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Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax		
TP Particulars:   Veh No: STY 90131	) INC (	)/Non-INC( )	74	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by: (	Date:	Time:	7	
		0%; P: 21-79%. F: 80-100	0%1	
Year of Registration: ( ) Warranty: Y		)	10/540	
	52,000 ( )			
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Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/ Courtesy Car	r( )			7,000
2) QC Check / Post Repair Inspection	( )			0.0
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			200
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MALL 100 SUB S	1) AR : Accident	State of the State	- The Path	TOTAL COLUMN
Claimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC (\$80)		11-11-11-11
Driver/Owner:	3) TF : Towing F 4) FT : Follow-T	hrough Survey \$1	20	
Contact No:	5) FT : Follow-T	hrough Survey (Resurvey) \$ gainst INC Only (wef 10 Jan 2005)	30	
	6) TR : Re-inspec	ction S	75	
Damaged Portion:	7) N1 : Idao DA	Carlotte Committee	60	
	8) NTUC Addition	onni Services,-		-/
QC Checked by (Engr-In-Charge):		the state of the s	\$5	
CONTROL OF THE EXPENSES FOR THE COMPANY STATES AND	*N6: Repair C *N7: Post Rep	o grannism.	25	
Auditors! Comments :-	*N8: DV / Col	licet Excess Coordination	\$5	
Cat. 1;	TP (N11) : TP 9) N12: Idae Mo	franchisto A. A. B. Marie C.	30	
2nt. 2/3;	Invoice dated	Fee Charged		aren ya
	Invoice dated	Fee Charged	. :H-5'	-

#### 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.

- 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.

	ACCIDENT STATEMENT
Date Of Report	06/09/2018 11:45
Date Of Accident	05/09/2018 12:20
Exact Location Of Accident	TELOK BLANGAH ROAD (LANE TURNING INTO VIVOCITY)
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ7807K
Insured/Policyholder	
Name Of Registered Owner	CHEW DONALD
NRIC No	S1274305Z
Email Address	CHEWBRAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97494510
Alternative Phone No	OFFICE-97494510
Vehicle Particulars	
Manufacturer	AUDI
Model	Q3 2.0 TFSI QU (170BHP)
Exact Purpose for which vehicle was being used at time of accident	GOING TO LUNCH
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	5101090103
Cover Note Number	
Driver	
Name of Driver	CHEW DONALD
NRIC No	S1274305Z
Date Of Birth	01/07/1957
Occupation	INDOOR
Date Of Driving Pass	11/04/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97494510
Fax Number	

OFFICE-97494510

CHEWBRAT@GMAIL.COM

Address

BLK 205 PASIR RIS STREET 21

#09-378

Postcode

510205

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

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)

1

**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?

NO

Was there any audio recorded?

NO

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

Vehicle Registration Number

SJY9013D

Vehicle Make/Model/Colour

KIA CERATO FORTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SHERLIN TEO XUE LIN

NRIC/Passport Number

S8939035D

Contact Number

91390787

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:
  - 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: 6/9/18 0920

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The second control of the control of the second control of the sec
On 5 Sep 2018 at around 1220 pm, I was driving to Uvocity, along Telok Blangah Road (From Henderson Road) to have lunch. The cars in front of me all slowed down in the turning lane to turn into Uvocity. after I had stopped, the vehicle
554 9013 D could not brake in time and hit the rear of
my can. as a result of the impact, the rear bumper lower
Lieb had be a beautiful to the first of the
lid had two tegas (punctured holes) while the bumper had
scratches and some mis alignment.
Seah Im
Foodcenting
1 oca aera e
55490130
SKJ 7807K TELOK BLONGAN ROAD
) Vivocity

## DECLARATION

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

Policyholder's Signature

Date & Time: 6/9/18 0920

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

Date & Time:

Reporting Centre Personne

Name: KOLL WA

		2012/11/25	E-STADING		GSY Registration No.	
	5181090303	Vehicle No.	5K27807K			
ertificate No.	CHEW DONALD				Policyholder NRSC	512743052
olicyhulder Name. rodutt Code	PRIVATE CAR INSURANCE	Cover Type	SHIVE CLASSIC		Coading	Ó
ortad No.(Mobile)	97494310	Contact No.(Office)	STATE OF THE REAL PROPERTY.		Contact No.(Home)	
mail Address	0.000.00000	Special Remark			eCode	No *
FK.	= No Yes	TCA:	. No Yes		eCode Keason	
ICD Protection	Yes	NCII Entitlement(%)	50		Private Hire	Nep
✓ Accident Details						
laport Data	06/09/2018 12:00	Acoders Report Within 24 hrs.	Yes		Accident Type	Collision + Head to Rear
Date of Accident	05/09/2018	Time of Accident his:mm	12:20		Country of Accident	Singapore
Reporting Centre		Orange Force			SCM No.	
Accident Location	THLON BLANGAH ROAD (LAKE TURNING INTO)	VIVOCITY)				
₩ Excess						
Den demage Excess	800.00	Additional Excess	0		Windscreen Excess	\$00.09
Jonamed Driver Excess	u.be	Outside Singapore OD Excess		600.00		
Thice Party Excess	0.00	Outside Singapore TF Excess		0,00		
♥ Benefita						
□ GST Registered Informati	on					
35T Registered	No			stration Date		
SST Registration No.			GST Statu	us Verified	Yes	
Hudification History						
Policyholder Hailing Addr	Carlo Control of the	Takking W.	Share are year	F 91	Address 3	SINGAPORE \$10705
Address 1	BLX 205 #09-376	Address 2	PASIA RIS STREET Singapore address		Post Code	519GAPORE \$10109
Address 4		Address Type Raislad Policy Number		9	THE CASE	7111111
Unit No.		Assess Forcy Number	2101080103			
OI Driver Infe	CHEW DONALD	Driver Type	Main Driver			
Unnamed driver Name	CHEW DOWNED	Driver NRIC	51274305Z		Driver DOII	01/07/1957
Register Date of Driver License	01/01/1990	Driver Age	61		Driving Experience	38
Contact No.(Mobile)	97494510	Crintad No.(Office)			Contact No.(Home)	
Address I	BUK 205 419-376	Address 2	PASIN NIS STREET	T 21	Address 3	SINGAPORE STORES
Address 4	STREET STATE AND	Address Type	Singapore address		Post Code	510209
Unit No.						
Does he own a Singapore Registered car?	Ter a No	Driver yehicle No.	SAUTARTA		Driver Insurer Company	NTUC
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# ACCIDENT STATEMENT

ACCIE	ENT DATE: 05 109 2018 100/MM/YYYY	), TIME:( 12:20 )(HH:MM)
LOCAT	ION: Telok Blangh Road (	Lane Turning to Vivocity)
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: SK3 7807K	# 2 <sub>n</sub>
	DINSURANCE COMPANY: NTUC INCOME CIPOLICY NUMBER: 510 10 90103	me
	dIPOLICY TYPE: (COMPREHENSIVE / THIRD PAR	TY / THIRD PARTY FIRE &THEFT)
	9) MAKE & MODEL: AUDI Q3  1) TYPE: (SALOON) COUPE / MPY / VAN/ LORR  g) VEHICLE CATEGORY: (PRIVATE / COMMERCE  h) PURPOSE OF USING AT ACCIDENT TIME: 90	TAL/MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU IF NO, PLEASE STATE (THIRD PARTY CLAIM / RI	RANCE (YES/NO)
2.	ANAME: Donald Chew	(MALE / FEMALE)
	DINRIC/FIN/PASSPORT: 5/2743052 CIADDRESS: 81K 205 Pasir Ris S # 09-376 Signe S	5+21
£ (%	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	The state of the s
Ho of passanger Including driver)	DRIVER AS Above	(MALE / FEMALE)
(1)	b)NRIC/FIN/PASSPORT:	CONTACT:
×	*d)DATE OF BIRTH: ( OL 07/ 1957) (DD)  #)OCCUPATION: (INDOOR / OUTBOOR)  1)DATE OF DRIVING PASS : : 11 Apr	W 20 W
4.	WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT	CED'S COMPANTI (DESTINO)
5.	DIWEATHER CONDITION: (CLEAR / RAINING 7	OTHERS
161	b)ROAD SURFACE: (DRY / WETT OTHERS	
	WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION	4:
8. Ho of Jaccomose	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: STY 9013D  b) DRIVER'S NAME: Sherlin Teo Yue  c) NRIC/FIN/PASSPORT: S8939035D  THIRD P'ARTY VEHICLE	MODEL: Kia Cerato Forte
lactorium die et l	C) NRIC/FIN/PASSPORT: S8939035 D THIRD PARTY VEHICLE	CONTACT: 91390787
		MODEL:
100 of pr. 272 mg	e) DRIVER'S NAME:	40.40-
to the glassy statement	e) DRIVER'S NAME:	CONTACT:
: , )	¥ī	

EMPIL = chewbrat@gmail.com

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1274305Z



CHEW DONALD



CHINESE 01-07-1957 SINGAPORE







0+

04-01-1994

APT BLK 205 PASIR RIS STREET 21 #09-376 SINGAPORE 510205

NRIC No. \$1274305Z Date: 09-06-2001 No: 4016723

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES PASS DATE Motor Cars and Motor Tractors the weight of which unliden does not exceed 2500 kilograms



## 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: 5101090103

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKJ7807K

Chassis Number

: WAUZZZ8UXOR074551

2. Name of Policyholder

: CHEW DONALD

3. Effective Date of Insurance

: 03 Jun 2018

4. Expiry Date of Insurance

: 02 Jun 2019

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.

N/A

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) - N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : CHEW DONALD

NAMED DRIVER (1) N/A NAMED DRIVER (2) N/A HIRE PURCHASE COMPANY : MAYBANK

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)

: INSURE LINK PTE LTD (00000614836)

Date of Issue : 31 May 2018 16:39 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-CO Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$565500200 / GST Reg. No.: M400017735 .

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report.
ADDENDUM ,
PARTICULARS OF PERSON MAKING THE AMENDMENTS:  Original Report No: MNAY18/15487 Vehicle Registration No: 5K57807K
Name(as shown in NRIC): CHEW DONALD NRIC/FIN/Passport No : 51274305Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BIK 205 Pasir Ris St 21 # 09-376 Singapore (51020)
Contact (Tel) -: 97494510 Mobile No.: 97494510
Email Address: chewbrat @gmail-com.
Date of Accident : 5/9/18Time of Accident : 12-20pm
Place of Accident : Telok Blangah Road Gowards City before Habourfro
Insurance Company: NTUC Income
To Whough from Rupoknus & THERO PORTY CLOTHS
llung (xv
Policyholder / Driver's Signature Date: 6/9/18  Reporting Centre/Personnel's Signature Name: NRIC/FINAS: AND WHITE/C

06/09/2005