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TP Paraleulars Yell No. SKG	27796	. INC (	)/Non-INO( )				
Owner / Driver: (			Tel:	<del></del>			
Policy No: (, ) Period	:(	)	Cover Type: (	)			
Confirmed by : '(		Dalei	Timer	)			
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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

ACCIDEN	TISTAT	EMENT
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Date Of Report

11/12/2017 15:38

Date Of Accident

10/12/2017 19:45

Exact Location Of Accident

BEDOK, U-TURN OUTSIDE BEDOK MALL

Country/State of Loss

SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLC2605J

## Insured/Policyholder

Name Of Registered Owner

LIU CHI TUNG

NRIC No

S8871740F

Email Address

ANTHONYLIU.COM@GMAIL.COM

Mobile Phone No

(LOCAL) +65-96859689

Alternative Phone No.

HOME-62441285

#### Vehicle Particulars

Manufacturer

MERCEDES-BENZ

Model

C180K

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?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO.

Policy Number

5090847578

Cover Note Number

Driver

Name of Driver

LIU CHI TUNG

NRIC No Date Of Birth

S8871740F 07/01/1988

Occupation

INDOOR

Date Of Driving Pass

05/03/2013

Driving Experience

4 YEARS AND 9 MONTHS

Gender

Mobile Number

(LOCAL) +65-96859689

Fax Number

Contact Number

HOME-62441285

EMail Address

ANTHONYLIU.COM@GMAIL.COM

Address

BLK 59 CHAI CHEE ROAD

#07-894

Postcode

460059

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO NO

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)

**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

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKG2779G

Vehicle Make/Model/Colour

NISSAN SUNNY

Details Of Properties

Name of Driver

BERNICE LEE

NRIC/Passport Number

Contact Number

97337342

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Email Address

## SKETCH PLAN

Veh A: SLC 2605 ] Vih & SKG 2779 G

## IMPORTANT NOTICE

- 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
- information provided must be as truthful and accurate as possible. Any willful misrepresentation of 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
- 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 ladgment 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 vehiclels) 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
- 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:
  - (i) 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:

11 Dec 2017 1-30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/17/2012-Separting Centy-Penyagnel's Signature

SKETCH PLAN Veh A: SLC 2605 ] Veh B: SKG 2779 G

Badok Wall

New upper change Rol

O-Turn P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was preparing to make a u-Turn. The u-Turn was a one-lane of u-Turn. I made sure that the traffic was clear before making the turn. Suddenly, another vehicle cut in from my right side attempting to turn together and
then impact happened.

## DECLARATION

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

Policyholder's Signature Date & Time:

11 Dec 2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pyrsopher's Signature 1

Last Doc. Received	* Yes C No	Upload Data	.1.(/1)//2017 15:55 Category •	Confidential Urge		
Accident No.	MT/0973143	Claim No.	001			
7						
Attachment			wantes secondal			
TOUR POP HILLIAN			Save Submit			
Report Taken By Frint AK letter	nests minu					
Date Registered	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		
Require Finalisation	Yes * 11/12/2017 15:54	Preferered Repair Option Claim Close Date	Licional transport, marie approprie	Date Received		
No.	Was		Freferred Workshop, Name unknown	GIA report		
Claim Description Preferred Workshop Contact	proceedings and sections and to the sold	Insured Liability *	Not at Fault			
Email Address	SLC26053 / SKG2779G ON 10 Dec 2017	Of Venicle number	DLL25023	Name of Preferred Workshop		
Contact No. (Mobile)	anthonyliu.com@gmail.com	Of Vehicle Number	SLC26053	TP Vehicle Number		
Claim Type *	00-MX •	Insured Name Contact No.(Huma)	62441285	Contact No.(Office)		
	DR-MX *		LIU CHI TUNG	Insured NRIC		
Claim 001 00-MX New	i					
Reading?			New Color			
Declaration Breathalyser or Blood Test	0 mg	Any injury?	Yes @ No			
Registered car)	Yes / No	Driver Vehicle Nii.	SLC26053	Driver Insules Company		
Gnit No. Dues he own a Singapore				Driver Insurer Company		
Address 4		Address Type	Singapore address	Post Code		
Address 1	BLK 59 #07-894	Address 2	CHAI CHEE ROAD	Address 3		
Contact No.(Mobile)	90859689	Contact No.(Office)	Constant and Constant of the C	Contact No. (Horre)		
Register Date of Driver Ucense	05/03/2013	Oriver Age	39	Driving Experience		
Jonamed driver Name		Driver NRIC	SH871740#	Driver DOB		
Driver Name	LIU CHI TUNG	Driver Type	Main Driver			
OI Driver Info						
init No.			5090647576			
dores 4	MINERAL SAME ACCO	Address Z Address Type	Singapore address	Post Code		
State of the property of the p	NAMES OF THE PROPERTY OF THE PARTY OF THE PA		CHAI CHEE NOAD	Address 3		
Policyholder Mailing Add	ress					
todification History						
ST Registration No.			GST Status Verified	Yes		
ST Registered	No.		GST Registration Date			
Third Party Excess  GST Registered Informat		Annual Strategic IV Section	7127			
	0.00	Outside Singapore TP Excess	0.00			
Iwn damage Excess Innamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	111111111111111111111111111111111111111		
♥ Excess	10 bta	Additional Excess	0.00	Windsowen Excess		
♥ Benefits						
	BEDOK JU-TURN OUTSIDE BEDOK MALL					
eporting Centre		Orange Force		ICM No.		
	10/12/2017	Time of Accident hhimm	19:45	Country of Accident		
Vanada van de la companya de la comp	11/12/2017 15:48	Accident Report Within 24 hrs	Yes	Accident Type		
Accident Details	V POTE MANAGEMENT OF	awaran was a same	(Made)	Leading Trees		
CD Protection	No	NCD Entitlement(%)	9.			
FK .	₩ No. Yes	TCA	□ No Yes	eCode Reason		
mail Address		Special Remark		eCode		
cotact No (Mobile)	10,859489	Contact No.(Office)		Contact No (Home)		
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading		
oduct Code 1						
	IU CHI TUNG			Policyholder NRIC		

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Video List									
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		C	Browse.	Clear	Please Select		-		Norma

# **Accord Auto Services Pte Ltd**

Location of Accident: Region (Let use outside Region)	Mall Date of Assident: 10/12/17
Location of Accident: Redok, U-Turn outside Redok   Landmark of Accident Area (IF ANY): No. of Passenger (Including Driver):	Time of Accident: 19-484
No. of Passenger (Including Driver):	(7.48pm)
Details of Own Vehicle	i a a a supray
Vehicle Registration Number: SLC 26955 / Make/ N	Model: Merc C180 k
Name of Preferred workshop: Accord Auto Services Pte Ltd Con	tact: 62717433
ANDER OF SERVICE AND AND AND AND SERVICE AND	
Name of Registered Owner:LIU CHI TUNG	AUDIO SAFTITIVE
Address: 59 CHAI CHEE ROAD #07-894	
Occupation: SALES MANAGER (Indoor / Outdo	or) Mobile No: 9685 9689
Email: anthonyliu@gmail.com	<del>-</del>
Driver	
Name of Driver: LIU CHI TUNG	NRIC/Fin: 58871740F
Driving License Pass Date: 5 MAR 2013	DOB: 7 JAN 1988
Address: S9 CHAI CHEE ROAD #07-894	5(460059)
Occupation: SALES MANAGER Indoor / Outdoor	
	fome No. / Office / Others: 62041285
Email: anthonyliu.com @ gyntil.com	
Insurance Company	
Insurance Company: NTUC (C/TFPT	/TPO) Policy No: 5090847578
*Comprehensive/Third Party Fire & Theft/Third Party Only	
Driver an employee: Yes / No if no, what is relationship	p with the policyholder:
*If Driver is a policyholder, kindly ignore this question	
Details of other vehicle Property 1	Details of other vehicle Property 2
Vehicle Registration No.: # SKG 2779G	betails of other verifice Property 2
Vehicle Make/Model/Colour: NTSSan Sunny (Silver).	
Name of Driver: Service Lee	
NRIC:	
No. of Passenger (Including Driver):	
Contact Number: 9733 7342	
Nature of Damage:	
For Official use only	
~	only / Third Party Claim
General Information of Accident	usoden seedusta (m. 1914) in <del>Talento</del> distribusionia di dentata (m. 1914). 1914
Type of Accident: Head-Rear / Side Swipe / Others:	
Weather Conditions: Clear / Raining / Others:	
Road Surface: Dry/ Wet / Others Material / Property dam	
Any police report made: Yes / No Injured party: Yes / No	1
Any Video Cam: Yes/No	2.
Summon Against Whom:	3
*For injured Party details, it must be supported by police report	



3105700495 NO. \$8871740F LIU CHI TUNG CHINESE 07-01-1985 M HONG KONG

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 2 Motor Cass=< 3000kg with =<7 passengers, exclusive: 05 Mar 2013 of the driver; and other motor vehicles =< 2500kg

4305455

11-11-2008

APT BLK 59 CHAI CHEE ROAD #07-894 SINGAPORE 450059

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: 5090847578

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: 5LC2605J

Chassis Number

: WDD2040452A708297

2. Name of Policyholder

: LIU CHI TUNG

3. Effective Date of Insurance

: 17 May 2017

4. Expiry Date of Insurance

: 15 May 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 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) : 55600 : N/A EXCESS (SECTION 2) WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE · NO **EXCESS WAIVER** : NO

: LIU CHI TUNG PRIMARY DRIVER

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (5) PTE LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

E DICKSON AUTO AGENCY (00000614645)

Date of Issue

08 May 2017 18:51 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED.

Countersigned By:

Authorised Officer

Chief Executive