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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 Authorised 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 ability.
- 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. This report will be forwarded by the insurers of 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.		
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Date Of Report	27/11/2017 16:48	
Date Of Accident	24/11/2017 16:30	
Exact Location Of Accident	39 CAMBRIDGE ROAD	
Country/State of Loss	SINGAPORE	
Excellent some service for	DETAILS OF OWN VEHICLE	445年6月19日1
Vehicle Registration Number	SJD1609Z	
Insured/Policyholder		
Name Of Registered Owner	LEE BAHARRUDIN	
NRIC No.	S1323455H	

SAUFIRRUDIN.LEE@GMAIL.COM Email Address

(LOCAL) +65-98353549 Mobile Phone No OTHERS-98353549 Alternative Phone No

Vehicle Particulars

NRIC No

HONDA Manufacturer STREAM Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5035097810-08 Policy Number

Cover Note Number

Driver

LEE SAUFIRRUDIN BIN LEE BAHARRUDIN Name of Driver

S8813761B NRIC No 29/04/1988 Date Of Birth INDOOR Occupation 06/02/2007 Date Of Driving Pass

10 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98353549 Mobile Number

Fax Number

OTHERS-98353549 Contact Number

SAUFIRRUDIN.LEE@GMAIL.COM EMail Address

Address

BLK 636C SENJA ROAD

#03-337

Postcode

673636

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS2090J

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Name of Driver

STEVEN GUNA

NRIC/Passport Number

S1612220C

Contact Number

90085353

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and 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.
- 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time: 24m7

(2)////5

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN BIK 39 Reput A) SJO 16092 04 B) SLS 20 90 J DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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: 7711/7-113184115

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

Policyholder Name Product Code Product Cod	Yes 017 17:38 017 RIDGE RGAD 500.00 500.00 0.00 No: C #03-337	Cover Type Contect No. (Orfice) Special Remark TCA NCD Emblement(Nr) Accident Report Within 24 hrs Time of Accident hh.mm Orange Force Additional Excess Outside Singapore DD Excess Outside Singapore TP Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number	SID16092 drive CLASSIC Fig No Yes 50 Yes 16:30 GST Registration Date GST Status Venfied SINJA RDAD Singapore address	GST Registration No. Policyholder NRIC Loading Cootect No.(Home) eCode eCode Reason Accident Type Country of Accident ICM No. Windscreen Excuss Yes Address 3 Past Code
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Policyholder Mailing Address Address 1 BLK 839 Address 4 Init No. OI Driver Info Driver Name Uninamed Univer Name LEE SAI Register Core of Driver License BO/027/ Cantact No. (Mobile) Address 1 BLK 639	d Driver FIRRUD(N BIN LEE BAH	Address Type Related Policy Number	SENJA ROAD Singapore address	Address 3
Policyholder Mailing Address Address 1 BLK 83 Address 4 Init No. POI Driver Info Driver Name Uniname Innamed driver Name LEE SAI Register Date of Driver License 80/02/3 Cantart No. (Mobile) Address 1 BLK 636	d Driver FIRRUD(N BIN LEE BAH	Address Type Related Policy Number	Singapore address	
Address 1 BLK 839 Address 4 Unit No. P OI Driver Info Driver Name Unitatine	d Driver FIRRUD(N BIN LEE BAH	Address Type Related Policy Number	Singapore address	
Address 1 BLK 839 Address 4 Init No. P OI Driver Info Driver Name Unitating Innamed Silver Name LEE SA Register Core of Driver License Contact No. (Mobile) Address 1 BLK 639	d Driver FIRRUD(N BIN LEE BAH	Address Type Related Policy Number	Singapore address	
Init No. OI Driver Info Ociver Name United to SA Legister Core of Driver License B6/02/1 Contact No. (Mobile) Address 1 BLK 636	d Driver FIRRUD(N BIN LEE BAH	Address Type Related Policy Number	Singapore address	
Init No. OI Driver Info Driver Name Uninette Uninete Uninette Uninete Uninette Uninete Uninet	FIRRUDIN BIN LEE BAH	Related Policy Number		Post Code
OI Driver Info Driver Name Unnamed driver Name LEE SAL Legister Core of Driver License Contact No. (Mobile) Address 1 BLK 636	FIRRUDIN BIN LEE BAH	TOP STOCK TO A SECTION OF THE SEC		
OI Driver Info Driver Name Unnamed driver Name LEE SAL Legister Core of Driver License Contact No. (Mobile) Address 1 BLK 636	FIRRUDIN BIN LEE BAH	TOP STOCK TO A SECTION OF THE SEC	5035097810-88	
Driver Name Unitatite Unnamed driver Name LEE SAI Legister Core of Driver License B0/027/ Contact No. (Mobile) Address 1 BLK 636	FIRRUDIN BIN LEE BAH	Driver Type		
Innamed driver Name LEE SAI legister Core of Driver License 06/02/2 contact No.(Mobile) sidness 1 BLK 636	FIRRUDIN BIN LEE BAH		Unnamed Driver	
Contact No.(Mobile) Address 1 BLK 63	ONY	Driver NRIC	588137618	Driver DOB
Contact No.(Mobile) Address 1 BLK 63	WWF.	Oriver Age	29	Driving Experience
Address 1 BLK 63		Contact No.(Office)		Contact No. (Home)
	C #03-337	Address 2	SENJA ROAD	Address 3
Address 4	ORE 673636	Address Type	Foreign andress	Post Code
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Reading! It mg		Any injury?	Yes @ No	
fodification History				
CONTRACTOR NAME OF THE PARTY OF				
Claim 001 New				
Daim Type • DD-MX		Insured Name	LEE BAHARRUDIN	Insured NRIC
Isritact No. (Mobile) 821896	52	Contact No.(Home)	66836877	Contact No.(Office)
	din.lee@gmail.com	Of Vehicle Number	5)D1609Z	TP Vehicle Number
	9Z / SLSZ096J ON 24 Nov 2017	With the second		Name of Preferred Workshop
referred Workshop Contact	T I DESIGNATED THE EAGURE SOLL	420 M. 2007 LOS 200	Vinterven en	
in.		Insured Liability *	Not at Fault	
lequire Finalisation Yes		Preference Repair Option	Preferred Workshop, Name unknown	 GIA report
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ACCIDENT STATEMENT

Ą'cc	YYYMMICON FI (MI) STAD THEOL	Y), TIME:(_16 · . 30_)(HH:MM)
loca	ATION: 39 cambildge Read	•
1	DETAILS OF VEHICLE O) VEHICLE NUMBER: STO 1609 2: D) INSURANCE COMPANY: NTUC INCOME	.); 1
120	CIPOLICY NUMBER: 5035CHT310 CS DIPOLICY TYPE: (COMPREHENSIVE / THIRD PA B)MAKE & MODEL: HONOR (CTREAM)	RY / MOTORCYCLE. / OTHERS)
α	g) VEHICLE CATEGORY: (PRIVATE) COMMERING PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN IN: 15 NO. PLEASE STATE (THIRD PARTY CLAIM /	SUR ANCE (YES/NO)
12	A) NAME: LEE BRURROUND A) NAME: LEE BRURROUND D) NRIO/FIN/PASSPORT: 11525455 H C) ADDRESS: BIF L366 Serge Rd	CONTACT: 9833549
	* CONTINUE TO 3,4 IF DRIVER ALSO POLICY	HOLDER
Clincheding driver	ONAME: LEE SHUFFFE	CONT A COLUMN TEACHER
(L)	C) ADDRESS RIVE EACE SEDJE RA , #	3 63 65 5 7 693, F2 6-E03
	ODATE OF BIRTH: 29 04 1988 10 BOCCUPATION: (INDOORY OUTDOOR) I) DISTS OF DRIVING LICELY OF THE INS WAS DRIVER AN EMPLOYEE OF THE DRIVER V	URED'S COMPANY? (YES /(NO))
	5. a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS	/ UINCN9
y 32	6. WAS ANYBODY INJURED (YES /NO) 7. OIREPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATE	
4 He of passenger	8. THIRD PARTY VEHICLE	MODELI TO YOU LOVE WE
(Induding drive	C NZICILIMIL Vast Amir	CONTACT: 90086353
(7)	9. THIRD, P'ARTY VEHICLE d) VEHICLE NUMBER:	MODEL1
€ No of persone Clincluding.dM	DRIVER'S NAME:	CONTACTI
(_)	MS TNG WEE LI HPMO: 98222574	
<u></u>	email = southing	In lee agmoil com
	0	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8813761B



LEE SAUFIRRUDIN BIN LEE BAHARRUDIN

MALAY
Deta of Earl See 500 157610
29-04-1988 M
Convey at Ball
SINGAPORE



3305584

S88127610

Book Drave - Date of muse

29-04-2003

APT BLK 636C SENJA ROAD #03-337 SINGAPORE 673636

NAIC No. 888137618

Date: 18/11/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 2 Motor Cars=< 3000kg with =<7 passengers, exclusive 06 Feb 2007 of the driver; and other motor vehicles =< 2500kg



NP 428A



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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5035097810-08 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJD1609Z

: JHMRN684085202234

: LEE BAHARRUDIN

: 12 Mar 2017

: 11 Mar 2018

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession,

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : LEE BAHARRUDIN

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

 HIRE PURCHASE COMPANY
 : N/A

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 Date of Issue : XU WENYA (00000426066) : 27 Feb 2017 21:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive