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TP Insurer:	Ass't Report by Pr		Owner/Wks	2		
Proforred Wksp / INC Assign Wksp / QW: (	BANGSHE MACHINET	THE PERSON NAMED IN	Tol:	Fax:		
TP Particulars: Veh No: SCZ	3 lůox	. INC(	)/Non-IN	C( ).		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Period:	(	)	Cover Type:	(	).	
Confirmed by : (	The second of th	ater.	Th		)	
Insured/Driver Liability: ( %) [Note	Est. Status (WO)	: N: 0-20	%; P: 21-79	%. P: 80-100	<b>%</b> ]	
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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.

- 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 ladgement 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

	ACCIDENT STATEMENT				
Date Of Report	18/12/2018 11:36				
Date Of Accident	18/12/2018 07:40				
Exact Location Of Accident	JUNCTION OF PASIR RIS DRIVE 2 / PASIR RIS DRIVE 3				
Country/State of Loss	SINGAPORE				
	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKJ7807K				
Insured/Policyholder					
Name Of Registered Owner	CHEW DONALD				
NRIC No	S1274305Z				
Email Address	CHEWBRAT@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-97494510				
Alternative Phone No	OTHERS-97494510				
Vehicle Particulars					
Manufacturer	AUDI				
Model	Q3				
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	5101090103				
Cover Note Number					
Driver					
Name of Driver	CHEW DONALD				
NRIC No	S1274305Z				
Date Of Birth	01/07/1957				
Occupation	INDOOR				
Date Of Driving Pass	11/04/1980				
Driving Experience	38 YEARS AND 8 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-97494510				
Fax Number					
Contact Number	OTHERS-97494510				

CHEWBRAT@GMAIL.COM

Address

BLK 205 PASIR RIS STREET 21

#09-376

Postcode

510205

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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) Passenger 1

NAME:

DAUGHTER

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

SCZ3700X

Vehicle Make/Model/Colour

NISSAN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

MOHD HAMIM BIN JUHARI

NRIC/Passport Number

S2175503F

Contact Number

96675997

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

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

18/12/18

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Loyang Drive -	Loyang way
	SKS TROTE Pasir Ris Drive 3
	SCZ 3700 X
	Pasir Ris Drive 2

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at around 0740 am on 18 Dec 18, I was making a right
turn from Pasir Ris Drive 2 into Pasir Ris Drive 3 when
a lady cyclist speeded into my path in an atlempt to
beat The pedestrian crossing light which had just
turned red. I stopped my car to let her pass. At that
moment, the car at my rear, a Nissan, SCZ 3700x
driven by Mr Mohd Hamim Bin Juhari, crashed into
The left of my rear bumper. As a result, my rear
bumper suffered some damage.

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.:

THURSDAY SHARING THE

Claim Handling Accident MT/1024243						
Folicy No.	8301090108	Webicte No.	SK27897K		557 Registration fee.	
ertificate No.	Plementes	A CONTRACTOR OF THE PARTY OF TH	100000000000000000000000000000000000000		Season manuscrip	
wittyholder Name	OHEW DONALD				Pulicyholder NEIC	\$12743052
reduct Cade	PRIVATE CAR INSURANCE	Cover Type	STIVU CLASSIC		Loading	4
Contact No-(Noble)	9/34/94/91/1	Correlet No.(Office)			Contact No.(Horte)	
Imail Address	22 (02)	Special Remark	- 10 - 30		eCode	784 .T.
KPK: NSD Protection	= No Tes	TCA NCD Entitlement(%)	so An Yes		eCode Weaton Private Hite	No
Accident Setalla	Yes	THE CHILDREN STORY	34		Trivelle tive	
Report Date	18/12/2018 12:07	Accident Report Wittvin 24 hrs	Yes		Accident Type	Collision - Head to Rear
Deta of Accident	18/12/2018	Time of Accident Inhomes	97:49		Country of Accident	Segapore
Reporting Centre	1 cent to the control (	Overego Force			SCH No.	12227001
Scripent Location	JUNCTION OF PASIS BIS DRIVE 3 / PASS	R RIS DRIVE 3				
Dan demage Excess	600,00	Additional Excess	ø		Windscreen Excess	100,00
Investment Driver Entere	m,240	Outside Singepiire OD Excess		400.00		
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♥ GST Registered Informal	Han					
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GST Registration No.			GST Stat	is Vented	764	
Hodification History						
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Palicyholder Halling Add Address 1	86K 205 #09-376	Address 2	PASIN H25 STREE	T21	Address 1	51NGAPORE 510205 :
Address 4	THE RUN PROPERTY.	Address Type	Singapore addres		Post Code	516205
Unit No.		Related Policy Number	5101090103	5-0	20000000	
♥ OI Driver Info						
Driver Name	CHEW DONALD	Driver Type	Main Driver			
Unnerned driver Name		Driver NRIC	512743052		Driver DOB	01/07/1957
Register Date of Driver License	01/01/1980	Diffeet Age	63		Driving Experience Climact No.Imome)	38
Contact An (Milbile) Address I	97494518 BLK 205 #09-376	Contact No.(Office) Address 3	PASIN RIS STREE	T31	Anguss 3	SINGAPORE \$10305
Address 4	DEFECT TO THE PARTY OF THE PART	Address Type	Singapore address		Post Code	PIOTOR
Limit No.						
Does he own a Singapore Registered car?	Vac - No	Driver Vehicle No.			Driver Insurer Company	
declaration						
Breathetyser or Glood Test Reading?	0 mg	Any injury?	Yes - No			
Chaim 001 Rew				ОО-НЖ	Insured Cody Donald	Insured 61274
Claim Type 1				[06-HII	Contact	NATE DISEASE
Contact No. (Metric)				07494510	No. (65820566 (Home)	No. (smile)
žinas Address				Jonntew Distarbub cet. a	g Of Vehicle Sattsote Number	TP Vervice Sc233 Number
Claim Description				\$K)7807K / \$623700X (	ON 18 Dec 2018	Name of Preferred Workshop
Preferred Workship	Statement Liability Not a	t.Fault *		213		
Finalisation Ves	Regain Preferred Worksh Option	son, Name unknown     GIA report   Recurse	ed	*	Claim	- Date Course
Carle Registered				08/12/2018 12:16	Date	Received 16/12
Report Taken By				ROSLI WAHAB		
Frint AK Settler						
			Save Submit			
Attachment						
Accident No.	MT/1024243	Claim No.		R01		
Last Disc. Received	* Yes 🖰 No	Upland Date		18/32/2018 12:16		percent control
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8	NAI_BUNIT_MERAH_800676( NATIONAL ASSESSMENT S (BUNIT MERAH)) on 18 Dec 2018 12	CENTRE SERVICE	Phatus	Normal	Photos 2018-12-18
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29	NAC_BURIT_PERAH_BO0676( NATIONAL ASSESSMENT S (BORIT MERAH)) on 18 Dec 2018 12		Photos.	Normal	Photos 2018-12-18
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# ACCIDENT STATEMENT

	DENT DATE: 18 / /2/3			
LOCA	MON: Junction of	Pasir Ris Dri	ve 2 ar	d Pasir Ris Drive
1,	DETAILS OF VEHICLE	(1		e discons
	a) VEHICLE NUMBER:			
74	b)INSURANCE COMPANY	Y: MILL		
	CIPOLICY NUMBER:			
	d)POLICY TYPE: (COMPR	EHENSIVE / THIRD PART	Y/THIRD P	ARTY FIRE &THEFT)
	e)MAKE & MODEL: A	UDI 83		
	TITYPE: (SALOON / COUPE	/MPV/VAN/LORRY	MOTORO	YOLE / OTHERS)
	g) VEHICLE CATEGORY: (P	RIVATE / COMMERCIA	L/MOTOR	CYCLE)
	h) PURPOSE OF USING AT			
	I) ARE YOU CLAIMING UN			
	IF NO, PLEASE STATE (THI		OKTHAG OI	NLY)
2.,	A)NAME: Donale	R Chant	16.	ALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	C12742057		
marildo A	CIADDRESS: BIK 20	5 Paur Ris	St 21	# 09-376
DOUGHTER	SINSI	apore 510205		0, 0,
	· CONTINUE TO 3.d IF DRI			- The second of
*No of passanga	DRIVER		565033	
		bove	(M	(ALE / FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT:		CONTAC	Γ:
(2)	c)ADDRESS:			
	anerase successor Distance in www.	1/4	V. 1000000000	
8	*d)DATE OF BIRTH: (		M/YYYY)	
	e)OCCUPATION: (INDOOR		65	(#)
- 2	FIDATE OF DRIVING PA	SS 11 Apr 19		NV2 (VEST NO)
	IF NO, RELATIONSHIP O			
	a) WEATHER CONDITION: (			clear
	b)ROAD SURFACE: [DRY /		- Dry	
	WAS ANYBODY INJURED (			
	a) REPORTED TO POLICE (			
	IF YES, PLEASE STATE WHI	CH POLICE STATION:_		
8.	THIRD PARTY VEHICLE	Annual Service Service Service		1/
4 He of passenger	a) VEHICLE NUMBER:S	CZ 3760 X	MODEL:_	Nissan.
( Including driver)	b) DRIVER'S NAME:		BIN	SUHARI
( ) , ,	c) NRIC/FIN/PASSPORT:_	S2175503F	CONTAC	1: 96675997
7.	THIRD PARTY VEHICLE		MODEL.	17.22
* No of passenger	d) VEHICLE NUMBER:		MODEL:	
(Including driver)	e) DRIVER'S NAME:		CONTACT	to.
1	I) NKIC/FIN/FASSFORT:_		CONTACT	
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25	Observe	1 1 - 1	6	11
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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1274305Z



CHEW DONALD



Rape CHINESE Case of Birth 01-07-1957 Country at Birth

SINGAPORE

1563136



04-01-1994

APT BLK 205 PASIR RIS STREET 21 #09-376 SINSAPORE 510205

NRIC No: \$1274305Z

Date: 09-06-2001 No: 4016723

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS E. PASS DATE

Motor Cars and Motor Trectors the weight of which unliden does not exceed 2000 kilograms

REPUBLIC OF SINGAPORE

S1274305Z

CHEW DONALD

us 01 Jul 1957 - Daw 07 Apr 2003



## 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: 5101090103

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SKJ7807K

Chassis Number

2. Name of Policyholder

: WAUZZZ8UXDR074551

: CHEW DONALD

3. Effective Date of Insurance

4. Explry Date of Insurance

: 03 Jun 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

: 02 Jun 2019

(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.

5. \_ mitations 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, page-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 headines.

EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS

: N/A

ADDITIONAL EXCESS

: \$5100 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCO PROTECTION

t NO 1 YES

TRANSPORT ALLOWANCE

: YES : NO : NO

EXCESS WAIVER PRIMARY DRIVER

: CHEW DONALD

NAMED DRIVER (1)

: N/A : 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

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 31 May 2018 16:39 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 566550020G / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. :

# ADDENDUM (A) PARTICULARS OF PERSONMAKING THE AMENDMENTS: Vehicle Registration No: Original Report No : NRIC/FIN/Passport No : Name(as shownin NRIC): (\*Vehicle Driver / Vehicle Owner) Please delete as appropriate Singapore( Address Contact (Tel) Email Address Time of Accident: Date of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: THE OF ACCIONAL) Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name:

Date:

NRIC/FIN NO

Date:

28 242 48 - 31 - 51 - 51 - 5