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11 moutor.	Ass't Report	by Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:		COLUMN
TP Particulars: Veh No: ŊR	17906C.	. INC ()/Non-INC() ,,	10	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: (IN WAYER - STATE Y)	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. I	2: 80-1009	%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

White and the second second second	ACCIDENT STATEMENT
Date Of Report	10/12/2018 15:58
Date Of Accident	08/12/2018 15:10
Exact Location Of Accident	PIE (CHANGI) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE
Para Carlo C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA13R
Insured/Policyholder	
Name Of Registered Owner	AU XIN YI
NRIC No	S8600794J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93890864
Alternative Phone No	OFFICE-93890864
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF 1.2L AT TSI 5K13D5
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	

	그래프로 가게 되면 되는 것 같아요. 하나 있다면 그렇게 되었다면 하네요. 이번 이 이 사람이 되었다면 하네요.
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5103651855

Cover Note Number

Driver

 Name of Driver
 AU XIN YI

 NRIC No
 \$8600794J

 Date Of Birth
 19/01/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 13/11/2006

Driving Experience 12 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93890864

Fax Number

Contact Number OFFICE-93890864

EMail Address NOEMAIL

Address BLK 651 YISHUN AVENUE 4

#04-489

Postcode 760651

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 COLLISION - CHANGE/CROSS LANE

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?

Was any other material or property damaged? YES
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?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR7906C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

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.
- 3. 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.
- 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. 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.
- 7. 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)

Lunderstand, 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:
 - (i) 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
- 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.
- 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG PIE TOWARDS CHANGE
DIRECTION, I WAS ON THE FORTH LAND.
WHITE LINE SUPPENION I FELT A IMPACT ON THE RIGHT REAR OF MY VAHICLE
AFTER SHIETED TO THE SIDE OF THE ROAD, ALICHTED FROM
my verticule AND REALIZED IT WAS A VEHICUR WITH
LICENCE PLATE NUMBER (SJR 7906C) THAT COLLIDED TO THE
RIGHT REAR AREA OF MY VEHICLE.
THIS WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR
VEHICLE A - SLA 13 R
WEHLLE B - SJR 7906 C

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.:

Vehicle No.	SLA 13 R Model / Make Gout VW
Date of Accident	08/12/2018
Time of Accident	
Location of Accident	
Exact purpose use during acci	
Name of Owner	90 ×10 21
Telephone No.	H/P: 9359 0564 Home: Office:
NRIC	586007947
Address	BLK 651 DISHUN A-8 4 #04-4801 3(760651)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Newc
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5103651855
Name of Driver	As Above If No,
NRIC	Any Passengers : NIL
Date of birth	19 500 1986
Occupation	Outdoor / Indoor
Driving License Pass Date	13 NOV 2006
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state OWNER
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SJR 7906C Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RH
Camera Recorder	Yes / No
Email Address	165) 140
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	THINGRA ALTO MOTIVE PTZ UTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	10042 0031 / 0744 0310
CONTRACTOR AT STORY ASSESSMENT OF THE STORY	
FAX NO	6741 0510





AU XIN YI



CHINESE

19-01-1988 SINGAPORE

DRIVING LICENCE

Licence Number S8602794J

AU XIN YI



Birth Dale: 19 Jan 1986 taxue Date 13 Nov 2006



5648683



14-09-2016

APT BLK 651 YISHUN AVENUE 4 #04-489 SINGAPORE 760651

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS

PASS DATE

Class 3 Motor Cars=< 3000 kg with =<7 passengers, exclusive 13 Nov 2006 of the driver; and other motor vehicles =< 2500 kg

NP 428A

Licence No: S8600794J



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: 5103651855

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLA13R

Chassis Number

: WVWZZZ1KZAW380961

2. Name of Policyholder

: AU XIN YI

3. Effective Date of Insurance

: 11 Sep 2018

4. Expiry Date of Insurance

: 24 Jun 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 ADDITIONAL EXCESS : \$\$100

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO : YES

: N/A

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER
PRIMARY DRIVER

: AU XIN YI : TAY CHEW HUNG

NAMED DRIVER (1)

: AU WEI SHENG

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

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue

: 11 Sep 2018 13:22 hrs

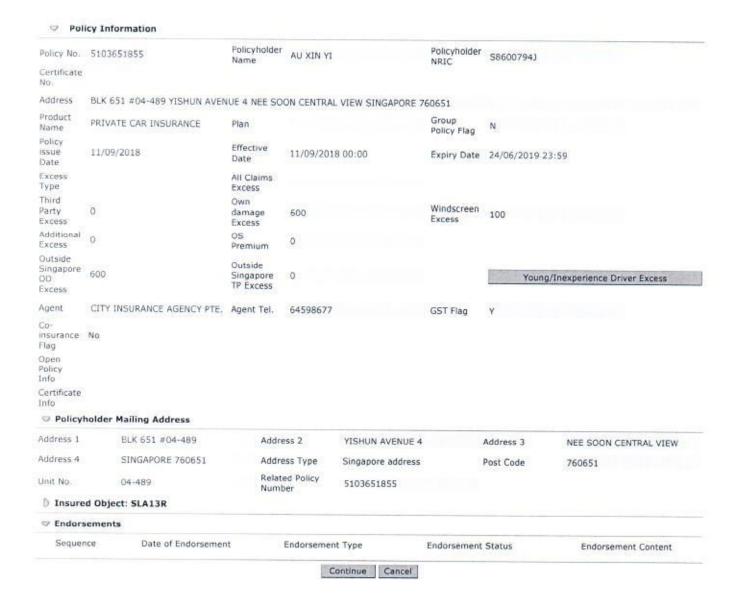
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech							-1445	1		Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	: Char	ige Password	· Log Out
My Desktop	Policy Qu	егу									
Notice of Loss	Policy No.					Date	of Accident		08/12/2018	15:10	
	Vehicle No.(For	Motor)	SLA13R			Certif	cate Number	1			
					1	Search					
	Select Policy		ertificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 510369	51855		AU XIN YI	586007943	GPC	drivo CLASSIC	SLA13R	SLA13R	11/09/2018	24/06/2019
						Continue					



crident MT/1023301 blicy No.					
dicy No.			SECOND 1		
	5103651855	Vehicle No.	SLAISE	GST Registration No.	
ertificate No.					
Ricyholder Name	AU XIN YI			Policyholder NRIC	SB6007943
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ritact No. (Mobile)	93890864	Contact No.(Office)	0	Contact No. (Home)	o .
nali Address		Special Remark		eCode	tion of
M.	® No ○Yes	TCA	(ii) No () Yes	eCode Reason	
ID Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	10/12/2018 21:45	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Acodenic	D8/12/2018	Time of Accident Norman	15:10	Country of Accident	
porting Centre		Orange Force	35,75		Singapore
ident Location	PIE (CHANGI) BEFORE KPE EXIT			1CM No.	
Excess	THE CONTRACT OF EAT				
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
samed Onver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform					
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
Ification History					
Bolloubeldes &	Marin .				
Policyholder Mailing Ad		3000000			
iress 1	BLK 651 #04-489	Address 2	YISHUN AVENUE 4	Address 3	NEE SOON CENTRAL VIEW
dress 4	SINGAPORE 760651	Address Type	Singapore address	Post Code	760651
t No.	04-489	Related Policy Number	5103651855		
OI Driver Info					
ver Name	AU XIN YI	Driver Type	Main Driver		
ramed driver Name		Driver NRIC	58000794)	Driver DOS	19/01/1986
ister Date of Driver License	13/11/2006	Driver Age	32	Driving Experience	12
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