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Owner / Driver: ( Policy No: ( )	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	1100
Insured/Driver Liability: ( 9	%) [Note-Est. Status (W)	)): N: 0-2	0%; P: 21-79%. F: S	0-100%]		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

THE PARTY OF THE P	ACCIDENT STATEMENT
Date Of Report	07/12/2017 13:52
Date Of Accident	06/12/2017 18:20
Exact Location Of Accident	GHIM MOH ROAD
Country/State of Loss	SINGAPORE
D. D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL5669G
Insured/Policyholder	
Name Of Registered Owner	JAAE
Co Reg No	53367768L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88668858
Alternative Phone No	OFFICE-88668858
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.3L AT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093215827
Cover Note Number	
Driver	
Name of Driver	ONG MIN JIE
NRIC No	S8716549C
Date Of Birth	13/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/10/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88668858

OTHERS-88668858

NOEMAIL

BLK 332B ANCHORVALE LINK Address

#07-370

542332 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

YES Was any body injured in the Accident?

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver) 4

**Details of Police Action** 

Was the accident reported to the police? If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SGG3535J

Vehicle Make/Model/Colour

**Details Of Properties** 

QUEK POAY SIANG Name of Driver

S1297245H NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1** 

ONG MIN JIE Name

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJL5669G

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

# Accident details

Date and time of accident

Date: FOCC 2017 (DD/MM/YY) Time: 6:20pm (HH:MM)

Exact location of accident

Chim Mob Road

#### **Details of vehicle**

Vehicle registration number	8212669G
Vehicle make and model	Honda Jazz
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Private D Commercial Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No B If no, please select: Third part claim □ Reporting only □

#### Insurance information

Type of policy	C1 11-28/C11	Comprehensive  Third party fire & theft  TP only
Policy number	0.31	
Insurance company	**********	NTOC

#### Insured / Policy holder

Vame	ZAAE	The state of the s	Male	Female 0
NRIC / Fin / Passport number	53367768	L	Ell with tell account	111111111111111111111111111111111111111
Contact		1202-417-11-4	William.	3-, 3-+1
Address		24 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		, va. ******

#### Driver

#### Same as insured above, (skip to D.O.B)

Name	Ong Min Tie Male & Female D
NRIC / Fin / Passport number	S\$716549C
Contact	8866 8858
Address	S(54) 333) Anchorvale Link # 07-370
Email address	
Date of birth	13/06/1987
Occupation	Indoor  Outdoor
Driving date pass	19/11/2011

& revole

Page 1

#### General information of the accident

Was driver an employee of the insured's company?	Yes a No If no, relations	-	river and insured:	
No of passenger	4			(Inclusive of driver)
Accident captured by camera?	Yes 🗆 No	B		
Weather condition	Clearer Ra	aining 🗆	Others:	
Road surface	Dry & Wet	tu		

# Other information

Was anybody injured?	Yes e	No□	
Was other vehicle damaged?	Yes	No 🗆	

# **Details of police action**

Reported to police?	Yes II No.	If yes, please state which police station.
Police station name		

# Third party vehicle 1

Name	Quek Poay Stang
Contact number	
NRIC / Fin / Passport number	31297245H
Vehicle registration number	SGC 35357
Vehicle make model	

#### Third party vehicle 2

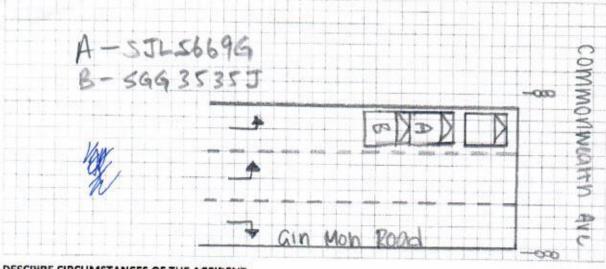
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	The state of the s

# Third party vehicle 3

Name			1. 1
Contact number	314		
NRIC / Fin / Passport number		-	1
Vehicle registration number		A CONTRACTOR OF THE PARTY OF TH	
Vehicle make model	2-12-2	The second	

### Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the third lane of Ghim Moh Road. As the traffic light was red, my car was stationary without any contact with the front vehicle. Suddenly, I felt an impact from my vehicle's rear portion. When I got out of my vehicle, I realized I was in an accident.

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		******	
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-che		DODAWA AND SAN AND AND AND AND AND AND AND AND AND A	
25000000			

Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

CANADA SEA MITHER OF SE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8716549C





Name

ONG MIN JIE

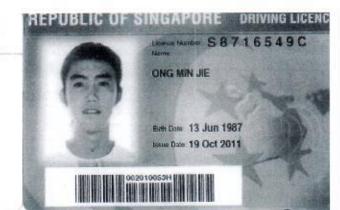




CHINESE 13-06-1987

SINGAPORE

S8716549C





- S8716549C



21-10-2015

APT BLK 332B ANCHORVALE LINK #07-370 SINGAPORE 542332

5530163

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Oct 2011 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: 5093215827

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJL5669G

Chassis Number

: JHMGE685095210033

2. Name of Policyholder

: JAAE

3. Effective Date of Insurance

: 07 Aug 2017

4. Expiry Date of Insurance

: 06 Aug 2018

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.

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 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 : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** · NO PRIMARY DRIVER : N/A 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)

: JZ ASSURE PTE. LTD. (00000573155)

Date of Issue

: 07 Aug 2017 10:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech						No. of the last			Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change La	nguage	· Change Passwo	rd • Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy N	lo.				Date of Acc	ident	07/12	/2017 06:20	1
	Vehicle	No.(For Motor)	SJL5669G					34,000	***************************************	
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093215827	JAAE	53367768L	GPC	drivo CLASSIC	SJL5669G	SJL5669G	07/08/2017	06/08/2018

D.	Policy	Informa	tion
		***************************************	

Sequence	Date of Endorsement	Endorsen	nent Type End	orsement Status	Endorsement Content
Endorse	42000 10000 WA JU				
D Insured	Object: SJL5669G				
Jnit No.	07-370	Related Policy Number	5093215827		
Address 4	SINGAPORE 542332	Address Type	Singapore address	Post Code	542332
Address 1	BLK 332B #07-370	Address 2	ANCHORVALE LINK	Address 3	ANCHORVALE ISLES
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	JZ ASSURE PTE, LTD.	Agent Tel.	64434443	GST Flag	Y
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Additional Excess	0	OS Premium	0		
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Policy issue Date	07/08/2017	Effective Date	07/08/2017 00:00	Expiry Date	06/08/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	38 TOH GUAN ROAD EAST #0	1-57 ENTERPRIS	SE HUB SINGAPORE 6085	581	
Policy No.	5093215827	Policyholder Name	JAAE	Policyholder NRIC	53367768L

Claim Handling

#### Accident MT/0972749 Policy No. 5093215827 Vehicle No. SJL5669G GST Registration No. Policyholder Name JAAF Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No. (Mobile) 88668858 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode W No Yes @ No € Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 · Accident Details Report Date 07/12/2017 15:24 Accident Report Within 24 hrs Accident Type Date of Accident 06/12/2017 Time of Accident hh:mm 18:20 Country of Accident Singapore Reporting Centre Orange Force ICM No: Accident Location GHEM MOH ROAD **♥** Benefits · Excess Own damage Excess Additional Excess 0.00 Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess 2,000.00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1,500.00 **♥** GST Registered Information **GST Registered** No GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 BLK 3328 #07-370 Address 2 ANCHORVALE LINK Address 3 Address 4 SINGAPORE 542332 Address Type Singapore address Post Code Unit No. 07-370 Related Policy Number 5093215827 OI Driver Info Driver Name Driver Type Unnamed Driver Unnamed driver Name ONG MIN JIE Driver NRIC \$8716549C Driver DOB Register Date of Driver License 19/10/2011 Driver Age Driving Experience Contact No. (Mobile) 88668858 Contact No.(Office) Contact No.(Home) Address 1 **BLK 332B** Address 2 ANCHORVALE LINK Address 7 Address 4 Address Type Singapore address Post Code Unit No. #07-370 Does he own a Singapore Registered car? Yes @ No Driver Vehicle No. Driver Insurer Company Declaration Breathaiyser or Blood Test Any injury? Yes @ No Reading? Modification History Claim 001 OD-MX New Claim Type \* OD-MX . Insured Name JAAE Insured NRIC Contact No.(Mobile) NIL Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number SJL5669G TP Vehicle Number Claim Description SJL5669G / SGG3535J ON 6 Dec 2017 Name of Preferred Workshop Preferred Workshop Contact Insured Liability • Not at Fault Require Finalisation Preferered Repair Option Preferred Workshop, Name unknown Date Registered 07/12/2017 15:34 Claim Close Date Date Received Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired Print AK letter Save Submit Attachment Accident No. MT/0972749 Claim No. Last Doc. Received Yes @ No Upload Date 07/12/2017 15:35 Path \* Category \* Confidential Urgency Browso... Clear Please Select ▼ NO - Normal

