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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.	
用品的原始的自然的自然的自然是	ACCIDENT STATEMENT
Date Of Report	02/05/2018 11:08
Date Of Accident	01/05/2018 14:00
Exact Location Of Accident	JUNCTION OF CLARKE QUAY AND RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
PARTY WEST CHARLES TO THE COMMENT OF THE CO	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5700S
Insured/Policyholder	
Name Of Registered Owner	DAPHNE NG CHIA LI (DAPHNE HUANG JIALI)
NRIC No	S8028886G
Email Address	DAFNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96876908
Alternative Phone No	OTHERS-96876908
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
Exact Purpose for which vehicle was being used a time of accident	PRIVATEUSE
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081507196-01
Cover Note Number	

Driver

DAPHNE NG CHIA LI (DAPHNE HUANG JIALI) Name of Driver

S8028886G NRIC No 27/07/1980 Date Of Birth INDOOR Occupation 03/05/2005 Date Of Driving Pass

12 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96876908 Mobile Number

Fax Number

OTHERS-96876908 Contact Number DAFNIE@GMAIL.COM EMail Address

Address

54 NEW UPPER CHANGI ROAD

#04-1462

Postcode

461054

OWNER

Was driver an employee of the Insured's Company NO

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

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance? 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)

3

Passenger 1

NAME:

: HUSBANG

GENDER:

: MALE

Passenger 2

NAME:

SON

GENDER:

: MALE

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 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

CAPTURED WRONG DIRECTION

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PZ24E

Vehicle Make/Model/Colour

MAN

Details Of Properties

Vehicle Category

BUS

Name of Driver

LI GUIDONG

NRIC/Passport Number

057601167

Contact Number

96549580

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful</u> and <u>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.
- 5. 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:
 - (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.
- (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: Da-loc

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persopnel's Signature

Name:

NRIC/FIN NO LOO

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	- Kell
A) 860 5700S	
B) PZ 24E	9 9 - CLARKE QUARY

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Chopping	s driving out of The small lane outside liang Court Centre and making a left turn to River Valley	
Road	. The traffic light showed green arrow when	7
1./65	making the left turn. Shortly after a bus	
hit +	he first corner of my car and as I braked to	
0 -404	p, it my car scrapped part the bus a little	<u>a</u>
4 290	until the car fully stopped.	
More	China he can then I start	
		_
		_
		_

DECLARATION

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

Policyholder's Signature

Date & Time: 62 05 2018

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

Date & Time:

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



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ACCIDENT STATEMENT

ACC	DENT DATE: 01 / 05	2018)(DD/MM/YYY).	TIME: (14:00)(HH:MM)
1/10	ATION: River Valle		
1002	MON. The Ville	J Kostot	_
1	DETAILS OF VEHICLE	SL05700S	9 9
	bJINSURANCE COMPAN	Y: NTUC Income	
	CIPOUCY NUMBER: 50	081507196-1	01
			Y / THÍRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	HONDA VEZE	
	TITYPE: (CALOON) COUP	E / MPV /V AN / LORRY	/ MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY:		
	h)PURPOSE OF USING AT		
	I) ARE YOU CLAIMING UN		
020	IF NO, PLEASE STATE NH		ORTING ONLY)
2.	INSURED / POLICY HOLDS	NG CHIA LI	(MALE (FEMALE)
12 00 - 0	HINRIC / FIN / PASSPORT	280288866	CONTACT: 96876908
Russomo	CIADDRESS: 54 NEW	UPPER CHANG	G ROAD
SOM	#04-	1462 8646 105	54)
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the of passenga	DRIVER A A PHATE	NG CHIA LI	I SAUGHONI I STATE OF THE STATE
(Including disper)	d)NAMEL DITTI	CO22000/ C	MALE (FEMALE)
(2)	DINKIC/FIN/PASSPORT	AS ABOVE	CONTACT: AS ABOVE
J	c)ADDRESS:	U2 1100	
	d)DATE OF BIRTH: (24	MIDDIN 0891 / FO /	M/YYYYI ·
	BJOCCUPATION: NDOC	ROOUTDOORI	
	FIDATE OF DRIVING PA	03/05/	2005
4.	WAS DRIVER AN EMPLO	YEE OF THE INSURED	S COMPANY? (YES / NO)
155	IF NO, RELATIONSHIP		
5.	DIWEATHER CONDITION:		HERS
2	WAS ANYBODY INJURED		
	a) REPORTED TO POLICE (
	IF YES, PLEASE STATE WH		
8.	THIRD PARTY VEHICLE	N==4-	99 EV
the 34 personner	a) VEHICLE NUMBER:	PZ 24E	MODEL: MAN
belieber direct	b) DRIVER'S NAME: L	I GUIDONG	9/549580
	C) NRIC/FIN/PASSPORT:	0 27601167	CONTACT: 96549580
	THIRD PARTY VEHICLE		MODEL:
en of pulsage.	d) VEHICLE NUMBER:e) DRIVER'S NAME:		INIOUEL
he was drived	f) NRIC/FIN/PASSPORT:		CONTACT:
15 ires			

email = dafnie@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8028886G



DAPHNE NG CHIA LI (DAPHNE HUANG JIALI)

黄佳莉

CHINESE

27-09-1980 F SINGAPORE

0247712



S8028886G

0+

28-01-1992

APT BLK 54 NEW UPPER CHANGI ROAD #04-1462 SINGAPORE 461054

NRIC No: \$8028886G

Date: 24/10/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



Laurie Santer S8028886G

DAPHNE NG CHIA LI (DAPHNE HUANG JIALI)

10 Date 27 Sep 1980 m Due 03 May 2005



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor cars = 3000 kg with =< 7 passengers exclusive of the drivelet and motor tractors /yehicles =< 2500 kg **

03 May 2005

Linence No: S80283386

NP 428A



Certificate of Insurance

Cover : drivo CLASSIC

: DAPHNE NG CHIA LI (DAPHNE HUANG JIALI)

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: 5081507196-01

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.

: SLD57005

: RU11116750

: 22 Jun 2017

: 21 Jun 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 : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : DAPHNE NG CHIA LI

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

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (S) 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

YONG LEE SENG MOTOR PTE LTD (00000613109)

Date of Issue

: 26 Apr 2017 12:54 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

			ADDENDE	JIVI
()	PARTICULARS OF PER			
	Original Report No :	MURYIS	0 56973	Vehicle Registration No: S U 5700 S
	Namelas shownin NRIC) :	DAPHNE	MG CHUB LI	_NRIC/FIN/PassportNo :S&02886 G
	(*Vehicle Driver / Veh	nicle Owner) (Please delete as ap	propriate
	Address :			Singapore(
	Contact (Tel) :			Mobile No.: 96476968
	Email Address :		0	
	Date of Accident	01/05/28	cf	Time of Accident:
	Place of Accident	: Shall	rion of close	KK QUOY / RIVERYBURY ROOD
	Insurance Company	Hlu	C	
			ACMIDIATEMES.	
1	ADDITIONALINFOR	MATIONIA		t I I I I I I I I I I I I I I I I I I I
	I have made a report	t on the above	mentioned accident	and would like to include additional information o
	make the following	amendments:	-1 - 0 -	1111- 400
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	TIME OF I	Turbi-		
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	e in the transfer of profession	sele Classettes		Reporting Centre Parsonnel's Signature
	Policyholder / Driv	er s Signature		Name: //AD// / MM/
	Date;			NRIC/FINANO:
				Date: 10 1/01/2010