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Owner / Driver: (+		Tcl:	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

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 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	07/11/2018 14:10
Date Of Accident	07/11/2018 07:35
Exact Location Of Accident	ALONG BLAIR ROAD OPPOSITE HOUSE NO:9
Country/State of Loss	SINGAPORE
Comment of the Commen	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW9232A
Insured/Policyholder	
Name Of Registered Owner	ARTHUR LIMO SERVICE
Co Reg No	53311518C
Email Address	AGYP1005@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98534720
Alternative Phone No	OFFICE-98534720
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PREMIO-1.5 F (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099116912
Cover Note Number	
Driver	
Name of Driver	GOH YONG PENG
NRIC No	S1355122G
Date Of Birth	13/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/11/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98534720

OTHERS-98534720

AGYP1005@GMAIL.COM

Address

7 WEST COAST WALK

#10-16

Postcode

127159

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

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

SLQ3547M

Vehicle Make/Model/Colour

MAZDA 3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

WEST DANIEL

NRIC/Passport Number

G3480610T 91606715

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

Policyffolder's Date & Time:

Jate & Time:

/11/18 - 11.30ax

Driver's Stenature

(If driver is not the policyholder)

Date & Time:

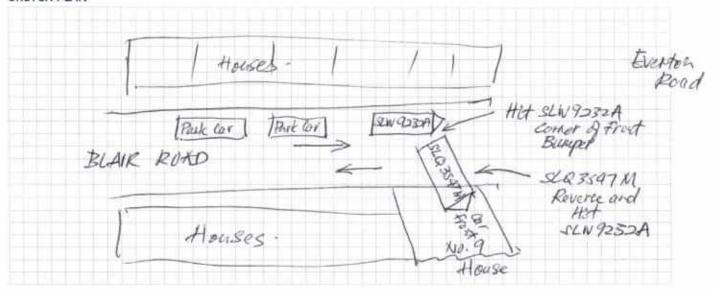
7/1/18

11.3000

Reporting Centre Personnel' Signature

Name:

NRIC/FIN No.: N



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Oh	7th Nov 2018 at around 7.35am, I was at the left side
SZ	Blair Rd (Towarde Eventon Road) waiting for the rider
to	board my vectile, a Mazda 3, SLQ 3547M reversed and hit
my	car front buryer/Mudguard. The Mazda 3 was reversing from
her	se No. 9 onto the main road (Blair Road) from the house facking
are	R:
The	driver is west Daniel, Britishman working for Downmobil Asia
A.	His mobile is 9160 6715.

DECLARATION

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

Policyholder's Signature 1 B

Date & Time:

7/11/18- 11. 11.30ar Driver's Signature

(If driver is not the policyholder)

Date & Time: 7/11/18 - 11-300m

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

crident MT/1018651									
ulicy No.	5099118912	Setticie No.	SLW9233A		GST Begist	ration No.			
ertificate No.									
Reynolder Name	ARTHUR LIMO SERVICE				Folicyholde	FRAIC	53311	518C	
udust Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Louting		80		
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his Nu.	14-3051	Related Policy Number	5087929824						
♥ OI Driver Info									
Privay Name	unnamed Driver	Driver Type	Unnamed Driver		Driver DO		70,100	71959	
Anames driver Name	GOH YONG PENG	Driver NRIC	51353172G		Driving Ex		35	1.0.000	
Segretar Date of Driver Opense	22/11/1982	Driver Age Cantact No.(Office)	35		Contact No				
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Claim Handling(accident reporting Claim Task 001 OD-MX)

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ACCIDENT STATEMENT

ACCIDE	NT DATE: (O /) THE	2018 (DD/MM/YYYY)	, TIME: (07,3	J MHHHMM)
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	IF NO, PLEASE STATE IT			
	VSURED / POLICY HOLD	DER ,	∓ W	
		UR LIMO. SERVIC	E (MALE	/ FEMALE)
ь ь	NRIC/FIN/PASSPORT:	533 (1518C	CONTACT: 9	
Ç	IADDRESS: 7 N	EST CLAST WALK	C#10-16 S	2/27/53
	CONTINUE TO 2 4 15 D	DIVER HISO DOLLOVINO	1000	
S. 11. 1	CONTINUE TO 3,4 IF D	KIYEK ALSO POLICT HO	LUEK	
	NAME: GOH	YONG PENG	(SMALE	/ FEMALE)
	INRIC/FIN/PASSPORTI		CONTACT: 9	
100	ADDRESS: 7	NEET COAST WA	LK #10-16 .	
==: , · · ·		27.7.1.2.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
. *<	DATE OF BIRTH: (13	1001 1951 1001	MM/YYYY)	
	OCCUPATION: (INDO		(99)	11 8
17	DATE OF DRIVING P	ASS . 22-11-		0.770 (60)
4. W	AS DRIVER AN EMPL	OYER OF THE INSURE	D'S COMPANY?	(YES) QUI
	NO, RELATIONSHIP			VNEN
	ROAD SURFACE (DR		JITICKS	
	AS ANYBODY INJURED			7 .
7. 0	REPORTED TO POLICE	(YESCENO)	1901	1/1
	IF YES, PLEASE STATE W			
8, Th	HRD PARTY VEHICLE	010 3547 M	_MODEL:_Mgs	eda 3
	VEHICLE NUMBER:	WEST DANIEL	_WODEL: West	
[Induding driver]	DRIVER'S NAME:		_CONTACT:_	160 6715
(01) o TH	NRIE/FIN/PASSPOR	9340 0010	CONTACT	100
ASSESSMENT OF THE PARTY OF THE	HRD PARTY VEHICLE		MODEL!	
	H) VEHICLE HUMBER:			
(Including driver)	HRIC/FIN/PASSPOR	III.	_CONTACTILL	
()	89 - 109 - 50			
			020	

email = agyp1005@gmail-com

fax = 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1355122G



GOH YONG PENG

吴浦平

CHINESE 13-09-1959

SINGAPORE





Date: 29/04/2018 NRIC No. \$1355122G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) PASS DATE . Class 2B Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 killograms
Class 4 Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 killograms 25 May 1962 22 Nov 1982 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 ACY, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099116912

Cover t drivo CLASSIC

Index mark and Registration Number of Vehicle

: SLW9232A

Chassis Number

: NZTZ603035613

2. Name of Policyholder

: ARTHUR LIMO SERVICE

3. Effective Date of Insurance

: 22 Mar 2018

Expiry Date of Insurance

: 26 Feb 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or spead-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section & 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.

: \$\$2,000 EXCESS (SECTION 1) : 5\$1,500 EXCESS (SECTION 2) · 55100 WINDSCREEN EXCESS 1 N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP . NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : N/A PRIMARY DRIVER : N/A 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)

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 22 Mar 2018 11:06 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

Transfer Of Vehicle Ownership (Acknowledgement) Vehicle Details

Vehicle No.:

SLW9232A

Vehicle Type:

N18 - Passenger (Co) Company Car (Single

Vehicle Scheme:

Vehicle Model:

Trailer Chassis No.:

Passenger Capacity:

Secondary Colour:

Open Market Value:

Actual ARF Paid:

Minimum PARF Benefit:

Maximum Laden Weight:

Maximum Power Output:

Original Registration Date:

Engine No.:

Power Rating:

Normal

4

1475 kg

81.6 kW (108 bhu)

27 Feb 2009

\$18,633.00

\$9,316.00

\$18,633.00

PREMIO 1.5F A

1NZD257710

Rate)

Vehicle Make:

TOYOTA

Chassis No.:

NZT2603035613

Motor No.:

Propellant:

Petro

Silver

2008

Yes

2

1029231361

27 Feb 2009

Engine Capacity:

1496 cc Unladen Weight: 1200 kg

Primary Colour:

IU Label No.: First Registration Date:

Manufacturing Year:

PARF Eligibility:

No. of Transfer:

Owner Particulars

wner Name:

ARTHUR LIMO SERVICE Owner ID Type:

Business

Owner ID:

53311518C HDB/HUDC

Registered Address Type:

Registered Black/House No.: 410

Registered Street Name:

COMMONWEALTH AVENUE WEST

Registered Unit No.:

14 - 3051

Registered Building Name:

Registered Postal Code:

COE No./Expiry Date:

2009030101002945E / 26 Feb 2019

COE Bid Category:

A - Car (1600cc & below)

20180326114639914937

OP Paid:

\$4,460.00

120410

Transaction Details

Business Transaction Ref.

Business Transaction Date: 26 Mar 2018

siness Transaction Time: 11:46:39

Message

Vehicle has been successfully transferred to ARTHUR LIMO SERVICE (53311518C).

Please note that \$25,00 will be deducted from your GIRO account.

OK

Save as PDF