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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 <u>truthful and accurate</u> 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 aforesaid.

The second of the second of the second	ACCIDENT STATEMENT
Date Of Report	31/05/2018 09:15
Date Of Accident	30/05/2018 08:00
Exact Location Of Accident	MALAYSIA CUSTOM
Country/State of Loss	SINGAPORE
AND AND ASSESSMENT OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ1657G
Insured/Policyholder	
Name Of Registered Owner	CHEW BOON WEE
NRIC No	S7675099H
Email Address	BOONWEE.CHEW2013@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91691011
Alternative Phone No	OFFICE-91691011
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000001760-01-000
Cover Note Number	
Driver	
Name of Driver	CHEW BOON WEE
NRIC No	S7675099H
Date Of Birth	20/04/1976
Occupation	INDOOR
Date Of Driving Pass	19/07/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91691011
Fax Number	
Contact Number	OFFICE-91691011
EMail Address	BOONWEE.CHEW2013@GMAIL.COM

BLK 688 HOUGANG ST 61 #09-224 Address

530688 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

SKC5510R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver LEONG MUN HON

S7860817Z NRIC/Passport Number 93488026 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 truthful 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.
- 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:
 - (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:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIANAMI SwitchPlanform: Val.

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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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

I WAS QUEUEING INSIDE THE MALASIA CUSTOM FOR IMMIGRATION, WHILE STOP AT THE IMMIGRATION COUNTER, ALL OF A SUDDEN, I FELT AM IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKC5510R) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

AC	CIDENT DATE:(_	30/05/2018	_)(DD/MM/YYY)	r), TIME:(8	am	MM:HH)(
LOC	CATION: Mala	ysia custum				
	DETAILS OF	VEHICLE NUMBER: SKZ [L51G			
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	b)NRIC/FIN/	PASSPORT: 876	75099H	CONTAC	1: 916910	011
	CIADDKE22:	688 Hougang	>161 #01-1	24 Singa	pore 53	0688
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Including driver)	b) DRIVER'S	NAME: Leong 1	nun Hon	_MODEL		
	c) NRIC/FIN	I/PASSPORT: S	18608172	CONTACT	. 93400	1026
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7675099H





CHEW BOON WEE

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CHINESE

20-04-1976 M

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7675099H

CHEW BOON WEE

Birth Dale 20 Apr 1976 toque Date 19 Jul 2005

001356803E

8332695



NIC No. S7675099H

MALAYSIAN

27-10-1999

APT BLK 688 HOUGANG ST 61 #09-224 SINGAPORE 530688

NRIC No: \$7675099H

Date: 18/02/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 28 Motorcycles =< 200 cc Motor cars =< 2000 kg with =< 7 passengers. exclusive of the driver; and motor tractors (vehicle's =< 25/0 kg

PASS DATE 19 Jul 2005 19 Jul 2005

NP 428A

Licance No. S7675039H



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) - Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number

MOMVP000001760-01-000

Cover : Private Car (Comprehensive)

Policyholder Name

Chew Boon Wee

Chassis Number

: ZSU600062755

NCD Entitlement

20% No Claim Discount

Engine Number

: 3ZRB671079

Hire Purchase

TOKYO CENTURY LEASING

(SINGAPORE) PTE. L

Registration Number

: SKZ1657G

Period of Insurance

From 12/01/2018 (00:00) To 11/01/2019 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Policyholder a)
- b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business This Policy does not cover:

- Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- C) Use for carriage of goods (other than samples) in connection with any trade of business
- Use for any purpose in connection with Motor Trade
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (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)

SGD 600.00

Workshop

Dealer Workshop

Excess (Section 2)

N/A

Off Peak Car

No

Windscreen Excess

SGD 100.00

NCD Protection

No

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Main Driver

Chew Boon Wee

Named Driver 1

N/A

Named Driver 2

Named Driver 3

N/A

N/A

Name of Intermediary

Times Insurance Brokers Pte Ltd

Date of Issue

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory