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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.
- 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 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.

	ACCIDENT STATEMENT
Date Of Report	29/10/2018 10:54
Date Of Accident	27/10/2018 07:35
Exact Location Of Accident	BUKIT TIMAH ROAD (TOWARDS ACS SCHOOL)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGD7009B
Insured/Policyholder	
Name Of Registered Owner	SHAW SWEE TEEN DAISY
NRIC No	S0370026G
Email Address	CHOYKYA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96619023
Alternative Phone No	HOME-64621940
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5053585993-06
Cover Note Number	
Driver	

## Driver

Name of Driver SHAW SWEE TEEN DAISY

 NRIC No
 S0370026G

 Date Of Birth
 09/06/1930

 Occupation
 INDOOR

 Date Of Driving Pass
 02/12/1954

Driving Experience 63 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96619023

Fax Number

Contact Number HOME-64621940

EMail Address CHOYKYA@GMAIL.COM

Address

13 CASSIA DRIVE

Postcode

289730

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

4

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

2

Was any body injured in the Accident?

NO

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)

755

#### **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

SJJ4054Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MICHELLE LAVERGNE

NRIC/Passport Number

G3073542R

Contact Number

87262071

Address

27 HOLLAND GROVE

Postcode

276236

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, involces, 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	BUKIT "	JUNANA		1 1	WARDS	AC	Sche	30c7	
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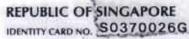
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TAN JATADON_HARSM_TIXUR, ((HARSM TIXUB) &	TIONAL ASSESSMENT CENTRE SERVICE ) on 29 Oct 2018 11:23			
		5 (BURIT MERAH)) on 29 Oct 2018 11:23	5 (BURST MERRH)) on 29 Out 2018 11:23 Phistop	BUKIT_MERAH_NODETE(NATIONAL ASSESSMENT CENTUR SERVICE Protos Normal 5 (BUKIT MERAH)) on 29 Oct 2018 11:23

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AGCIDENT STATEMENT

ACCIDENT DATE: 17 10 12018 100 1001	LIME! 7 SSAMI(HH:MM)
	Luparde Orsectual)
LOCATION: BUTIE TIMAN KOUD CT	1901010 2 LICO 25 Was 1
1. DETAILS OF VEHICLE CAR 1009 D	a
OVEHICLE NUMBERS SGD 7009 F	2
OLACULOR MOMORY - 7 - 1	Tuc
CIPOLICY NUMBER 5053565993	0.6
d)POLICY TYPE: COMPREHENSIVE THIRD PAR	RTY / THIRD PARTY FIRE &THEFT)
	near.
MITTPE: (SALOON) COUPE/MPY / VAN / LORR	Y / MOTORCYCLE. / OTHERS)
DIVEHICLE CATEGORY (PRIVATE ) COMMERCI	IAL / MOTORCYCLE)
h   PURPOSE OF USING AT ACCIDENT TIME:	roing to church
I) ARE YOU CLAIMING UNDER YOUR OWN INSU	irancā (yes/nļo)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	EPORTING ONLY)
2. INSURED / POLICY HOLDER	Euros euro
AINAME: Shaw Sore TRRY 100 DINRIC/FIN/PASSPORT: SO37026 G	CONTACT (MALE (FEMALE) 64621940
CIADORESSI 13 CASIA DEIVE	
5 287730	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HE	OLDER
14 No of parrongs DRIVER DC 15 100	TOTAL APPLANTED
Charlodes Aland ONAME: 15 0000	[MALE / FEMALE)
OJAKIC/FIN/I AGGI GKI,	CONTACT:
CIADDRESS:	
* a) DATE OF BIRTH: 1 09 106 1930 100	/MM/YYYY)
ALOCCUPATION (INDOOR) OUTDOOR) NO	71120
IDATE OF DRIVING PIASS	
4. WAS DRIVER AN EMPLOYEE OF THE INSUI	TH INGLIDED:
IF NO, RELATIONSHIP OF THE DRIVER WI 5. GIWEATHER CONDITION: (CLEAR / RAINING )	/ OTHERS
b)ROAD SURFACE! (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED IYES AND	* * * * * * * * * * * * * * * * * * *
7. a) REPORTED TO POLICE (YES / ROL)	
IF YES, PLEASE STATE WHICH POLICE STATIO	NI
4 HO OF PASSENGER O) VEHICLE NUMBER: 57540544	MODELI
A LAND OF DELIVERS NAMEDING CAMPACT	ne ne
(Induding delver) O) DRIVER'S NAME: 1030735430	R CONTACTI ST 2620 +1
() P. THIRD PARTY VEHICLE	Consensation II 1992 DE
d) VEHICLE NUMBER:	MODEL!
4 No of personaur of DRIVER'S NAME!	CONTACTU
(Including deliver) 1) NRIC/=N/PASSPORTI	
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SHAW SWEE TEEN DAISY

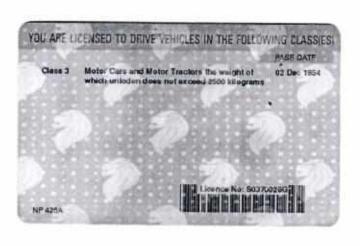
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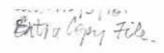
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SINGAPORE











# 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: 5053585993-06

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: 5GD7009B

Chassis Number

: WVGZZZ1TZCW080373

2. Name of Policyholder

: SHAW SWEETEEN DAISY

3. Effective Date of Insurance

: 02 Apr 2018

4. Expiry Date of Insurance

: 01 Apr 2019

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.

\$5600 EXCESS ISECTION 11 N/A EXCESS (SECTION 2) : 55100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS. : YES REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES (FREE) NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **FXCESS WAIVER** : SHAW SWEE TEEN DAISY PRIMARY DRIVER : SUM YAM CHEE MELVYN NAMED DRIVER (1)

: N/A

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

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: HOBBES INSURANCE AGENCY (00000572363)

Date of Issue

: 09 Mar 2018 20:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive