Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 02 /2023 (dd/mm/yy) Time of Accident: 18 :50 (24-HR-FORMAT)

Vehicle No. : SMN 2817U Vehicle Make & Model: _____

Exact location of Accident: KPE Changi Befor Fort Rd Exit

Policyholder's Name : Thiha Phyo Kyaw I/C / UEN : S8368556E

Driver's Name / IC No. : _____ (As Above) ☑

Driver's Contact No. : 98787091 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address : fullstop423@gmail.com Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☑ Other Vehicle (*The one you want to claim against*) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☐ Private use / ☑ Work purpose

Occupation (nature of job) ☐ Indoor/ ☑ Outdoor

***No. of Passengers (Including Driver):** 02

***Passanger Name:** _____ **Gender: Male / Female *Passanger**

Name: _____ **Gender: Male / Female**

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☑ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No **(If YES)** Injured Person' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No **(If YES)** Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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

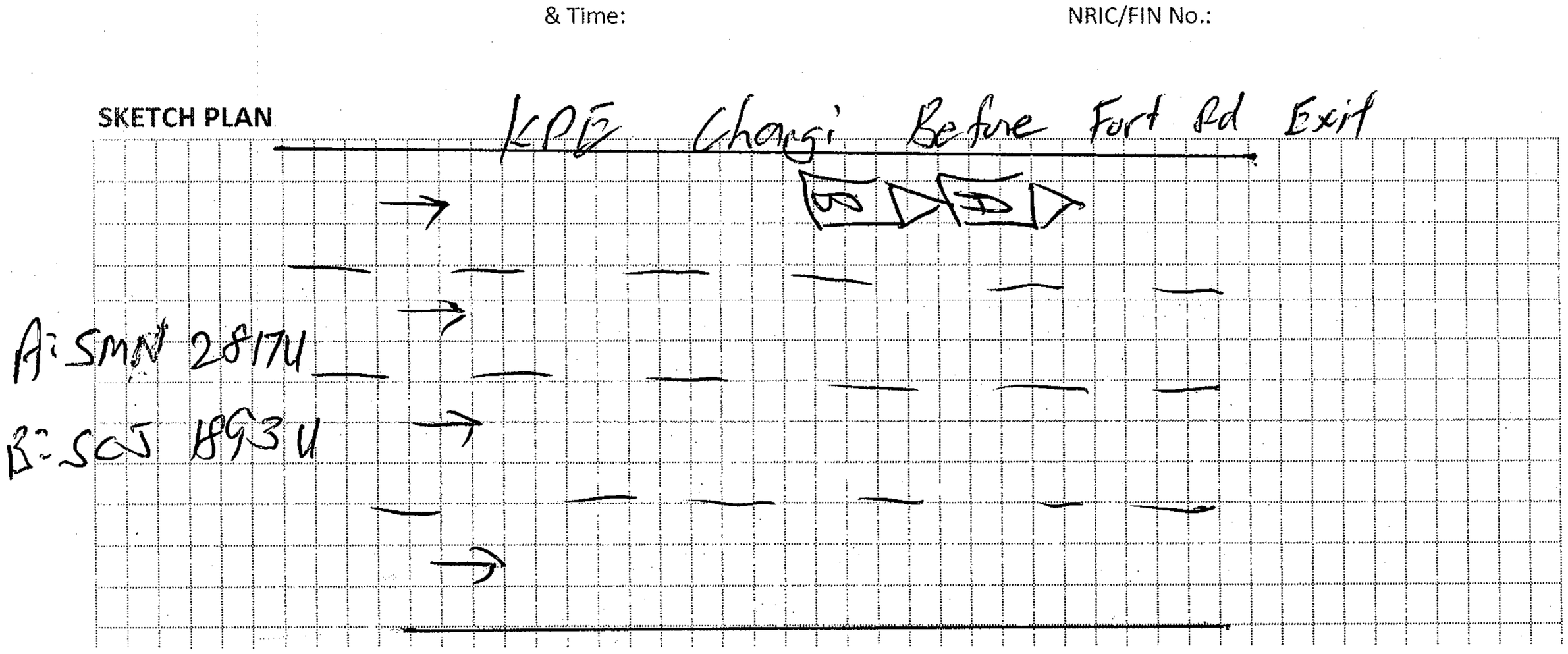
   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (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:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

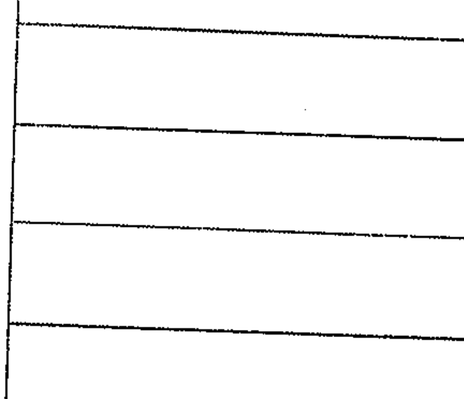


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report

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:

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

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20230211/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/02/2023 12:09		47

Informant's Particulars

Name of Informant:			Address:
THIHA PHYO KYAW			APT BLK 25 JALAN BERSEH #14-128 SINGAPORE 200025
ID Type / ID No.:			Contact No.:
NRIC NO / S8368556E			Home/Office: Mobile: 98787091
Nationality:			Email:
MYANMAR			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	39	04/03/1983	Driver
Race:			Language: / Institution / School Name:
Burmese			
Occupation:			Driving Licence Information:
PRIVATE HIRE DRIVER			Class: 3A Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	10/02/2023 18:40	Straight Road

Location:

KALLANG PAYA LEBAR EXPRESSWAY

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	80 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Heavy
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCJ1893U	Car				No Damage	0
SMN2817U	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Tel No: 1800-2949999

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN2817U	NTUC Income Insurance Co-Operative Limited	5125268256-01	30/01/2023	29/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THIHA PHYO KYAW	ID No.	S8368556E
Related Vehicle	SMN2817U (Car)	Contact No.	98787091
Hospital/Clinic	DA CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/02/2023	Date Discharge	10/02/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/02/2023 at about 1824hrs while I was conducting a Grab trip, sending a passenger from Rochester Singapore to Changi Airport Terminal 1, I was driving a Black Toyota Noah Hybrid (Vehicle Registration Number: SMN2817U)

At about ~~1847hrs~~ 1851hrs while I was travelling along KPE and was about to exit via Fort Road, I was travelling on the third lane. I then observed there was a traffic jam in front of my vehicle where the traffic was not moving. As such, I was preparing to stop my vehicle. However, when my vehicle was about to come into a stop, I suddenly felt and impact coming from the back where I realized that a vehicle had collided head on onto the rear of my vehicle.

I then made a check with my passenger if she was okay and she informed that she was fine. I then alighted my vehicle to check if the other party who was driving a Silver Lexus (Vehicle Registration Number: SCJ1893U) if she had injuries where she informed that she does not suffer from any. I made a check on my vehicle and discovered that there were dents on the rear of my vehicle. I also made a check on the other vehicle and spotted a few scratches on the front of the vehicle.

Hence, we shift our vehicle to the side and exchange particulars before moving off.

As I felt a slight discomfort on my neck and shoulder, I went to DA CLINIC @Ang Mo Kio and was provided a 3-day MC.

I am lodging this report for insurance purposes.

SINGAPORE
POLICE FORCE

T/20230211/2030

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

income
made yours

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: 5125268256-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number : **SMN2817U** : ZWR800384495
2. Name of Policyholder : THIHA PHYO KYAW
3. Effective Date of Insurance : 30 Jan 2023
4. Expiry Date of Insurance : 29 Jan 2024
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	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: THIHA PHYO KYAW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STRAITS CREDIT & LEASING 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 17 Jan 2023 11:04 hrs
Reprint : 17 Jan 2023 11:05 hrs

For INCOME INSURANCE LIMITED

REPUBLIC OF SINGAPORE

IDENTITY CARD NO S8368556E

Name

THIHA PHYO KYAW

Race

BURMESE

Date of Birth

04-03-1983

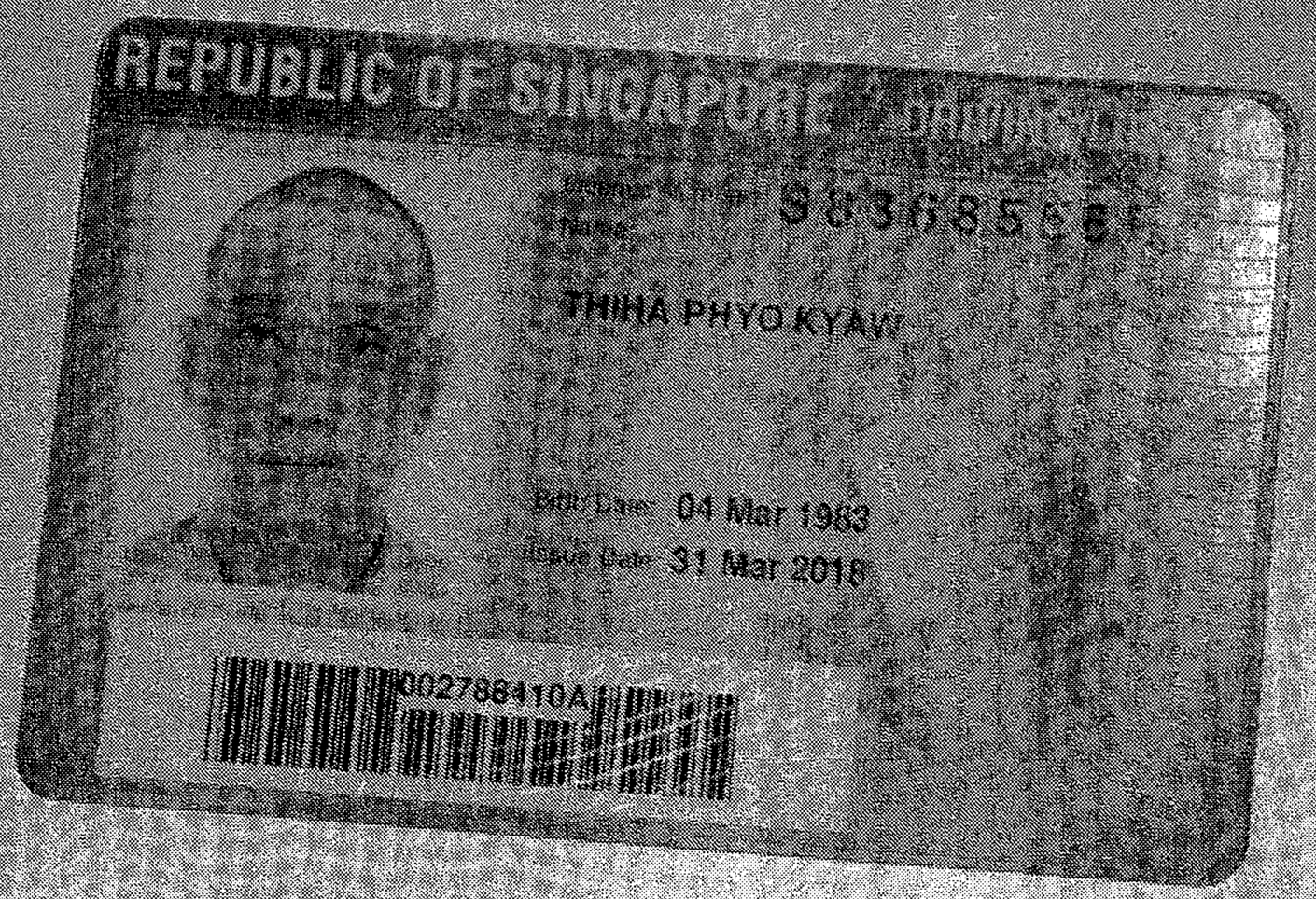
Sex

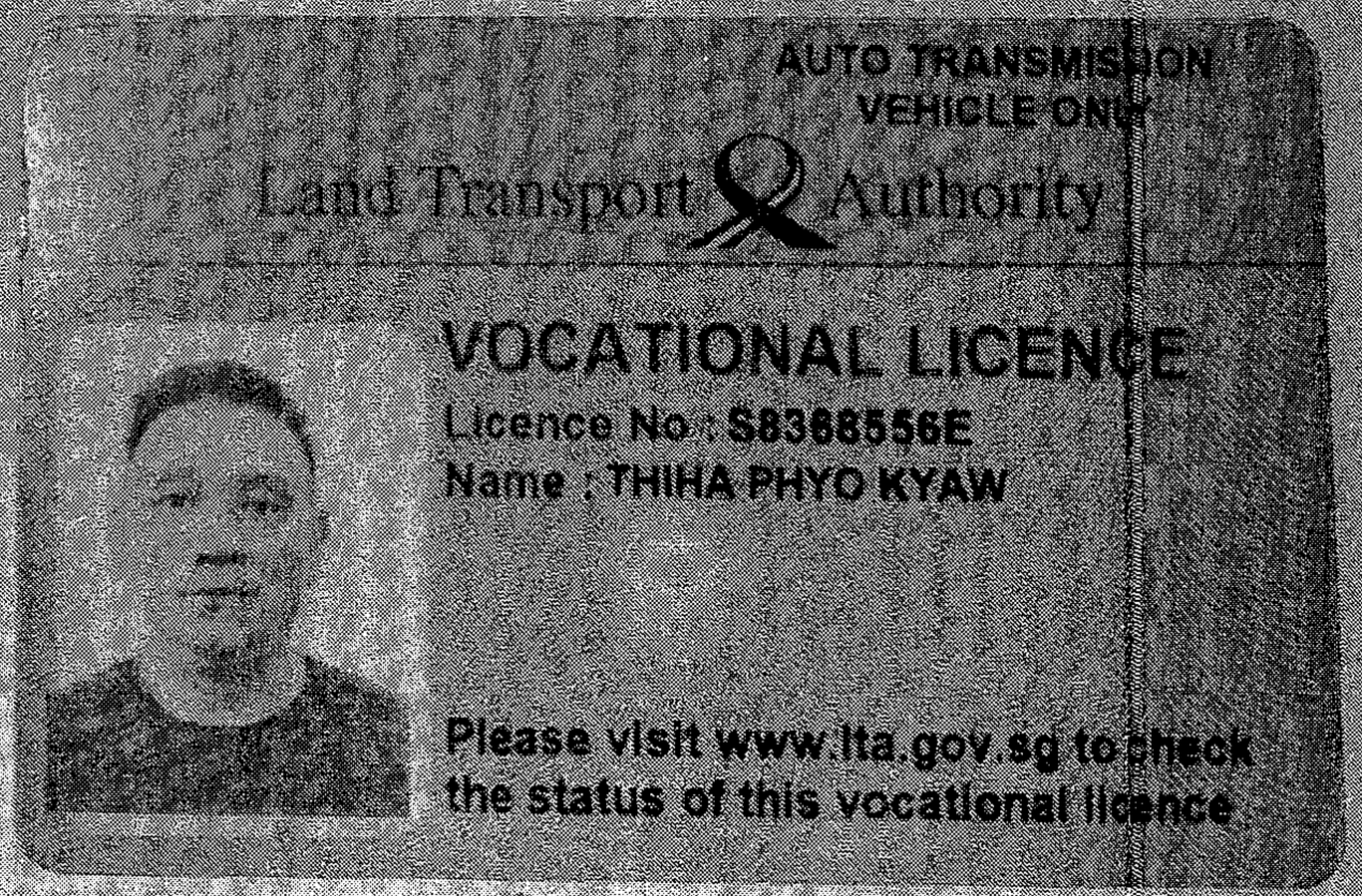
M

Country/Place of Birth

MYANMAR

S8368556E





9479196

NRIC no. S8368556E

Nationality
MYANMAR
Date of issue
21-03-2018

Address
APT BLK 25 JALAN BERSEH
#14-128
SINGAPORE 200025

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

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passenger's, exclusive of driver, and other motor vehicles without clutch pedals with unladen weight =< 2500kg	18 May 20..

Licence No:S8368556E

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on r... please return to LTA, 10 Sin Ming Drive, Singapore 57...

Type	Description	In
14	PRIVATE HIRE CAR VL	01/08/2019