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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	01/04/2019 20:38
Date Of Accident	01/04/2019 08:40
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ5179D
Insured/Policyholder	
Name Of Registered Owner	MOK SOO
NRIC No	S2562678H
Email Address	JESSEMOK87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90035890
Alternative Phone No	OTHERS-86883810
Vehicle Particulars	
Manufacturer	LEXUS
Model	NX200T-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	5107826509
Cover Note Number	
Driver	
Name of Driver	MOK JESSE

NRIC No S8770184J Date Of Birth 07/12/1987 Occupation INDOOR Date Of Driving Pass 23/05/2007

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86883810

Fax Number

Contact Number OTHERS-90035890

EMail Address JESSEMOK87@GMAIL.COM Address

BLK 29 HAZEL PARK TERRACE

#01-08

Postcode

678950

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

CLOUDY

Road Surface

WET

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)

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

FBM6321S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

JOHAN BIN RAMLI

NRIC/Passport Number

S9545612Z

Contact Number

98354904

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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:

Benorting Centre Personnel's Signatured

Name:

NRIC/EIN No -

HUND for lowers cotoner onepot? SKETCH PLAN TEST (SU) A) SMJ SIZED B) Fram 6325

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- LOCATION/TIME -> PIE / 08:40 Mrs.
JOHAN WAS DIDING BEHIND MY VEHICLE BUT TOOK ALL
EMERGENCY SUDDEN SWEDLE TO HIS CEPT DUE TO
24H LIANHOL THOIS 21H 40 31) 1HAN MINDROSPORT HAS
THUS CALLED A PEHT AND SCRATCH OH MY CAR PEAR
MATERINA 2/AT PHIQUE OFFICH ZAW THO OH . JEHAR
THE APPROACHIYG VEHICLE PRVING ON THE PIGHT OF
JOHAH WAS MIZ GOH KIM HOCK (S74072027)
CAR PLATE NO: SLU 7903B).

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

NRIC/FIN No.

Names

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III NO.	1107926509	Venicle No.	0/053790		CST Regimento No.	
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ate of Accident	DL/94/2019	Time of Accident finance	56-45		Country of Academi	Singapore
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myer Name	Hall Jesse	Driver Type	Named Orner			
mnames other Name		Driver NRIC	287701841		Sinver blatt	107212713HC
egister Date of Driver License	23/05/200T	Driver Age	.83		Driving Experience	13
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- Video List

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NAC_BURIT_MERAPI BUSE/AL NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAPI) on ST AV 2019 20:35	Pruses	Named	Produs 2019-4-1
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ACCIDENT STATEMENT

ACC	CIDENT DATE: (01 , 04 , 304) (DD/MM/YYY), TIME: (01 . 40 .) (HH:MM)
LOC	ATION: PIE
1	1. DETAILS OF VEHICLE
	CIVELLOIS VILLES SUIT ELTED.
	a) VEHICLE NUMBER: SUJ 5179 D.
19	DINSURANCE COMPANY: HTMC HIGHE
	CIPOLICY NUMBER: 5107826509
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	1)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	INPURPOSE OF USING AT ACCIDENT TIME: TRAVELLING TO WORK.
	TARE YOU CLANNING UNDER YOUR CHANGE THE TOWARD
	HARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESTNO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
4,	. INSURED / POLICY HOLDER
	A) NAME: MOC SOO (MALP / FEMALE)
	DINRIC/FN/PASSPORT: SOCIAL CONTACT: 900355910
	C) ADDRESS: 25 HAZEL PARK TERRALE #01-09
250 30 3	HMZECPARC (OHDO MINUM CERTIFICE.
100 II II	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
No of passandis.	DRIVER
And de 1	
(Including driver)	LIND OF THE PARTY
	CIADDRESS: 20 HTT CONTACT: CON
7.	HAZEL WAS COARDAINAM SCHOOL
25	d) DATE OF BIRTH: (07/12/1907) (DD/MM/YYYY)
	eloccupation: (INDOOR / OUTDOOR)
9	1) DATE OF DRIVING PASS 23/5/2007
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: TATHER SE
5.	DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS WET POAR)
	BIROAD SURFACE: DRY WET OTHERS
6.	WAS ANYBODY INJURED LYES ANDP
7.	a)REPORTED TO POLICE (YES AND)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	THIRD PARTY VEHICLE
le of passonger	
meladia 11 x N	b) DRIVER'S NAME: DOHAH BIH BYNC
inducting chiver.)	
()	c) NRIC/FIN/PASSPORT: S95456 22 CONTACT: 983549
9.	THIRD PARTY VEHICLE
lu of passenger	d) VEHICLE NUMBER:MODEL:
mela Alexa del S	e) DRIVER'S NAME:
laduding driver)) f) NRIC/FIN/PASSPORT:CONTACT:
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8770184J



MOK JESSE



CHINESE

07-12-1987

MALAYSIA







≈ \$8770184J

24-10-2007 APT BLK 29 HAZEL PARK TERRACE #01-08 SINGAPORE 678850

AFRIC No. \$8770184J

□== 28/12/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars*< 3000 kg with =<7 passengers, exclusive 23 May 2007 of the driver; and a their motor vehicles =< 3500 kg



NF 428A

4119919



Certificate of Insurance

SMJ5179D

: MOK 500

: 09 Mar 2019

: 01 Jun 2020

: JTJBARBZX02053134

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: 5107826589 Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry 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.

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) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

EXCESS WAIVER : NO

PRIMARY DRIVER : MOK SOO

NAMED DRIVER (1) : MOK Z-KENT

NAMED DRIVER (2) : MOK JESSE

HIRE PURCHASE COMPANY : OCBC 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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 08 Mar 2019 13:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive