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TP Particulars: Veh No:	1552K	, INC(	)/Non-INC	?( ),		
Owner/Driver: (			Tel:			
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## 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 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.
- 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.

CONTROL OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	13/11/2018 17:58
Date Of Accident	12/11/2018 19:25
Exact Location Of Accident	MACPERSON RD TRAFFIC JUNCTION TOWARDS BENDEMEER RD
Country/State of Loss	SINGAPORE
<b>一种。</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCK1000A
Insured/Policyholder	
Name Of Registered Owner	LOO LIEW PIAN
NRIC No	S1122945Z
Email Address	DAVID.LOO@ME.COM
Mobile Phone No	(LOCAL) +65-96363753
Alternative Phone No	OTHERS-96363753
Vehicle Particulars	
Manufacturer	BMW
Model	6401
Exact Purpose for which vehicle was being used at time of accident	
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	5096219416
Cover Note Number	
Driver	
Name of Driver	LOO LIEW PIAN
NRIC No	S1122945Z
Date Of Birth	23/04/1955
Occupation	INDOOR
Date Of Driving Pass	17/07/1973
Driving Experience	45 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96363753
Fax Number	

OTHERS-96363753

DAVID.LOO@ME.COM

Address

25 KEPPEL BAY VIEW

#20-78

Postcode

098415

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

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: WIFE

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

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJT5332K

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

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 <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.

Policyholder's Signature

Date & Time: /3- //- >018

16-20 hrs

Driver's Signature

(If driver is not the palicyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

SKETCH PLAN	MACBARSON	PORD 1- MALCHER	4 TOWNEDS BRADERMENTER
			A) SCK 1000A B) SJT5332K

SCKIODOA driven bu	I we was stationary at the traffic junction waiting for the
light of furn grean	when SJT 5332K hit the rear of my car. The lady driver
of SJ7 5332 K in	trally defined having banged into my car when she san
	is visible damage. She owned up only when my wif
Rosie who was	my persage pointed out the damage on her carte
	f of her car was bent. I told her I would make
a Report. We	did not exchange partialers. This morning I
respected my a	car sociand I found that there were some suntile
uninor dents o	nd fathe paintowork on the bumper bum per
sustained a	marked line . ex cracked line .
	Thatis all.

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.:

SHARKS SHAKEPEN COM. 1/3

March   Marc	Claim Handling						
Control   Cont	Called State of the State of S	TRECTORNE	27815-107	n/decousers			
Marcinario   Mar		5096219416	Vehicle No.	SCHIOODA		GST Registretion tip,	
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Content   Cont			*****			Policyholder NASC	611229452
This part   Sept   Se	Contact No.(Mobile)			6194 CLASSI	C		0
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March   Marc	KPK	+ No. Yes		200			760 T
## MINISTER   METHOD   METHOD	NCD Protection	Ne					
Marie   Mari			Construction and Association a	30		Private Hire	THE
Chart A County   1231/2023	Report Date	13/11/2018 19:17	Accident Report Wilson 14 hrs	704			
Mapping   Despt   De	Date of Accident	12/11/2018					Collainn - Head to Rea
Marche   M	Reporting Centre			111.23			Singapore
Marie   Mari	Accident Location	MACPERSON AD TRAFFIC JUNCTION TOWAR				EM No.	
Management Protection	₩ Excess		- SANTON BANK				
Manual   Dama   Part	Own damage Excess	1,500.00	Additional Excess	6			
March   Marc	Unnamed Driver Excess	0.00		97.	1.500.00	William Self Exchis	700.00
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Color System No.   Color System Services   Table   T		No		987	Registration Date		
Part						Yes	
Maries     20 KEMPS	PROGRESSION SHIPTORY						
Maries     20 KEMPS	₩ Policyholder Maillon Ad-	Pence					
Marrier   Marr		0-7/1	1101				
March   Marc		AS KENNEL BAY VIEW				Address 3	SINGAPORE 018415
## Contact Name   Con					ress	Peet Code	
DOMA TO THE MAN			Related Policy Number	1096219416			
Division Date   Place   September   Sept		LOD LIEW PLAN	400450				
### Spring Support Communication    Communication Communication   Communication Communication   Communication Communication   Communication Communication   Communication Communication   Comm	Unnamed driver Name						
Contact No. (Problem)    Marrier 1	Register Data: of Oriver License	01/01/1979					23/04/1955
Address 1 25 AGREE, DAY VOTO:  Address 7 yes  Address 17 yes	Contact No.(Nebile)	96363753		342			41
Address 1, March 1994  Address 1994  Address 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Any spary?  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a Sungapore  Object of Blook 1994  Tex + No  Control to one a	Address 1	25 KEPPEL BAY WEW	50, 10	200 No. 100 No. 100	PHONE AT LINES.		
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CO-HK   Park   Co-HK   Park   Co-HK	447638.0079000474						
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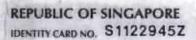
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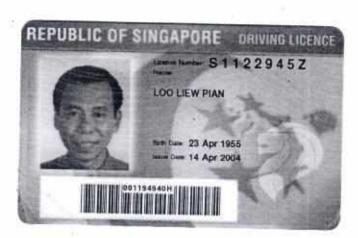


LOO LIEW PIAN

CHINESE 23-04-1955

SINGAPORE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE 07 Dec 1976

Class 2B Class 2A Class 2

Motorcycles not exceeding 200 cc Motorcycles between 201 cc and 400 cc Motorcycles exceeding 400 cc

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

07 Dec 1976 07 Dec 1976 17 Jul 1973

Class 3





WINNEY INSURANCE AGENCIES PTE LTD Blk 147 Potong Pasir Avenue 1 #02-93

Singapore 350147 Tel: +65 6283 8611 Fax: +65 6283 7611 RCB /GST Registration Number: 2000063915

# 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: 5096219416 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number 2. Name of Policyholder

3. Effective Date of Insurance

4. Explry Date of Insurance

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.

: SCK1000A

: LOO LIEW PIAN

: 18 Dec 2017

: 17 Dec 2018

: WBA6A02000DZ11049

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) \$\$1,500 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : LOO LIEW PIAN

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

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)

: WINNER INSURANCE AGENCIES PTE LTD (00000572570)

Date of Issue

: 28 Nov 2017 17:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive