488

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was sitting at the left front seat of my vehicle SMU1395P
waiting for my son and my vehicle was stationary parking at
the parking lot (no: 539)
vehicle SLM 7171H collided into the back of my vehicle
SMU1395P.

Declaration

We declare the foregoing particulars are true in every respect.

 09/05/2022
1035

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

• EVOLUTION INDUSTRIAL PTE LTD
11 BI-ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483





























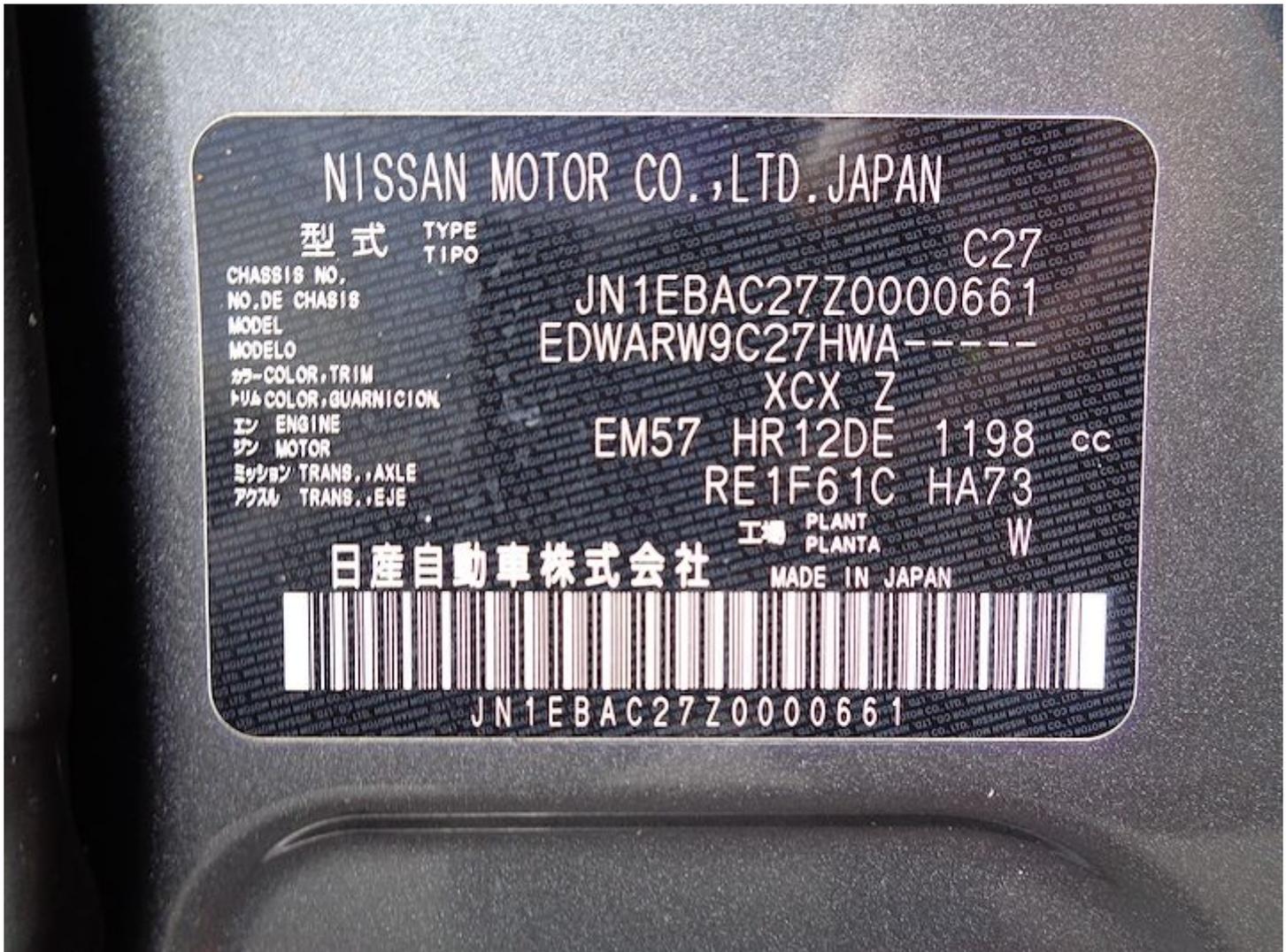














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665S0020G / GST Reg. No.: MA00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1D22590001 Vehicle Registration No: SMU 1395P
 Name (as shown in NRIC) : Chew Tiong Chwee NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address : Blk 718 Bedok Reservoir Road #10-4574 Singapore (470718)
 Contact (Tel) : _____ Mobile No. : 90671488
 Email Address : a.m.v. trading 2004@gmail.com
 Date of Accident : 7/5/2022 Time of Accident : 23:40 hrs.
 Place of Accident : Kent Ridge Drive
 Insurance Company: Ntuc Income Insurance Co-Operative Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT TO CLAIM AGAINST THIRD PARTY INSURANCE.

RESOLUTION INDUSTRIAL PTE LTD
 • UBI ROAD 4
 SINGAPORE 408623
 TEL: 6490 9666 FAX: 6846 7483

[Signature]
 Policyholder / Driver's Signature
 Date: 26/5/2022

[Signature]
 Reporting Centre Personnel's Signature
 Name: Hanzah
 NRIC/FIN No.: SXXXXX434B
 Date: 26/5/2022

ENDORSEMENT 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, 1960 (MALAYSIA)

Certificate Number	SI18306447-01	Cover	drive PREMIUM
1. Index mark and Registration Number of Vehicle	SMU1395P		
Chassis Number	JV11BAC2720000661		
2. Name of Policyholder	CHEW TIONG CHEWE		
3. Effective date of Insurance	23 Jul 2021		
4. Expiry Date of Insurance	22 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 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)	55000
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	55100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S ALTERED WORKSHOP	YES
INSURE WITH COE	YES
NCD PROTECTION	NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	CHEW TIONG CHEWE
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	HONG LEONG FINANCE 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: RISELING CREDIT PTE LTD (00000571034)
 Date of Issue: 21 Jun 2021 08:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive