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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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
- 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

Date Of D	ACCIDENT STATEMENT
Date Of Report	11/02/2019 17:03
Date Of Accident	10/02/2019 11:05
Exact Location Of Accident	BUYONG ROAD TOWARDS KRAMAT ROAD
Country/State of Loss	SINGAPORE
"是中国"石作特征。"为至今学 为是	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN5878Y
Insured/Policyholder	
Name Of Registered Owner	WANG YUELEI
NRIC No	S8976987F
Email Address	RAYMONDS@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-92275663
Alternative Phone No	OFFICE-66703647
Vehicle Particulars	- 1 100 00047
Manufacturer	LEXUS
Model	ES300H-2.5 LUXURY (A)
Exact Purpose for which vehicle was being ut time of accident	ised at PRIVATE USE
Are you claiming under your own insurance properties for repair to your vehicle?	policy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	TANKAL DAN
Name of Insurance Company	NTUC INCOME INCOME
Type Of Coverage	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Fleet Policy	COMPREHENSIVE NO
Policy Number	5106883466
Cover Note Number	V 100003400
Driver	
lame of Driver	WANG WIFE FO
RIC No	WANG YUELEI
ate Of Birth	S8976987F
ccupation	29/06/1989
ate Of Driving Pass	INDOOR
riving Experience	28/10/2018
ender	0 YEAR AND 3 MONTH
obile Number	MALE
ax Number	(LOCAL) +65-92275663
ontact Number	
Mail Address	OFFICE-66703647

RAYMONDS@OUTLOOK.COM

Address

BLK 354D ADMIRALTY DRIVE

#09-308

Postcode

754354

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: YANG ZHONGXIU

GENDER:

: FEMALE

Passenger 2

NAME:

: XING JINLONG

GENDER:

: MALE

Passenger 3

NAME:

: ZHU SHIMO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGF6013J

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

Veh A: SKN 5878Y Veh B: 86F 6013]

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
- 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
- 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)
 - (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
- (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.
- (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;
 - (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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14-DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Polloyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

NRIC/FIN No .:

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declare the foregoing particular	
LARATION declare the foregoing particular holder's Signature	Driver's Signature (If driver is not the policyholded Reporting Centre Personnel's Signature)

Accident MT/1031433								
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Claim Handling(accident reporting Claim Task)

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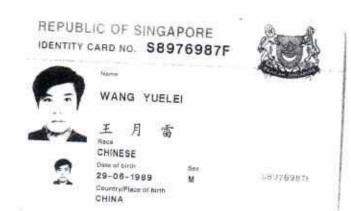
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Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report ime of Accident: ~ 11:05 PM *Accident Location: Vehicle Details *Vehicle Number: SKN 587 * Make & Model: Lexus Es 300h Luxury CVT Insured / Policyholder *Owner Name: WANG YUELFI *NRIC: \$29 *Address: Admiralty Drive Block 3540 #09-308 *Email: raymonds Fontbook-com * HP: 92275463 Engineer (Indoor/Outdoor) *Occupation: * Tel/H/Other: 6670364 Driver () same as above *Driver Name: *NRIC: *Address: *Date of Birth: _____ *Driving Pass Date: 28/10/2018 * HP: *Email: *Gender: Male / Female *Driver an employee: Yes / No (*If no, what is relationship with the policyholder :_____ Passengers Details *P/Name: YANG ZHONG XIU (Male/Female) *P/Name: XING JINLONG * P/Name: ZHU SHIMO (Male/Female) * P/Name: (Male/Female) Insurance Company *Insurer: NTUC income *Coverage: C/TPFT/TPO *Policy No: \$106883466 Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SGF-6013 J Vehicle No.: _____ Make & Model: Make & Model: Vehicle Category: ___ Vehicle Category: _____ Name of Driver: _____ Name of Driver: HP : 9782 8128 No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) General Information of the accident *Type of accident: Head-Rear / Side swipe / others: *Weather conditions: Clear / Raining / others: ______

*Weather conditions: Clear / Raining / others: ______ *Any video cam: Yes / No *Road Surface: Dry / Wet / others: _____ *Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)

*Accident reported to police: Yes / No *Summon against whom: ______ *No. of passengers (include driver): _____ *No. of passengers (include driver): _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No * Yes / N





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unleden 28 Oct 2018 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 4284



5935093

11-05-2018

APT BLK 354D ADMIRALTY DRIVE #09-308 SINGAPORE 754354

NRIC No. \$8978987F

Date 14/01/2019



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: 5106883466

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SKN5878Y

Chassis Number

: JTHBW1GG502068555

2. Name of Policyholder

: WANG YUELEI

3. Effective Date of Insurance

Expiry Date of Insurance

: 09 Jan 2019

: 10 Jan 2020

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.

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

EXCESS (SECTION 1) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 55100 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 **EXCESS WAIVER** : NO PRIMARY DRIVER

: WANG YUELEI

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

: MAYBANK SINGAPORE LIMITED 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)

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

: 09 Jan 2019 17:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive