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Owner / Driver: (- Policy No: () Period: ()	Cover Type: (),
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Claimant's Particulars is	2) DA : Dames 3) TF : Towing	Pas	\$120
Driver/Owner:	4) FT : Follow-	Through Survey (Resurvey)	230
Contact No:	Por claiming	against INC Only Iwel IV 7511	275
Damaged Portion:	6) TR : Re-ins	A + SMRT Survey	5160
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 wiful 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.

By the lodgement of this report to the insurers, you hereby consideresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
从 上将 2000年	ACCIDENT STATEMENT
Date Of Report	29/10/2018 19:46
Date Of Accident	28/10/2018 17:30
Exact Location Of Accident	OUTSIDE VIVO CITY
Country/State of Loss	SINGAPORE
D. A. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ9139E
Insured/Policyholder	
Name Of Registered Owner	ROBERTS MICHAEL JOHN
Passport No/FIN	G5765934W
Email Address	ELLA,MAGEE@TTS.EDU.SG
Mobile Phone No	(LOCAL) +65-90665720
Alternative Phone No	OTHERS-98595162
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at	TRANSPORTING CHILDREN HOME/PRIVATE USE

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

If No, Please state action to be taken

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5087212570-01

Cover Note Number

Driver

ELLA JOVITA MAGEE Name of Driver

G0438978L Passport No/FIN 07/04/1980 Date Of Birth INDOOR Occupation Date Of Driving Pass 09/02/2010

8 YEARS AND 8 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-90665720 Mobile Number

Fax Number

Contact Number OTHERS-98595162

EMail Address ELLA,MAGEE@TTS.EDU.SG Address

5 WHITCHURCH ROAD

Postcode

138813

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

2

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

7

Number of Passengers (Including Driver)

Passenger 1

NAME:

: COUSIN

GENDER:

FEMALE

Passenger 2

NAME:

: SON

GENDER:

: MALE

Passenger 3

NAME:

: SON

GENDER:

MALE

Passenger 4

NAME:

: DAUGHTER

GENDER:

: FEMALE

Passenger 5

NAME:

: FRIEND KID

GENDER:

: MALE

Passenger 6

NAME:

: FRIEND KID

GENDER:

: FEMALE

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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

SHD2736G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

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: Driver's Signature

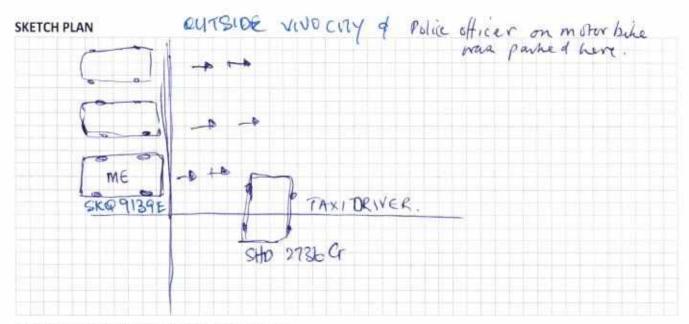
(If driver is not the policyholder)

Date & Time: 29 40C+ 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Control Contro
I was during towards a green light, taxi pulled out infrent of me. There was very little impact because I slammed on my brakes. No downage to my vechicle, small dent in his although, this may have happened before as his car had many dents. The taxi driver was very agressive, the police man who was parked near by managed the old man and asked him to stop Shenting at me. I give the old mande my phone number and name. I took pictures and the scene of the
wide has parted near my managed the old
man and asked him to stop shorting at me.
I give the old barile my phene number and
manne T total pirtures and the oceans of the
marke + 1850 pocumes and the scene of the
incident.

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: 29th October 2018

Reporting Centre Personnel's Signatur

NRIC/FIN No.: Hold

iccident MT/1017653										
tolicy Na.	5087212570-01		Vehicle No.	5KQ9139E		GST Regist	ration No.			
anticate No.	SWALLES LANGE		30710	364553335						
al cyholder Name	ROBERTS MICHAEL JOHN					Policyholds	ir NAUC	0576	5954W	
rodurt Eode	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading			200.001	
Contact No. (Motifie)	90663720		Curract Nu.(Office)			Contact No	(rigring)			
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IFW.	- No Two		7CA	+ No Yes		eCode Res	100			
ICD Frotection	Yex		NCD Entitlement(%)	50		Private His		No		
Accident Details										
Report Date	29/10/2019 20:04		Accident Report Within 24 hrs	Yes		Accident T	VQIPE.	Other	,	
Date of Accident	29/16/2018		Time of Accident thomas	17:30		Country of	Acodent	Singe	nore	
Reporting Centre			Orange Force			JCM No.				
Accident Location	DUTSIDE VIVO CITY									
~ Excuse										
Own damage Excess	66	50.00	Additional Excess	*		Windscree	n Excess	100.0	á	
Unnamed Driver Excess		0.00	Outside Singapore OD Excess		800.00					
Third Party Excess		0.00	Outside Singapore TP Excess		0.00					
✓ Benefits										
T GST Registered Informati	on									
ST Registered	No.			SST Registr	etise Clate					
ST Registration No.				CST Status	vintes		Yes			
floorfication History										
Poscyholder Mailing Addr	988									
Address I	5 WHITCHURCH ROAD		Address 2	SINGAPORE LIBELE		Address 3				
Address 4			Address Type	singapore adoress		Post Code		1366	13	
Umt No.			Related Policy Number	5587212976-01						
□ OI Driver Info										
Driver Name	ELLA JOVITA HAGEE		Driver Type	Named Driver						
Unhamed Sriver Name			Driver NRIC	QD438978L		Driver DO	ilianorus	07/0	6/1980	
Argister Date of Driver License	01/01/2011		Driver Age	38		Driving Ex		8		
Contact No./Mobile)	98595162		Contact No.(Office)			Contact N				
Address 1			Address 2			Address 3				
Address 4			Address Type	Foreign address		Post Code				
Unit No.										
Does he own a Singapore Registered car?	Yes a No		Driver Vehicle No.	36E1403S		Driver Iss	urer Circipany	NTU		
Declaration										
Reading?	II mg		Any ingury?	Yes + No						
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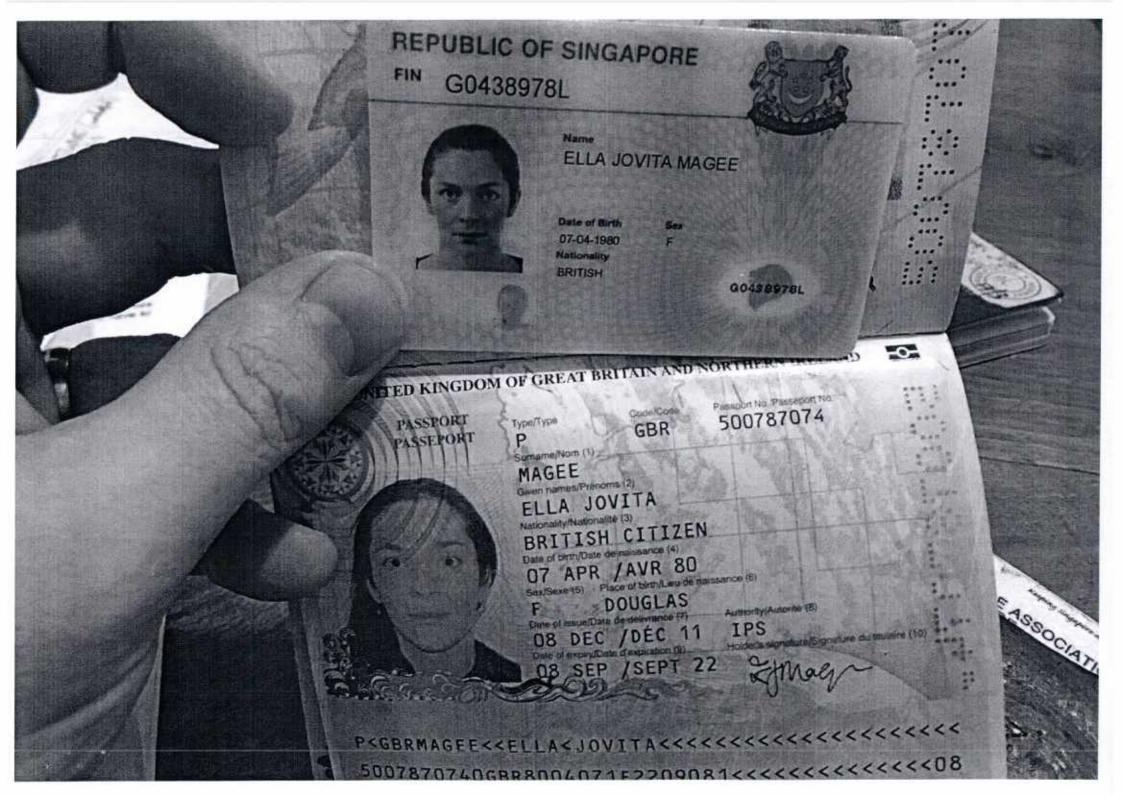
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✓ Video List						
193	NAC_BURST_MERAH_800676(NATIONA S (BURST MERAH)) on 3		SAS	Normal	SAS 2	7016-10-29
1	NAC_BUKIT_HERAH_BODE76(NATIONA S (BUKIT HERAH)) on 2		NRIC/ Oriving License	Normal	NRIC/ Driving License 2018-10-79	
ATTL 	NAC_BURIT_MERAH_BODS/S(NATIONA S (BURIT MERAH)) on 2	IL ASSESSMENT CENTRE SERVICE 19 Oct 2018 20:06	NRIC/ Oriving License	Normal	NRXC/ Driving Leanue 2018-10-29	
	NAC_BURIT_MERAH_B00676(NATIONA 3 (BURIT MERAH)) nn 2	L ASSESSMENT CENTRE SERVICE IS Oct 2018 20:06	Photos	Narmati	Photas 2018-10-29	
3	NAC_BURIT_MERAN_BOGE?6[NATIONA S (BLIKIT MERAN)) on 2	IL ASSESSMENT CENTRE SERVICE 9 Oct 2018 20:06	Photos	Normal	Photos 2019-10-29	
0	NAC_BLIKIT_MENAN_BRIGATIONA S (BURIT MERAN)) un 2		Photos	Normal	Photos	2016-10-29
	NAC BUKIT MERAH 800676(NATIONA S (BUKIT MERAH)) IN 2		Photos	Nurrial	Protus	2018-10-29
	NAC_BURIT_MERAN_800676(NATIONA 5 (BURIT MERAN)) on 2		Protos	Normal	Photos	2018-10-29
3	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)); un 29 Oct 2018 20:07		Photos	Normal	Photos	2018-10-29
1	NAC_BURIT_MERAH_BODGFA(_NATIONA 5 (BURIT MERAH)) un 2		motos.	Normal	Photos	5019-70-59
)	NAC_BUKIT_MERAH_800676(NATIONA S (BUKIT MERAH)) to 3		Photos	Normal	Proces	2018-10-29
TAR	NAC_BUNIT_HERAH_800676(NATIONA S (BUNIT HERAH)) on 2	L ASSESSMENT CENTRE SERVICE 8 Oct 2018 20:07	Photos	Nurmal	Piotos	2018-10-29
	NAC_BURIT_MERAH_BD0070(NATIONA S (BURIT MERAH)) on 2	L ASSESSMENT CENTRE SERVICE 9 Oct 2018 20:07	Protoe	Normal	Phytus	2018-10-29
	NAC_BUNCT_MERAH_800676(NATIONA S (BUNIT MERAH)) on 2		Protos	Normal	Finality	5019-10-29
N. S.	NAC_BLIRTT_MERAH_BODG76(NATIONAL S (BURIT MERAH)) Dr 2	ASSESSMENT CENTRE SERVICE 9 Oct 2018 20:07	Medag	Normal	Photoe	2016-10-20
	NAC_BUKIT_HERAH_BOD678(NATIONAL S (BUKIT MERAH)) sh 21		Photos	Normal	Photos :	0015-12-29
	NAC_BUNIT_MERAH_BD0676(NATIONAL 5 (BUNIT MERAH)) on 21	ASSESSMENT CENTRE SERVICE FOR 2019 20:07	Photos	Normal	Photos :	1018-19-29
/29/2018		Cla	ilm Handling(acciden	t reporting. Claim Tas	ik)	

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDE	NT DATE: (28/10/2013	(DD/MM/YYYY), TIME:(17:30 (HH:MM)	6
LOCATIO	on: outside vivoc	ity		ti
e t	DETAILS OF VEHICLE DIVEHICLE NUMBER: SI DINSURANCE COMPANY: A DIPOLICY NUMBER: 50 87		RANCE COMPANY	Ģ.
(6	D)POLICY TYPE: (COMPREHE D)MAKE & MODEL: 7640T)TYPE:(SALOON / COUPE / A	NSIVE / THIRD PARTY / THÍR A MISH	vertical of the contribution of the section of the	fil Is
S h	PIVEHICLE CATEGORY; (PRIV PURPOSE OF USING AT AC ARE YOU CLAIMING UNDER	ATE / COMMERCIAL / MO CIDENT TIME: TRANSPO	TORCYCLE)	Home/LEIS
SOM 2. 11	IF NO, PLEASE STATE (THIRD NSURED / POLICY HOLDER	PARTY CLAIM / REPORTING		27 27
nlc b	INAME: MICHAEL ROY INRIC/FIN/PASSPORT: G5 JADDRESS: 5 WMthu	76 5 93 4 N CONT		>
(Including driver)	CONTINUE TO 3.d IF DRIVER RIVER INAME: ELLA MI INRIC/FIN/PASSPORT: G O ADDRESS: 5 WINTER	4466 4389786 CONT.		8595162
e)	OCCUPATION: (07/00) YEARS OF DRIVING PACE	1/198011DD/MM/YYYY	7_	
4. W	AS DRIVER AN EMPLOYEE NO, RELATIONSHIP OF TI	OF THE INSURED'S COM	MPANY? (YES (NO)	70
5. a)	WEATHER CONDITION: (CLE ROAD SURFACE: (DRY / WEI	AR / RAINING / OTHERS	Clear	1
7. a)I	AS ANYBODY INJURED (YES / REPORTED TO POLICE (YES / F YES, PLEASE STATE WHICH	NOI - Although Po	lice man was	present.
# He of passanger of (Including driver) b)	VEHICLE NUMBER: 5 HD DRIVER'S NAME:	2136 G MODEL	:_ TPXI	
() 9. THII	NRIC/FIN/PASSPORT: RD PARTY VEHICLE	CONT	ACT:	122
A LAN IN A POST A SERVICE	VEHICLE NUMBER: DRIVER'S NAME:			a 20
	NRIC/FIN/PASSPORT:	CONTA	ACT:	
	Ø 12		E	

email = Ella magee @ tts. edi sg

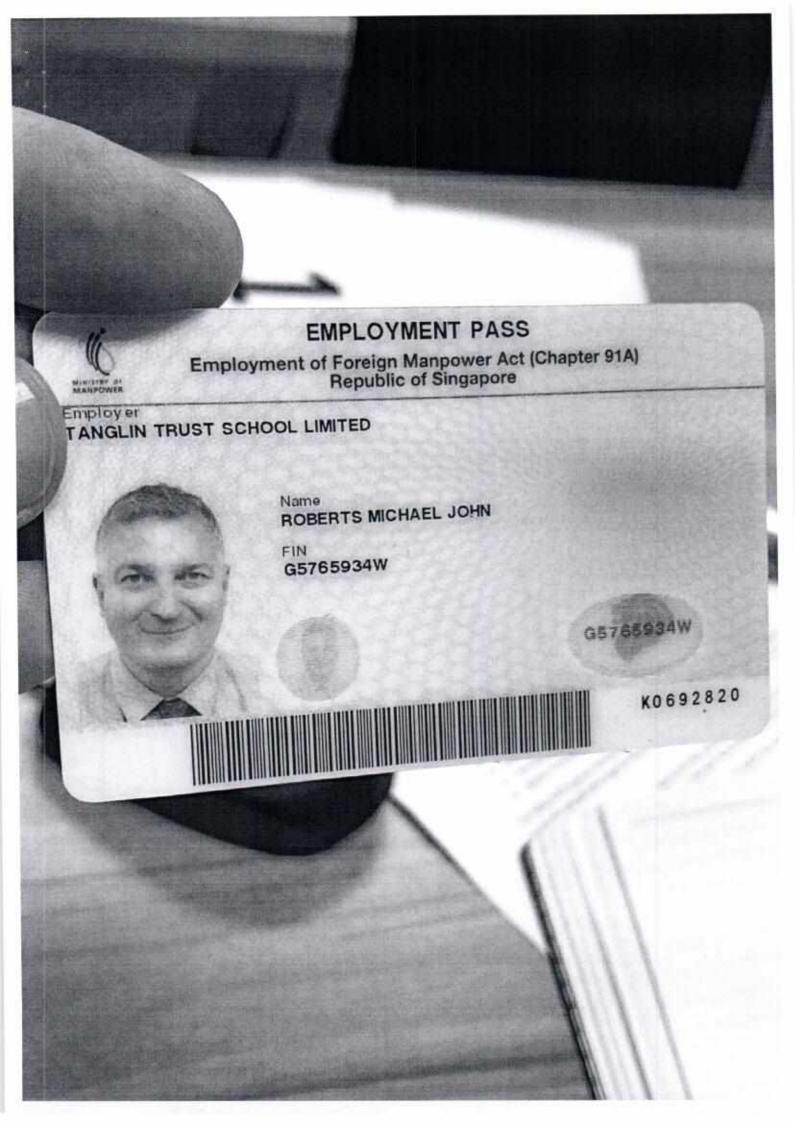


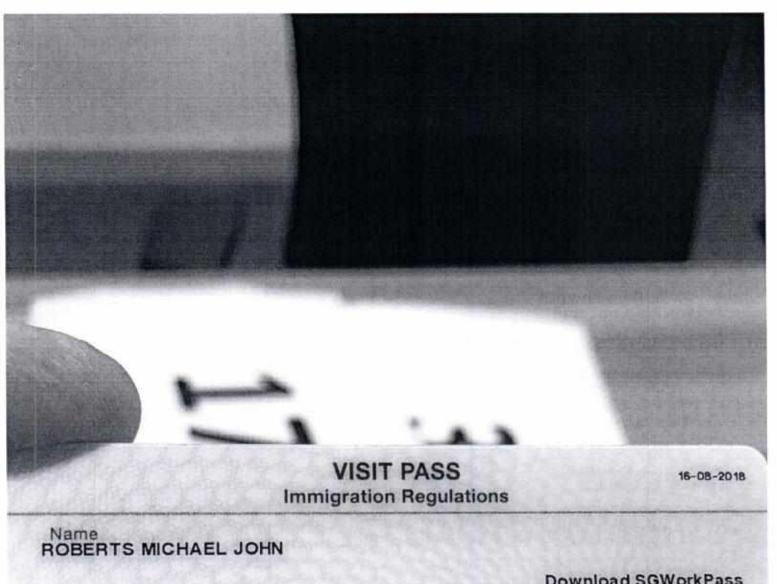


TOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 09 Feb 2010 of the driver; and other motor vehicles =< 2500kg

NF 428A





FIN G5765934W

Date of Birth Sex 12-09-1974 M

Nationality BRITISH Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





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: 5087212570

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SKQ9139E

Chassis Number

2. Name of Policyholder

: ZGE200034503

: ROBERTS MICHAEL JOHN

3. Effective Date of Insurance

: 06 Jan 2017

4. Expiry Date of Insurance

: 11 Apr 2018

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)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO : NO

EXCESS WAIVER

: ROBERTS MICHAEL JOHN

PRIMARY DRIVER

: ELLA JOVITA MAGEE

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2) 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)

Agency

: JIN-SHI (HOLDINGS) PTE LTD (00000614399)

Date of Issue

: 06 Jan 2017 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive