

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 28/10/2022

Time of Accident: 09:01 (AM / PM)

Location of Accident: BEACH STATION BASEMENT CARPARK

Country/State of Loss: SINGAPORE

Type of Accident: HEAD TO SIDE

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) 2

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

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SMQ9261K

Vehicle Category: _____

Vehicle Manufacturer: HONDA Vehicle Model: VEZEL

Transmission: _____ Manual / Auto Cc: _____

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

Private Car / Private Use / Employment

No. of passengers (including driver) 5

Passenger Name: UNKNOWN x 2

Gender: Male / Female

Passenger Name: UNKNOWN x 2

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: INCOME INSURANCE

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

Fleet Policy: Yes / No

Registered Owner Name: HEMA TRANS

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

Registered Owner ID: 53406558 M

Email: AGLTRANSPORTMIKE.C@gmail.com

Mobile No: 83500754

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: G A KALAI

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S1420996D

Date of Birth: 06-07-1960

Driving Pass Date: 26-08-1988

Mobile No: 83500754

Email: ALEXBEH.PC@GMAIL.COM

Address 1: BLK 98 WHAMPOA DRIVE #04-150

Address 2: _____ Postal Code: 320098

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: SHB789C

(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: _____

(ii) Gender: _____ Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

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

I WAS TRAVELLING INSIDE THE BASEMENT CARPARK
AT BEACH STATION. SUDDENLY, A TAXI CAME OUT OF
THE LOT AND COLLIDED ONTO THE FRONT LEFT PORTION
OF MY VEHICLE.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be 'J. M. S.'.

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S1420996D

Name: G A KALAI

Birth Date: 06 Jul 1960

Issue Date: 15 Sep 2017

002724126A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1420996D

Name: G A KALAI

Race: INDIAN

Date of birth: 06-07-1960

Country/Place of birth: SINGAPORE

Sex: M

S1420996D

Land Transport Authority

PDVL/TDVL
33 888 88888
273134

VOCATIONAL LICENCE

Licence No: S1420996D

Name: G A KALAI

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	12 Sep 1980
Class 2A	Motorcycles between 201 cc and 400 cc	12 Sep 1980
Class 2	Motorcycles > 400 cc	12 Sep 1980
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	26 Aug 1988

NP 428A

Licence No: S1420996D

5613609

NRIC No. S1420996D

Date of Issue: 02-06-2016

Address: APT BLK 98 WHAMPOA DRIVE #04-150 SINGAPORE 320098

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/08/2019
03	BUS VL	17/03/2004
04	BUS ATTENDANT	17/03/2004



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: 5114635438-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SMQ9261K
Chassis Number : RU31322706
2. Name of Policyholder : HEMA TRANS
3. Effective Date of Insurance : 10 Dec 2021
4. Expiry Date of Insurance : 09 Dec 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\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WSJ CREDIT 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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 29 Nov 2021 17:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive