# 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 Actual 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 28/07/2022 14:49 (SGT) Reported by Date of Accident 28/07/2022 09:40 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG TANJONG PAGAR ROAD AND HOE CHIANG ROAD JUNCTION Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMM3140L

## INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DREAM COLLECTION PTE. LTD. Company Reg No 201932553M **Email Address** jerry@dreamsg.sg Mobile Phone No (Phone) +65-86968858 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Model 116D 5DR HATCHBACK DSC LED 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1496

## **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5115416704-02

## DRIVER

Name of Driver HALL BENJAMIN NEIL Work Permit No G3331370K Date Of Birth 03/05/1985

Occupation Date Of Driving Pass Driving experience	Indoor 17/11/2020 1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86968858
Alt. Phone Number	-
Email Address	benjamin.n.hall@gmail.com
Address	278 OCEAN DRIVE #01-14 (S) 098450
Address complement	-
Postcode	
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	140
verifice registration retinge of other verifice owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Property
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)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	-
PASSENGER 1	
Name	KRYSTLE HALL
Gender	Female
DETAILS OF POLICE ACTION	
DETAILS OF TOLIGE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACH.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes
vvas mere any video captured by Car Carrera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Degistration Number	VE07000
Vehicle Registration Number Vehicle Manufacturer	XE6780G
Vehicle Model	-
A CLINCIC INIONE!	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM HOCK HENG
NRIC No	S1375729A
Contact Number	(Phone) +65-96155910
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

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

for complying with requirements under any regulations, laws or court orders

28/07/22

2:14 pm

OTOR WORKSHOP \*

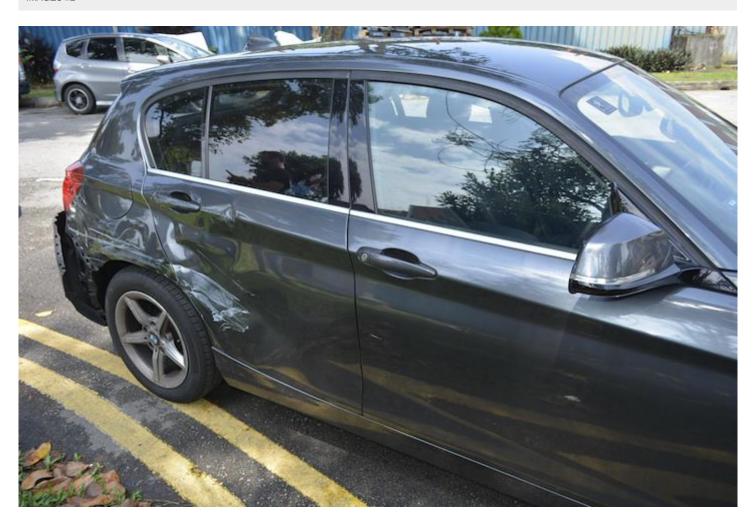
Policyholder's Signature Date & Time:

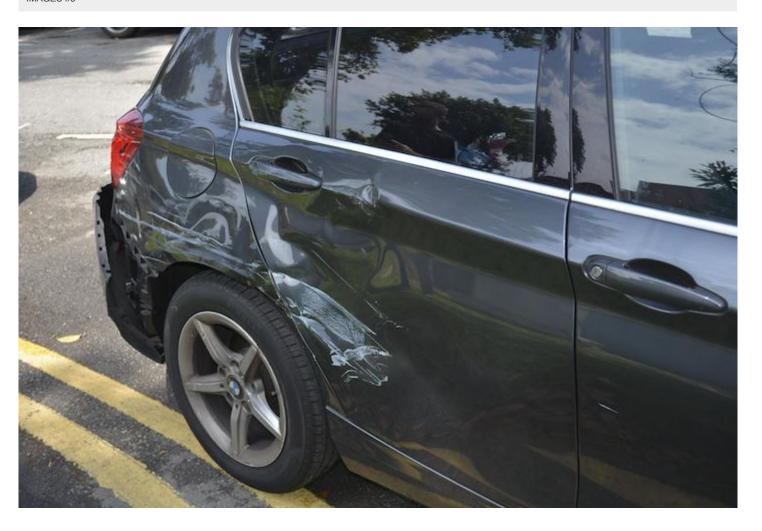
briver's Signature (If driver is not the policyholder) Date & Yime:

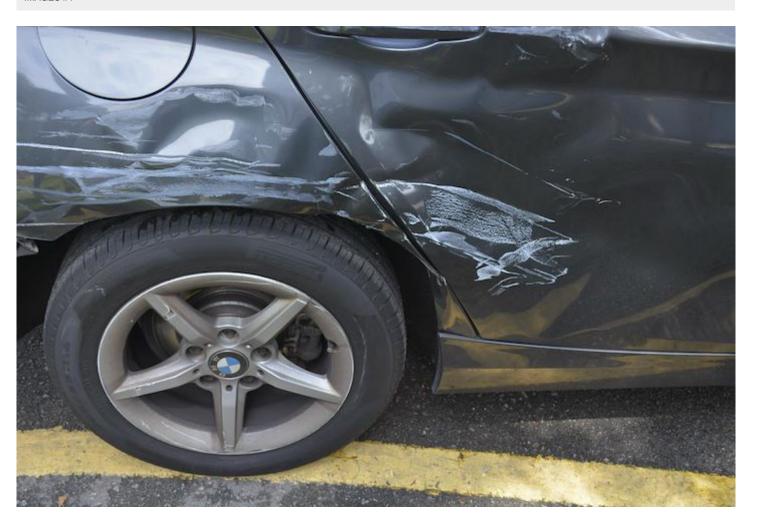
Reporting Centre Personnel's Signature Name: RRIC/FIN No.:

9		1 8	A = SMM 3140 L
SKETCH PLAN	1	Park P	B = XE67806
		43	
Enggor Street		2	Hoe Chirny Rd.
	11		
→ · · · · · · · · · · · · · · · · · · ·	11	2 1 1	
	11	11-0-	
	11	j	
DESCRIBE CIRCUMSTANCE	and the same of th		
At quio a	m. I was to	ravelling	straight from Enggor and crossing the Road.
Street to	Hoe Chiang	Road,	and crossing the
intersection	at Tanjan	a pagar	- Road .
Wheele B h	ad indicated	they wer	ce turning right, as I
viewed the	ir right indice	rter on	as we approached the
traffic lig	415 on En	ager Sti	as we approached the reet.
175 The ligh	175 turned gr	een J	moved ahead of
strain ht in	with the 1	rtention	moved ahead of  of travelling  B's left from t corner  my vehicle (vehicle A)
Strong the	Wash all	Miche	BS left from + corner
311-011 150	such right	order of	my vehicle (vehicle A)
		NATIONAL PROPERTY.	
			CIADO.
DECLARATION VICTORIAN PARTY	iculars are true in every respect.		OF WORKS ROO
I/W Seclare Destrescing parts			(3) July
2340 *		× 1	3003
Policyholder's Signature Date & Time:	Driver's Stenetore	halderi	Reporting Centre Fersonnel's Signature
	Date & Time:	THE PARTY	Name: NRIC/FIN No.:

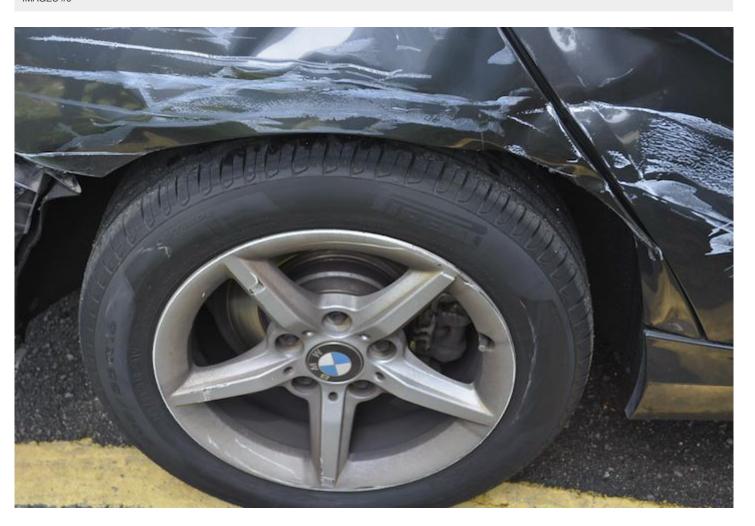


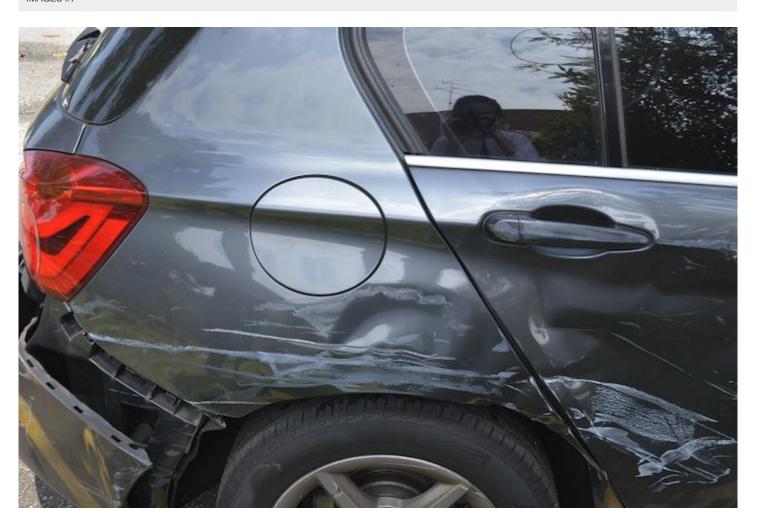






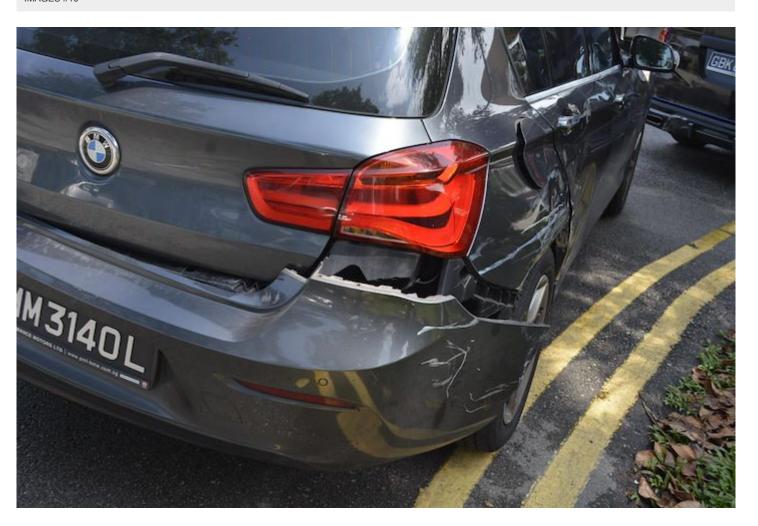


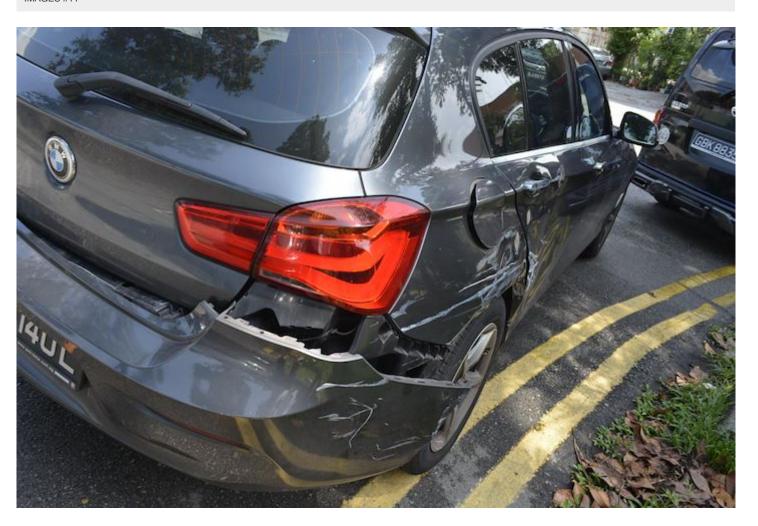












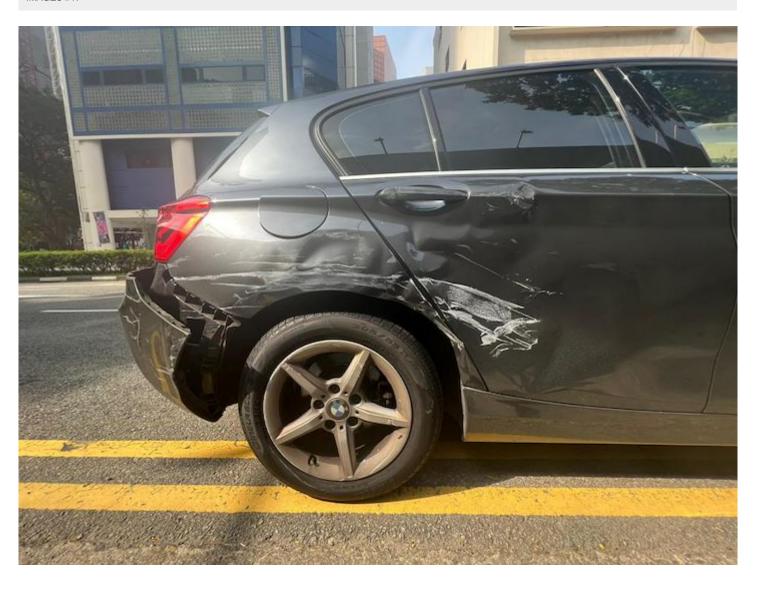


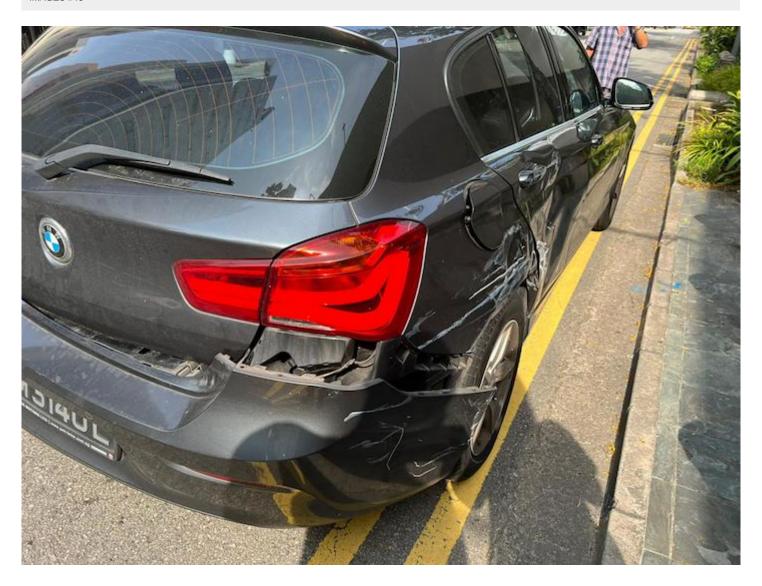




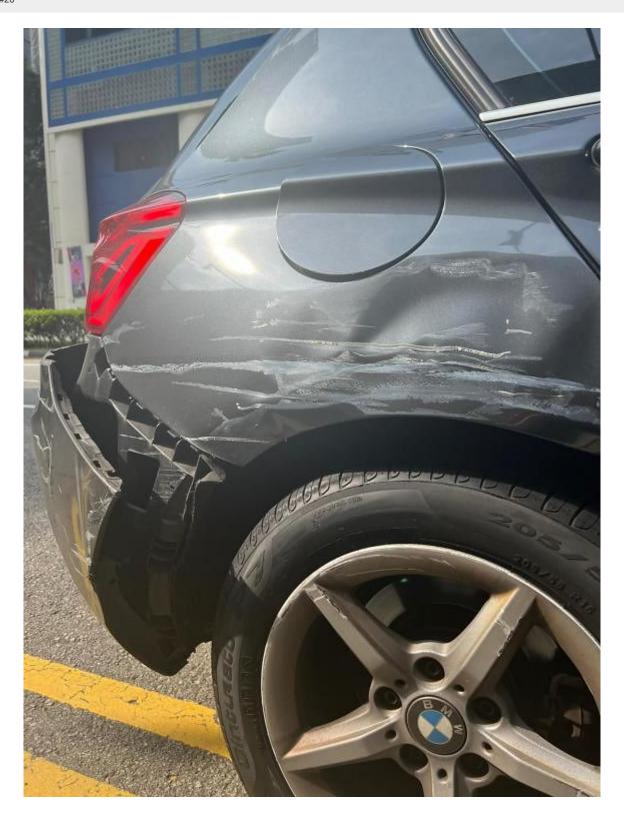


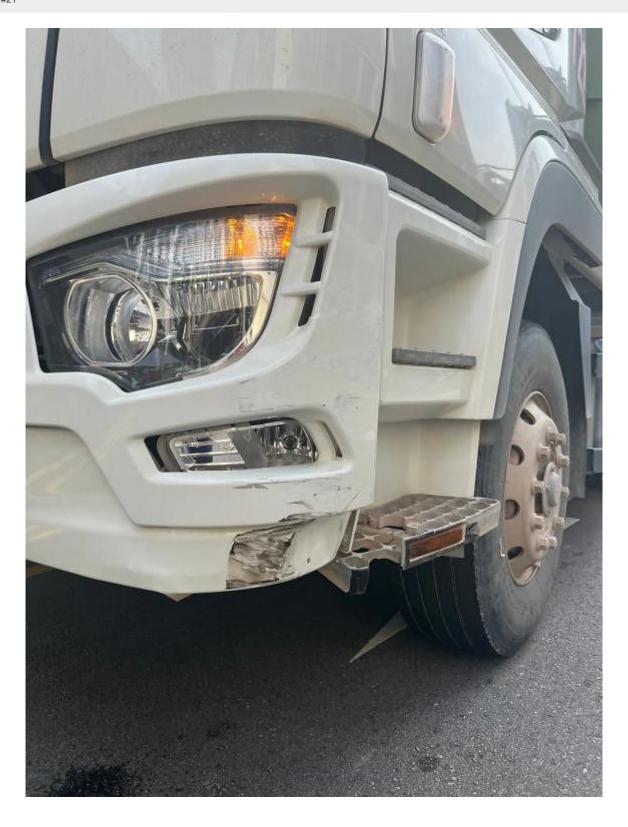




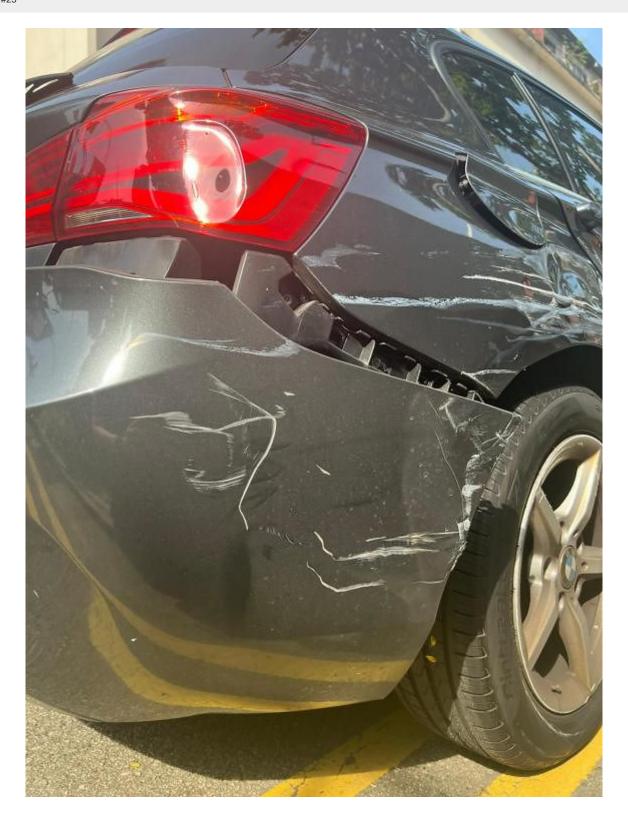


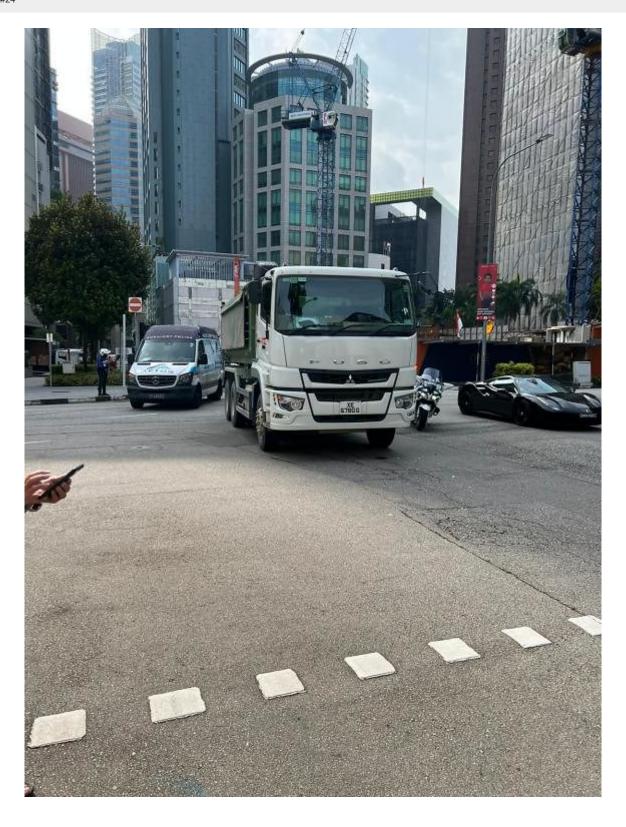




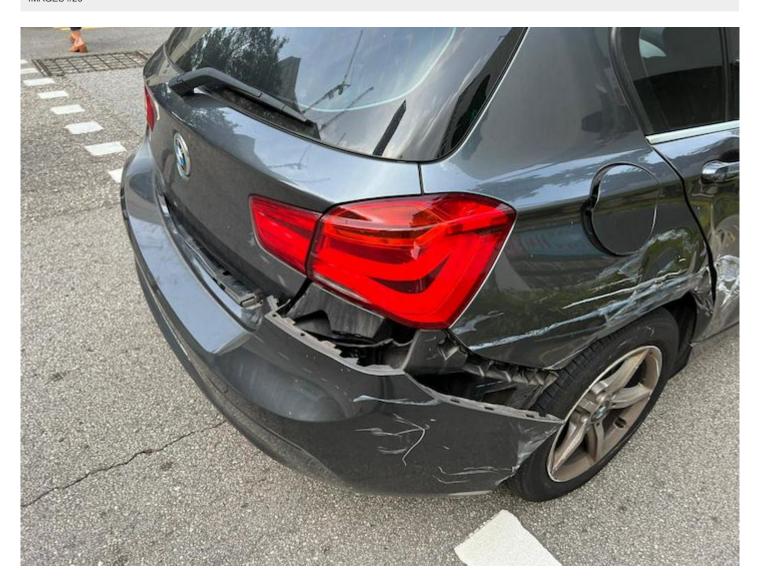




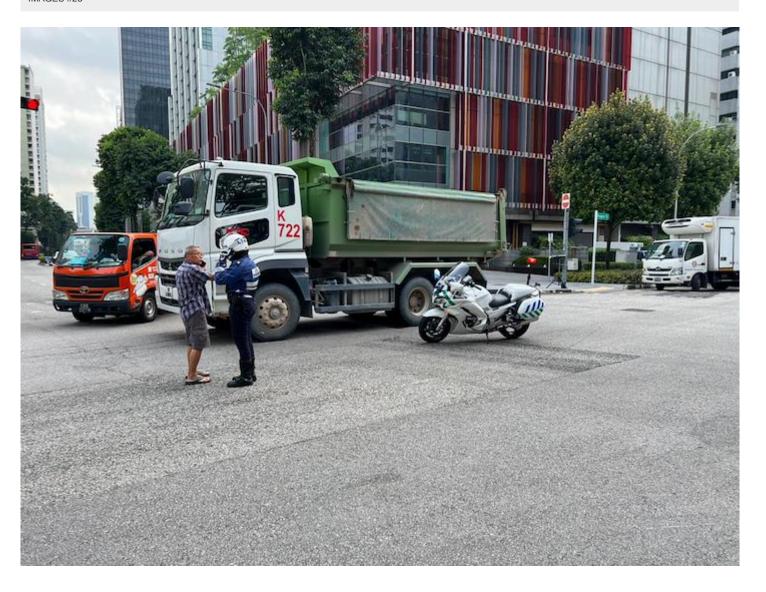


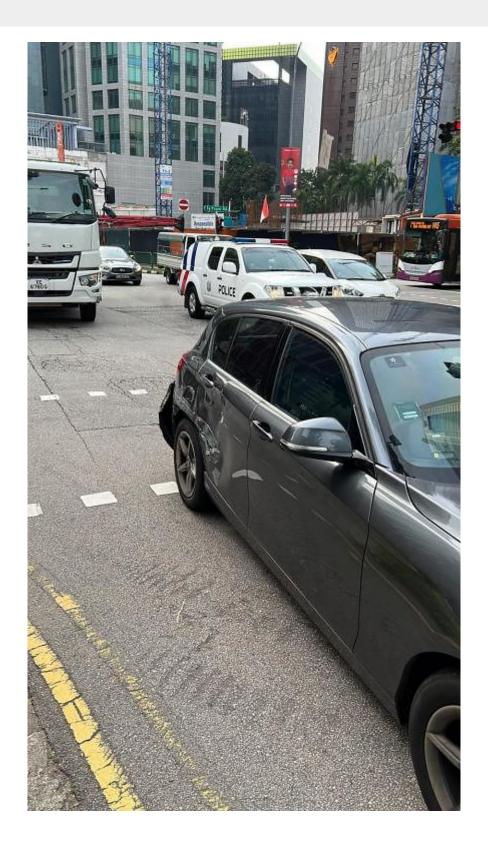


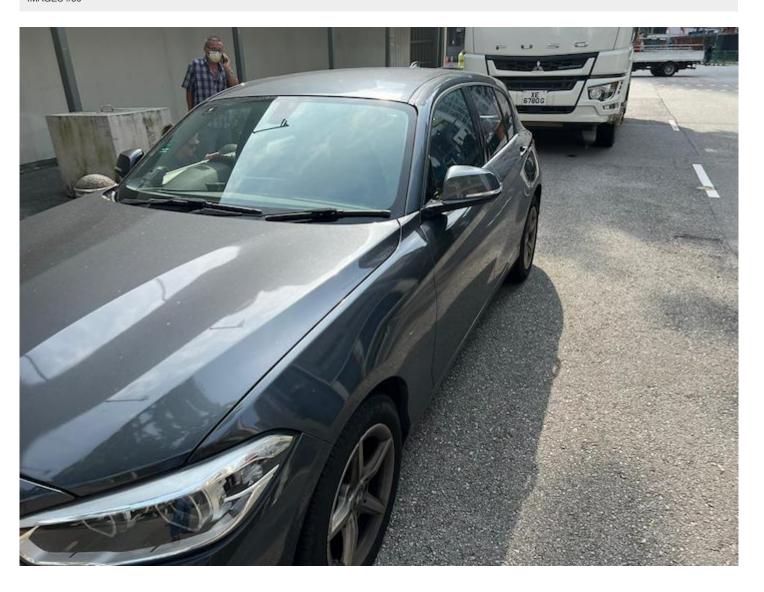
















#### Certificate of Insurance

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: 5115416704-02-000086 Cover : Third Party

Index mark and Registration Number of Vehicle : SMM3140L

Chassis Number : WBA1V720X0V724595
2. Name of Policyholder : DREAM COLLECTION PTE. LTD.

3. Effective Date of Insurance : 20 Jun 2022 4. Expiry Date of Insurance : 19 Jun 2023

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 Usell

(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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 07 Jan 2022 08:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive