

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 03/10/2022

Time of Accident: 1030 HRS. (AM / PM)

Location of Accident: 2 AVENUE RD.

Country/State of Loss: SINGAPORE

Type of Accident: HEAD TO HEAD.

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: _____

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: _____

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Files

Are accident photos available for attachment? Yes / No
(ACCIDENT SCENE PHOTOS)

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SGA 9888Z

Vehicle Category: CAR

Vehicle Manufacturer: HONDA Vehicle Model: SHUTTLE

Transmission: Manual / Auto Cc: 1500 CC.

Exact purpose for which vehicle was being used at the time of accident:

☒ ^{hire} Private Car / ☐ Private Use / ☐ Employment

No. of passengers (including driver) 02

Passenger Name: GRAB PASSENGER.

Gender: ☒ Male / ☐ Female

Passenger Name: —

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: NTUC.

Coverage Type: ACT / ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft

Fleet Policy: Yes / ☒ No

Registered Owner Name: JOH SENG CHONG.

ID Type: ☒ UEN / ☐ NRIC / ☐ Passport or FIN / ☐ Work Permit

Registered Owner ID: S1311125A

Email: LOHSENGCHONG@GMAIL.COM

~~AND TAKE E-MAIL~~

Mobile No: 8198 6170

Alt. No Type: Home / Office / Not in List

If Not in List, please specify —

Owner Alt Phone No: —

Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver: LOH SENG CHONG

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: S1311125A

Date of Birth: 01/06/1958

Driving Pass Date: 16/11/1978

Mobile No: 8198 6170

Email: LOH SENG CHONG @ GMAIL . com

~~*NO FAKE~~
Email:

Address 1: BLK 241 SERANGGOK AVE 3

Address 2: # 02-164 Postal Code: 55041

Occupation: ☒ Indoor / ☐ Outdoor

Driver Owner Relationship OWNER

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No:

Handling Insurer:

TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No: (B) SHB 3389 D

(ii) Vehicle Category:

(iii) No. of passengers (including driver)

Passenger Name:

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / NO

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: JOH SENG CHONG

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? SGR 9888 Z

(iv) Full Address: BLK 241 SERANGGON AVE 3
#02-164

* TO ALWAYS INDICATE 5' 550241
HOW MANY DAYS MEDICAL LEAVE 2DAYS

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

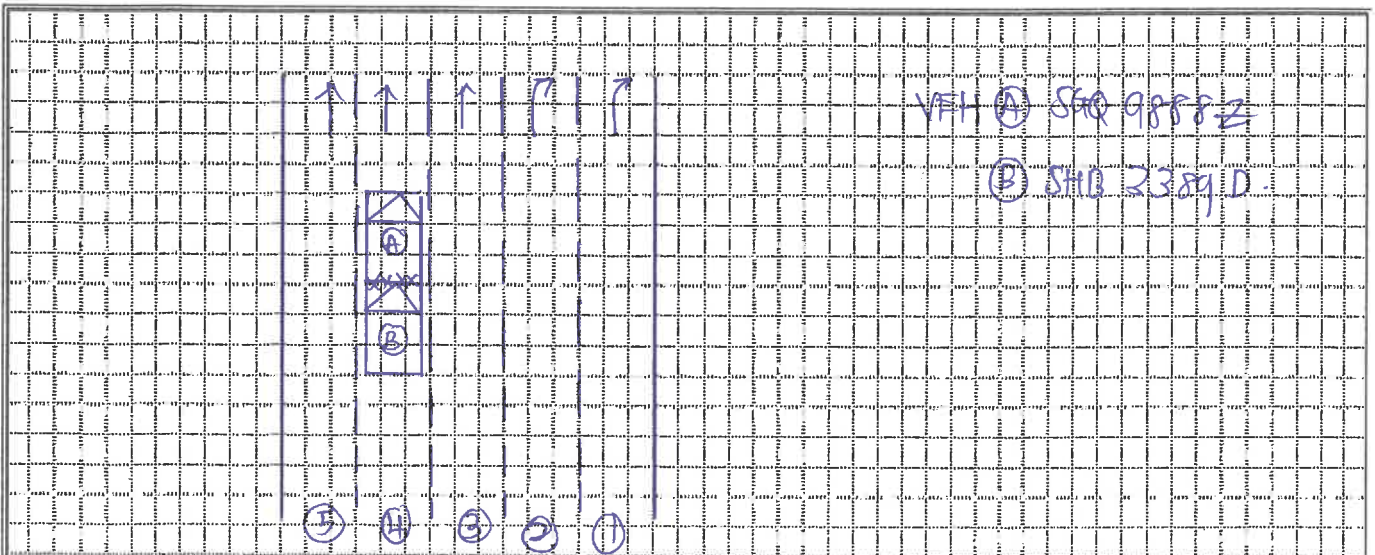
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS DRIVING MY
VEHICLE (A) SGO 9888 Z TRAVELLING ALONG LAVENDER RD, WITH
1 MY GRAB PASSENGER.

I WAS DRIVING MY VEHICLE ON LAHE, AND
I WAS STATIONARY MY VEHICLE DUE TO TRAFFIC LIGHT TURNED
RED. AFTER I COMPLETED STOPPED MY VEHICLE, I FELT A
MASSIVE IMPACT FROM MY REAR. I ALIGHTED & DISCOVERED
A VEHICLE (B) SHB 3389 D WAS ACCIDENTLY HIT ONTO
THE REAR OF MY VEHICLE & MY VEHICLE WAS DAMAGED.

VEH (A) SGO 9888 Z.

(B) SHB 3389 D.

Declaration

I/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
(Name as in NRIC/ID card)

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1980 (MALAYSIA)

Certificate Number: 312263194

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : 90098882
Chassis Number : 0681005348
2. Name of Policyholder : LOH SENG CHOONG
3. Effective Date of Insurance : 19 Jul 2021
4. Expiry Date of Insurance : 11 Oct 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 185) 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.

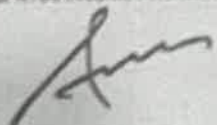
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH CDE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOH SENG CHOONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 185) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : EA-HUP VEHICLES TRADING (099226571059)

Date of Issue : 19 Jul 2021 10:04 AM

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1311125A

Name
LOH SENG CHOONG

Race
CHINESE

Date of birth
01-06-1958

Country/Place of birth
SINGAPORE

Sex
M

S1311125A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1311125A
Name: LOH SENG CHOONG

Birth Date: 01 Jun 1958
Issue Date: 08 Sep 2003

000812683A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type
02

Description
TAXI VL

Issue Date
28/09/2012

Barcode

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1311125A

Name: LOH SENG CHOONG

Issue Date: 28/9/2012

Please visit www.lta.gov.sg to check the status of this vocational licence

6396023

Barcode

ATPC No: S1311125A

Fingerprint

Date of Issue
25-02-2020

Address
APT BLK 241 SERANGOON AVENUE 3
#02-164
SINGAPORE 550241

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Nov 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Sep 1993
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	28 Mar 1994

NP 428A

Licence No: S1311125A

Barcode

