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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 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 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.

THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	08/10/2018 14:18
Date Of Accident	08/10/2018 11:05
Exact Location Of Accident	280 WOODLANS INDUSTRIAL PARK E5 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFF9393D
Insured/Policyholder	
Name Of Registered Owner	CHAN CHIN PENG
NRIC No	S1564713B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91471362
Alternative Phone No	OFFICE-91471362
Vehicle Particulars	
Manufacturer	BMW
Model	530I LED NAV HUD MSPT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090421305-01
Cover Note Number	70
Driver	
Name of Driver	CHAN CHIN PENG
NRIC No	S1564713B
Date Of Birth	22/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91471362
Fax Number	9)
Contact Number	OFFICE-91471362
EMail Address	NOEMAIL

Address BLK 503 WOODLANDS DR 14 #08-56

Postcode 730503

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

YES

NO

NO

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) 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

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

WHILE WAITING REVERSING INTO A EMPTY LOT, SUDDENLY VEH B (BEARING NO GY9955X) REVERSING OUT FROM THE LOT WITHOUT NOTICED MY VEH AND HIT ONTO MY VEH RIGHT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GY9955X

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver TEOH YONG SENG

NRIC/Passport Number S0222866A

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:

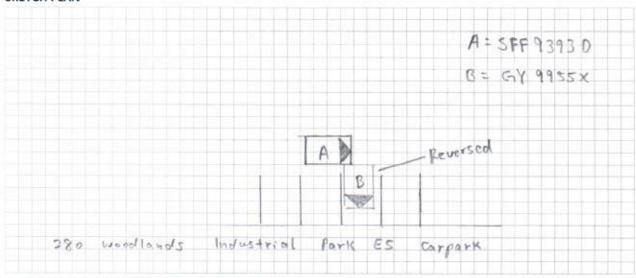
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



DECCDIDE	CIDCII	MSTANCES	OF THE	ACCIDENT

Please	Refer	+ 0	Statement
		/	

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 Name:

NRIC/FIN No.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

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: 5090421305-01

Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle

: SFF9393D

Chassis Number

: WBAJA52070G885281

2. Name of Policyholder

: CHAN CHIN PENG

3. Effective Date of Insurance

: 25 Apr 2018

4. Expiry Date of Insurance

: 24 Apr 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.

EXCESS (SECTION 1) EXCESS (SECTION 2)

: \$\$600 : N/A

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS

: YES

REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES

INSURE WITH COF NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER PRIMARY DRIVER

: CHAN CHIN PENG

NAMED DRIVER (1)

: CHAN JUN HONG

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: DBS BANK 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

: TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)

Date of Issue

: 28 Mar 2018 19:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Claim Handling

March	Accident MT/1014850							
Control of In-	Policy No.	5090421305-01	Vehicle No.	SFF9393D		GST Regi	stration No.	
Marcian Color	Certificate No.			1-2700 AT TOO TOOLS		C. Carlotte	ASI SANSIA. U.S.A.	
Ministre Colon	Policyholder Name	CHAN CHIN PENG				Balleybok	for NR1C	51564
Clases Companies Spirit	Product Code		Cover Type	drive PREMIUM			or mac	
Second	Contact No.(Mobile)	91471362		Santa Marketan II			in (Home)	
No. 1	Email Address						o.(nome)	No. W
Mode Presente Mode Presente Mode Presente Mode Presente Mode Presente Mode Presente Mode	KFK	• No Yes		w No Ver			200	140 *
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### Second 28 NOOCUAS ROUGHTHAL PARK ES CANPAIS. Second Process 100.00 Control Park 100.00		08/10/2018		11:05		Country of	of Accident	Singap
### Description			Orange Force			ICM No.		
March Marc		280 WOODLANS INDUSTRIAL PARK E5 CARPARK						
Unamed of Direct Notes 0.00			1905					
March		600.00	Additional Excess	.0		Windscre	en Excess	100.00
Mary Set Registerior No		0.00	Outside Singapore OD Excess		600.00			
Set Seguence No		0.00	Outside Singapore TP Excess		0.00			
No								
SST Status Werfied New N	GST Registered Informa	ition						
Modification Instituty		No		GST Regis	tration Date			
## Policyholder Halling Address BLX 503 F08-56 Address 2 WODILANDS DRIVE 14 Address 3 SINGA Address 4 Address 799 Singapore address Post Cade 73000				GST Statu	s Verified		Yes	
Address 1	Modification History							
Address \$ Address Type Singapore address Pet Code 73055 Unit No. Rainted Price Number 500641385-51 Unit No. Pet Code 73055 Unit No. Pe	▼ Policyholder Mailing Ade	dress						
Address 4 Agricus Type Singapore address Post Code 73050 Unit file of Code 730	Address 1	BLK 503 #08-56	Address 2	WOODLANDS DRIV	E 14	Address 3	1.)	SINCA
Main Driver	Address 4		Address Type		Care Co.			
## Control Name	Unit No.						24	73030
Driver Name	OI Driver Info			0030421303/01				
Division	Driver Name	CHAN CHIN PENG	Driver Type	Main Driver				
Register Oble of Driver License 01/01/1988 Driver Age 55 Driving Experience 30	Unnamed driver Name					Driver DC	IB.	22/12
Correct No. (Mobile) 91471362 Cuntant No. (Office) Contact No. (Notice) 91471362 Cuntant No. (Office) No. Address 1 BLK 503 #018-56 Address 2 WOODLANDS DRIVE 14 Address 3 SINGA Address 4 No. Address Type Singapore address Past Code 77269 Unit No. Driver Insurer Company Past Code 77269	Register Date of Driver License	01/01/1988						
Address 1 BUX 503 #08-56 Address 2 WOODLANDS DRIVE 14 Address 3 SINGA Address 4 Address 4 Address Type Singapore address Past Code 73050 Unit No. Decis nown a Singapore address No Driver Method No. Driver Insurer Company Decis nown a Singapore Registered Code No Driver Method No. Driver Method No. Driver Insurer Company Decis nown a Singapore Registered Code No Driver Method No. Driver Method No. Driver Insurer Company Decis nown a Singapore Registered Code No Driver Method No. Driver Method No. Driver Insurer Company Decis nown a Singapore Registered Code No Driver Method No.				33				30
Address 4: Address Type Singapore address Past Code 73050 Unit No. Driver Insurer Company Does ne own a Singapore Registered Gar? Ves × No Driver Vehicle No. Driver Insurer Company Declaration Beckhalarder or Blood Test Reading? Claim Oos New Claim Type * Contact No. (Mobile) Final Address Past Code 73050 Ong Any injury? Ves × No OO-MX 1 finance Name Contact No. (Mobile) Final Address Contact No. (Mobile) Final Address Preferred Workshop, Name unknown 1 report Report Taken By Attachment Save Submit Attachment				WOOD AND DOD				(250)(25)
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Last Doc. Received

Uploaded By/Date

* Yes No

Upload Date



District Street	09 Oct 2018 11:50	Photos	Normal	Photos 2018-10-9
	NAC_PAYA_UBI_BODGO1(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 11:50	Photos	Normal	Photos 2018-10-9
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Display in New Window Scan and uploading

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 11:48

Folder Date

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