

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	17/06/2022 17:22 (SGT)
Date of Accident	16/06/2022 16:30 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	TWDS WOODLANDS AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6905G
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK CHECK HONG
NRIC No	S0096219H
Email Address	quekch1954@gmail.com
Mobile Phone No	(Phone) +65-93857518
Alternative Phone No	+65-93857518

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114298784-02
Cover Note Number	-

DRIVER

Name of Driver	QUEK CHECK HONG
NRIC No	S0096219H

Date Of Birth	28/02/1954
Occupation	Outdoor
Date Of Driving Pass	11/06/1975
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-93857518
Alt. Phone Number	+65-93857518
Email Address	quekch1954@gmail.com
Address	BLK 513 JELAPANG ROAD #15-217
Address complement	-
Postcode	670513
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 - U-Turn
Weather Conditions	DRIZZLING
Road Surface	Wet

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

ON 16/06/2022 AT ABOUT 1630HRS, I WAS TRAVELLING IN MY VEHICLE (SMQ6905G) ALONG WOODLANDS CENTRE ROAD IN THE LEFT MOST LANE. UPON REACHING THE TRAFFIC JUNCTION AHEAD, THE TRAFFIC LIGHT STILL SHOWN AMBER IN MY FAVOUR. SO, I CONTINUE ACROSS THE JUNCTION TO WOODLANDS AVE 1. UPON REACHING WOODLANDS AVE 1, A VEHICLE (SLX3391H) CAME OUT FROM MY RIGHT SIDE AS THE DRIVER WAS MAKING AN U-TURN FROM THE OPPOSITE LANE OF WOODLANDS AVE 1 WITHOUT CHECKING AND GIVE WAY TO THE ONCOMING TRAFFIC, ALSO WITHOUT WAITING THE GREEN ARROW LIGHT SHOWN ON HIS DIRECTION. THUS, BOTH OUR VEHICLES HAD A COLLISION. WE SUBSEQUENTLY MOVED OFF TO A SIDE AND EXCHANGE PARTICULARS. MY VEHICLE SUSTAINED DAMAGES SUCH AS FRONT RIGHT BUMPER, FRONT BONNET AND DRIVER'S DOOR AND WAS SUBSEQUENTLY TOWED OFF BY TOW TRUCK. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SLX3391H)'S INSURANCE FOR MY ACCIDENT DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NOT AVAILABLE. WITH TP WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX3391H
-----------------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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. 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.
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.
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
 Sketch Plan
 Woodlands Ave 1
 17/6/22
 15.30

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

Witnessed by Reporting Centre Personnel

(A) SMC 6905G
 (B) SLX 3391H
 Along Woodlands Centre Road Towards Woodlands Ave 1.
 (Woodlands Centre Road)

Description of Circumstances of the Accident

On 16/06/22 @ about 16:30hrs, I was travelling with my vehicle (SMQ 6905 G) along Woodlands Centre Road in the left most lane. Upon reaching the traffic junction ahead, the traffic light still shown amber in my favour, so I continue across the junction to Woodlands Ave 1. Upon reaching Woodlands Ave 1, a vehicle (SIX 3391H) came out from my right side as the driver was making a U-turn from the opposite lane of Woodlands Ave 1 without check & give way to the oncoming traffic, also without waiting the green arrow light shows on his direction. Thus, both our vehicle had a collision. We subsequently moved off to a side and exchanged particulars. My vehicle sustained damages such as front right bumper, front bonnet & driver's door and was subsequently towed off by tow truck. Hence, I hereby lodge this report to claim against Veh-B (SIX 3391H), Insurance for my accident damages.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

17/6/22

15.30



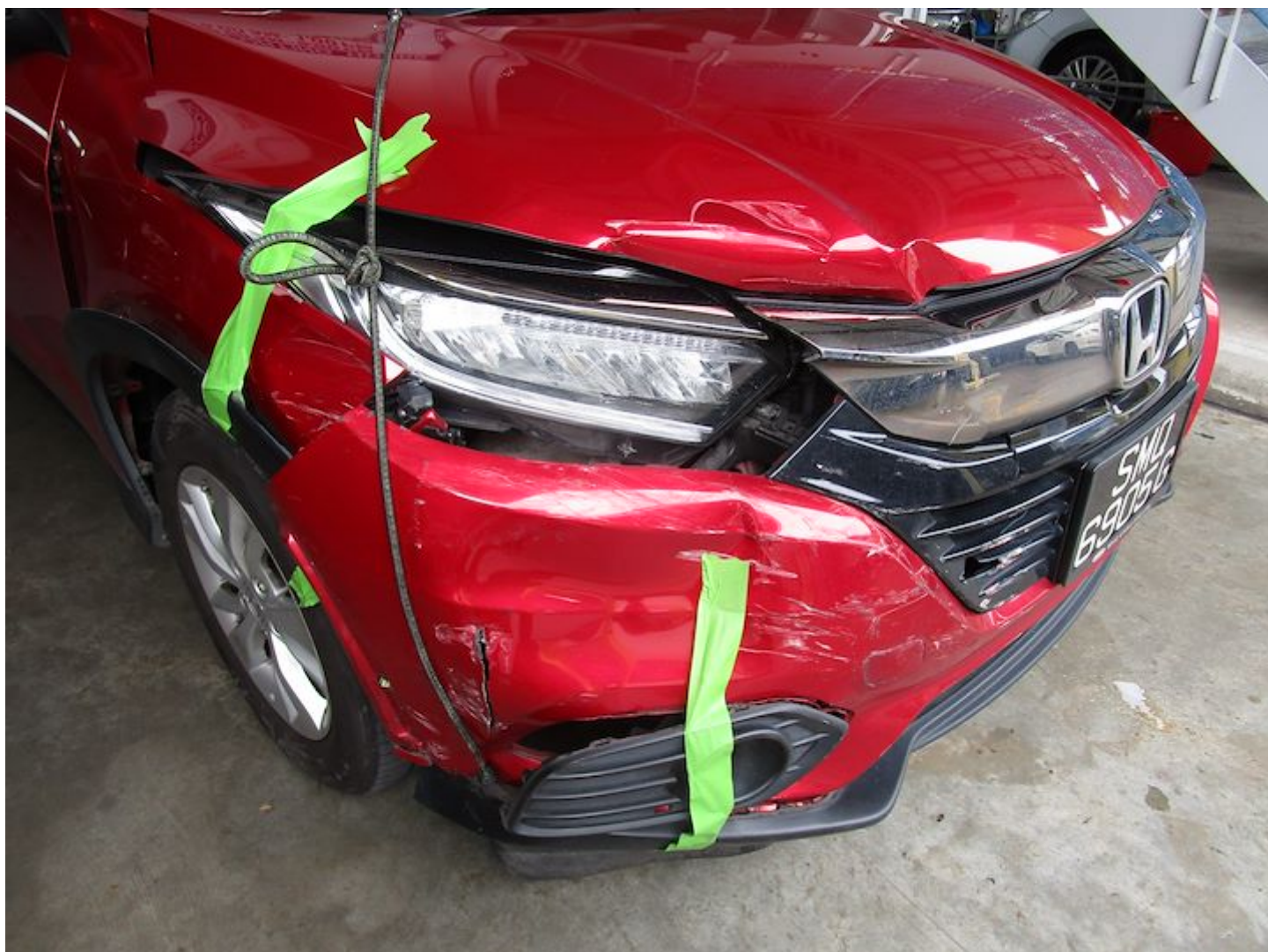


















Certificate of Insurance

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: 5114298784-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMQ6905G**
 Chassis Number : RU11325054
2. Name of Policyholder : **QUEK CHECK HONG**
3. Effective Date of Insurance : **28 Nov 2021**
4. Expiry Date of Insurance : **27 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 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,000
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: QUEK CHECK HONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)
 Date of Issue : 27 Oct 2021 18:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive