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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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

arbresau.	ACCIDENT STATEMENT
Data Of Passet	09/05/2018 16:13
Date Of Report	STANDARD WORLD STANDARD
Date Of Accident	08/05/2018 21:35
Exact Location Of Accident	BLK 33 TEBAN GARDENS ROAD CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV4729G
Insured/Policyholder	
Name Of Registered Owner	GOH SIN HWEE (WU XINGHUI)
NRIC No	S6915519G
Email Address	GHHWEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96774051
Alternative Phone No	OTHERS-96774051
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5091751777
Cover Note Number	
Driver	
Name of Driver	GOH SIN HWEE (WU XINGHUI)
NRIC No	S6915519G
Date Of Birth	03/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1993
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96774051
Fax Number	A TORROR CONTROL CONTR

OTHERS-96774051

GHHWEE@YAHOO.COM.SG

Address

BLK 34 TEBAN GARDENS ROAD

#14-277

Postcode

600034

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?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

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)

#### 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?

YES

Was there any audio recorded?

NO

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

Vehicle Registration Number Vehicle Make/Model/Colour

SFD7381L

**Details Of Properties** Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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 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.
- 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 :
  - 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

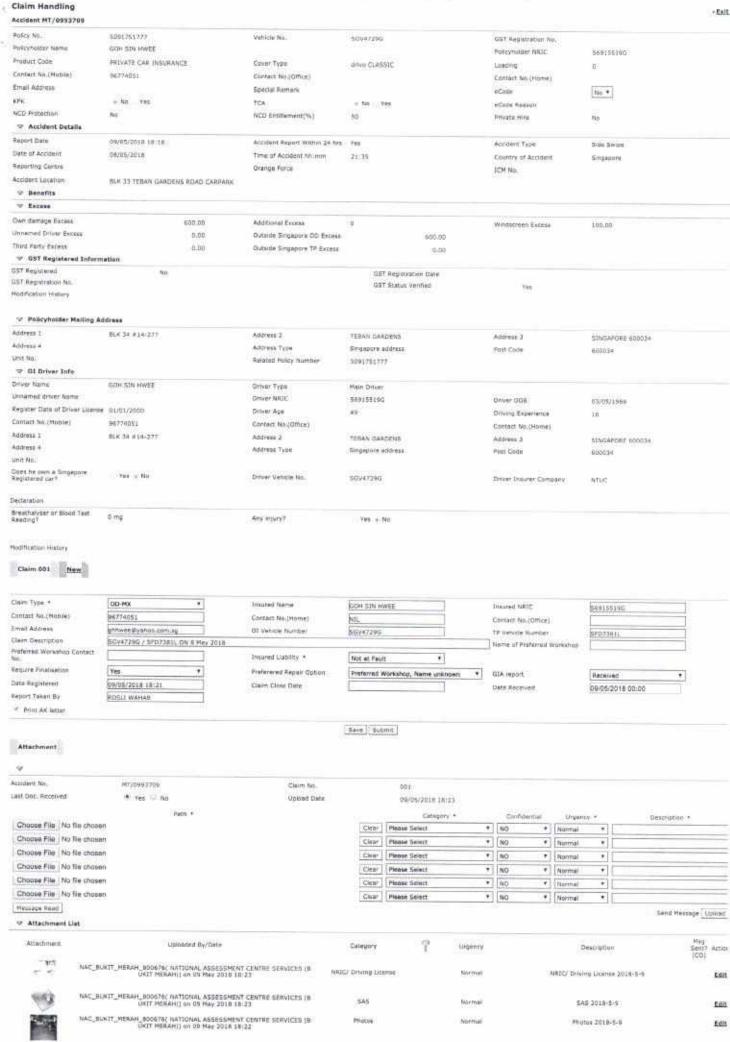
ure Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signatu

Name:

NEIC/EIN NO

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DECLARATION  I/We declare the foregoi	ng particulars are true in every respect.	03/05/201
Policyholder's Signature	Driver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Signature



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# ACCIDENT STATEMENT

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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6915519G



Name

GOH SIN HWEE (WU XINGHUI)

星 裈

CHINESE

Date of birth 03-05-1969

M

Courtry/Place of Birth SINGAPORE



5696476



02-02-2017

APT BLK 34 TEBAN GARDENS ROAD

SINGAPORE 600034

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor cars with unladen weight =< 3000kg with =< 7 22 Oct 1993
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load 27 May 1998
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg Class 4

NP:428A

Class 3





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) A	CT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) R	ULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
EACHOR IN THE PARTY OF THE PART	

MINISTER FEITHER	TITLING LANGE	CUISKS! WOLF	2 1323	(MALAYSIA)
General Control of the Control	C Alexandria (Company)	3,220		

Cover : drivo CLASSIC
: SGV4729G : JHMGD185075222808 : GOH SIN HWEE : D7 Jun 2017 : 14 Jun 2018  older's order or with his/her permission. In accordance with the licensing or other laws or regulations to drive dis 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.
  - # Umitations 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	: S\$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 NO
PRIMARY DRIVER	GOH SIN HWEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL 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

venicles (Third Part)	y Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysi
Agency	DICKSON AUTO ACENCY (ACCOUNTS)

N AUTO AGENCY (00000614645) Date of Issue : 07 Jun 2017 16:48 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: 566580010G / 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

A)	PARTICULARS OF PE	RSONMAKINGTHE	AMENDMENT	S:		
	Original Report No	Mul 4/20/205	.63	Vehicle Registr	ation No: SGV	47274
	Name(as shownin NRIC)	GOH 3 pu Hu	WERE (WU	X(NG) (N) _NRIC/FIN/Pass	portNo : S6	9155196
		ehicle Owner) (*) Ple				
	Address	s			Sin	gapore( )
	·Contact (Tel)	1		Mobile No.;_	96714051	
	Email Address	I				
	Date of Accident	: 08/05/7018	9	Time of Accide	ent: 21.'3.	5
	Place of Accident			POAP (		
4	Insurance Compan	> AIJUL				
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	Policyholder / Dri Date:	ver's Signature		Reporting Name: NRIC/FINS Date:	No. Polos	mylors 12018