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TP Particulars: Veh No: IMKNOWA	U BILLY. IN	1C( , )/No	n-INC( ).		
Owner / Driver: (		Tel:			
Policy No. ( ) Period: (		) Cover T			
Confirmed by + (	· Dates	C ED	Timer	)	
Insured/Driver Liability: ( %) [Note-Est.	. Status (WO): N	; 0-20%; P: 2	1-79%. P: 80	-100%]	
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## SINGAPORE ACCIDENT STATEMENT

## 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 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.
- ving of this report at the centre and to copies of the report being made available

<ol> <li>By the lodgement of this report to the insurers, you hereby constitoesaid.</li> </ol>	ant to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/02/2019 19:05
Date Of Accident	12/02/2019 08:20
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE
以为一种企业的特别的企业。D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM4877A
Insured/Policyholder	
Name Of Registered Owner	JACKIE CHEN
Co Reg No	53356290B
Email Address	JACKIECHEN76@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91250950
Alternative Phone No	OFFICE-91250950
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3-1.6 (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	REPORTING ONLY
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	5099055067
Cover Note Number	
Driver	

Name of Driver CHEN CHING SHYONG

S7684314G NRIC No 29/11/1976 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 17/09/2006

12 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91250950 Mobile Number

Fax Number

Contact Number OTHERS-91250950

EMail Address JACKIECHEN76@YAHOO.COM Address

BLK 861 WOODLANDS STREET 83

#08-166

Postcode

730861

OWNER

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

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: PASSENGER

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

YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

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

- Please report <u>correctly</u> 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 <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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

OTIV

ALDMA CLAMBAINI SKETCH PLAN MOTOCCYCLE A) Sim 4877A MYCAE B) UNKNOWN MODECYCLA DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 800 Am I was driving Joset with I female 12/2019 we drove along the dement road I was switched Lone From right to left, UN known motorwices drive and hit my car of the book head the / mredictely noise The motor type was fall and The Man ate asked my car and help the mitorcyclos and go before to settle due to hear traffic. I was driving alread hope the nestroyclas to1100 yet he didn't undle to cythic his number plate one to his previous COULDONN settle informat Video Cly bock motorcyles to contre to hore DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Name: Driver's Signature Policyholder's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.: 12/2019 Date & Time: 12/2/2019 1030AM 1030 Arc.

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iver Name	Unnemed Driver	Driver Type	Unnamed Oriver				
named driver Name	CHEN CHING SHYONG	Driver MUIC	57684314G		Driver DQB	29/11/1976	
gister Date of Driver License	17/09/2006	Driver Age:	42		Driving Experience	12	
mass No.(Mobile)	94290990	Contact No. (Office)			Contact No.(Home.)		4.17
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# 2/12/2019

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Folder Date

# Claim Handling(accident reporting Claim Task )

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NAC_BUNIT_MERAN_BD0676; NATIONAL ASSESSMENT CENTRE SERVICE S (RUNIT MERAN)) on 12 Feb 2019 19-05	Photos	Normal	Photos 2019-2-12
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# ACCIDENT'STATEMENT

ACCID	DENT DATE: 12. 1.02 201	_)(DD/MM/YYY), TIM	E:08 . 20 )(HH:MM)
LOCAT	ION: ALGUS CLAMIEM	ni LOAD "	The same
1.	DETAILS OF VEHICLE		3
	a) VEHICLE NUMBER: SU	n 4877A	A Terrar a
	b)INSURANCE COMPANY:	NTVC-	
	C)POLICY NUMBER:	5699055067	
	d)POLICY TYPE: (COMPREHE		UIDD BARTY CIRC STUFFER
	B)MAKE & MODEL:	KIA KS FORT	C
	f)TYPE:(SALOON / COUPE / M	PV /VAN / LORRY / MC	DIORCYCLE / OTHERS
	9/ VEHICLE CATEGORY: [PRIV)	ATE / COMMERCIAL / A	MOTORCYCLEI
	INPURPOSE OF USING AT ACC	CIDENT TIME:	
	) ARE YOU CLAIMING UNDER	YOUR OWN INSURANCE	E (YES/NO)
	IF NO, PLEASE STATE (THIRD F	ARTY CLAIM / REPORT	NG ONLY)
	INSURED / POLICY HOLDER	SOLUTION AND ADDRESS OF THE PARTY OF THE PAR	
		CHINA THYONG	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:		NTACT: 9/250950
1 temperature	C)ADDRESS: 861, WOODA	nos ST89, Host-166	
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- duling anver) L	NRIC/FIN/PASSPORT:		(MALE / FEMALE)
	ADDRESS:		NTACT:
	)		
	d)DATE OF BIRTH: 29/11	1 1976 HDD/MM/M	(YYI :
е	OCCUPATION: (INDOOR / C	UTDÓORI	
(1)	DATE OF DRIVING PACC	17/07/2001	in the second se
4. W	VAS DRIVER AN EMPLOYEE	OF THE INSURED'S C	OMPANY? (YES / NO)
11	NO, RELATIONSHIP OF TH	E DRIVER WITH INSI	IRFD:
o. a	IWEATHER CONDITION: (CLE	AR / RAINING / OTHERS	
D	ROAD SURFACE: (DRY / WET	/ OTHERS	
7 al	AS ANYBODY INJURED (YES /	NO)	11 140
٠, ٥,	REPORTED TO POLICE (YES /	NO)	
H TH	IF YES, PLEASE STATE WHICH P	OLICE STATION:	
	VEHICLE NUMBER: - DING	UN MORE COME	Mi Mi
	DRIVER'S NAME:	NOTE CACTE - WOL	DEL:
/ 1 0	NRIC/FIN/PASSPORT:	CO	NTACT:
9, TH	IRO PARTY VEHICLE		YIACI:
No of passenger d		мог	TEL:
land live to e		7100	
Induding driver)	NRIC/FIN/PASSPORT:	CON	NTACT:
()			The state of the s
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	W1: #11 51	14	and warmen and the second

email = JACKIECIENTLOX AHOU COM

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7684314G



CHEN CHING SHYONG

庆 雄

CHINESE

29-11-1976

MALAYSIA





4854210



NRIC No. 57684314G

17-04-2012

APT BLK 861 WOODLANDS STREET 83 #08-166 SINGAPORE 730861

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor fractors /yehicles =< 2500 kg

17 Sep 2005

NP 428A

Licence No: 57684114G



# 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: 5099055067

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: 5LM4877A

Chassis Number

: KNAFZ411MH5666362

2. Name of Policyholder

: JACKIE CHEN

3. Effective Date of Insurance

: 31 Mar 2018

4. Expiry Date of Insurance

: 30 Mar 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 or Hirer's business.

### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-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 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)	: 5\$2,000
EXCESS (SECTION 2)	
	: 5\$1,500
WINDSCREEN EXCESS	: \$\$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
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	; N/A
HIRE PURCHASE COMPANY	GOLDBELL FINANCIAL SERVICES PTE 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)

: AUTOSHIELD PTE. LTD. (00000573469)

Date of issue

: 19 Mar 2018 11:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive