# **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.

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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 27/08/2022 16:11 (SGT) Reported by Date of Accident 26/08/2022 18:40 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG CROSS STREET Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SMH5845A

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LUSH LEASING PTE LTD Company Reg No 202005434K Email Address lushleasing@gmail.com Mobile Phone No (Phone) +65-90922204 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model TOYOTA / WISH 1.8 CVT 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1798

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5116346603-02-000021 drivo CLASSIC21.02.22-20.02.23

#### DRIVER

Name of Driver LIM KOK SIONG NRIC No S8439465C Date Of Birth 04/12/1984 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface  OTHER INFORMATION	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident?  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?  Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
DETAILS OF OTHER	VEHICLE PROPERTY 1

SH9299D

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-



#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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) w ho 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.

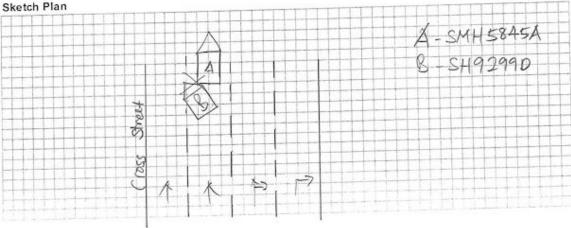
LUSH LEASING PTE LTD

Reg No: 202005434K

Policyholder's Signature / Date & Time

Driveda Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



 nces of the Accident
^ 1
- Refer To police Report -

# Declaration

IWe declare the foregoing particulars are true in every respect.

LUSH LEASING PTE LTD Reg No: 202005434K

Policyholder's Signature / Date &

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

SOTOR WORKSHOP

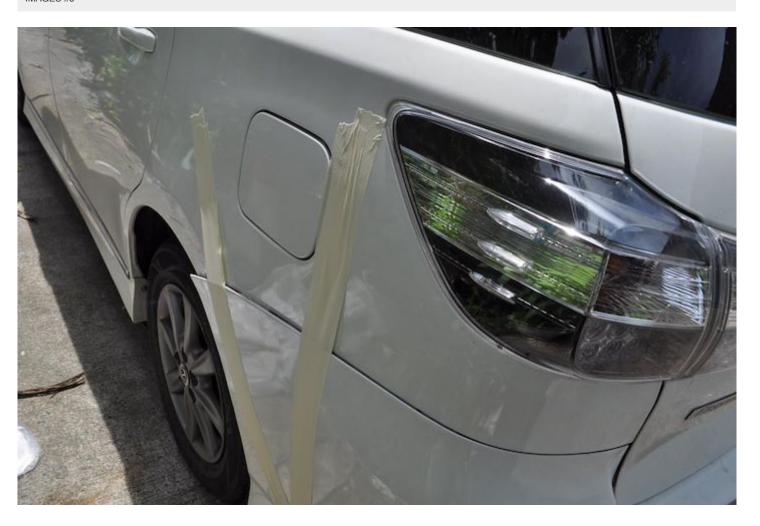
Witnessed by Reporting Centre Personnel















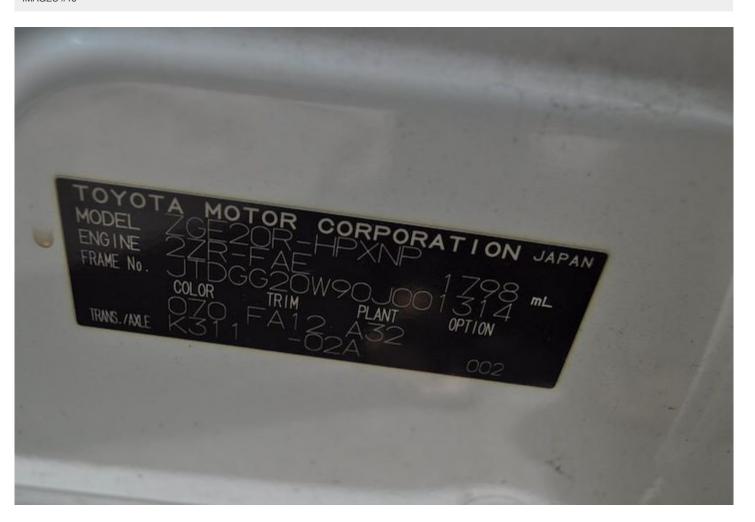




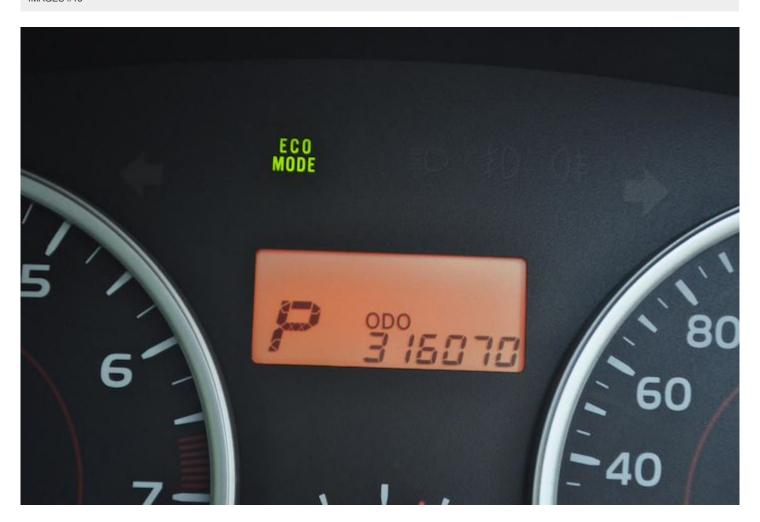
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20220827/7008

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/08/2022 11:01		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: SIONG	>	Address: 629 SENJA ROAD #11-190 SINGAPORE 670629		
	/ ID No.: D / S84394	65C	Contact No.: Home/Office: Mobile: 97396990		
Nationality:		Email:			
SINGAPORE CITIZEN		LUSHLEASING@GMAIL.COM			
Sex:	Age:	Date of Birth: 04/12/1984	Type of Informant:		
Male	37		Driver		
Race:		Language: Institution / School Nat			
Chinese		English			
Occupation:		Driving Licence Information:			
SELF EMPLOYED		Class: 2B,2A,2,3 Date of Expiry:			

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2022 18:40	Type of Location: Straight Road	
Location: CROSS STR	EET	220 3200			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SH9299D	Car					0
SMH5845A	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220827/7008

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20220827/7008

#### CONTINUATION OF REPORT

Driver					
Name	LIM KOK SIONG		ID No.	S8439465C	
Related Vehicle	SMH5845A (Car)		Contact No	. 97396990	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	27/08/2022		Date	27/0	8/2022
No. of Days gran	s granted Medical Leave 03 Degree		Degree of	Seri	ous

#### Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMH 5845 A) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. WHEN THE VEHICLE INFRONT OF ME BRAKE, I FOLLOWED SUIT. SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IF WAS VEHICLE B (SH 9299 D) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT, I THEN WENT TO CONASULT A DOCTOR AT ALLIANCE CLINIC & PARTNERS PTE LTD AS I FELT PAIN IN MY NECK, BACK AND ARMS.
I WAS GIVEN 3 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220827/7008

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2022 11:01
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
Contact No.: 65476436 NP168	



#### 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: 5116346603-02-000021 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SMH5845A

Chassis Number : JTDGG20W90J001314
2. Name of Policyholder : LUSH LEASING PTE LTD

 3. Effective Date of Insurance
 : 21 Feb 2022

 4. Expiry Date of Insurance
 : 20 Feb 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 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)	: \$\$1,000
EXCESS (SECTION 2)	: S\$1,000
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	; N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
LUDE DUDGUAGE COMPANY	HENRY

HIRE PURCHASE COMPANY : HENLY ENTERPRISES CO PTE LTD

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 : CHUAN LEE ENTERPRISES PTE. LTD. (00000572826)

Date of Issue : 04 Jan 2022 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive