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Preferred Wi	ksp / INC Assign Wksp / QW: (d.Xma.	Tel:	Fax:	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number **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.

- 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

AND THE PERSON NAMED OF TH	ACCIDENT STATEMENT
Date Of Report	23/04/2019 10:09
Date Of Accident	22/04/2019 13:50
Exact Location Of Accident	BLK 271 JURONG WEST ST 24 MSCP
Country/State of Loss	SINGAPORE
AND SECURITION OF SECURITION O	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME4263B
Insured/Policyholder	
Name Of Registered Owner	SENG SWEE KIM
Co Reg No	53351690X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90092730
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104656023
Cover Note Number	¥
Driver	
Name of Driver	SENG SWEE KIM
NRIC No	S1331184F
Date Of Birth	26/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1979
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90092730
av Numbre	Haza San Alica Andreas

NOEMAIL

Address

BLK 272A JURONG WEST ST 24 #12-82

Postcode

641272

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 - MAJOR/MINOR RD

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

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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 ATTACHED STATEMENT.

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

SHC4386A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

ROSNITA

NRIC/Passport Number

S7411566G 82224810

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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)
 - 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.

SENG SWEE KIM Co Reg No: 53351690X

Driver's Signature

(If driver is not the policyholder)

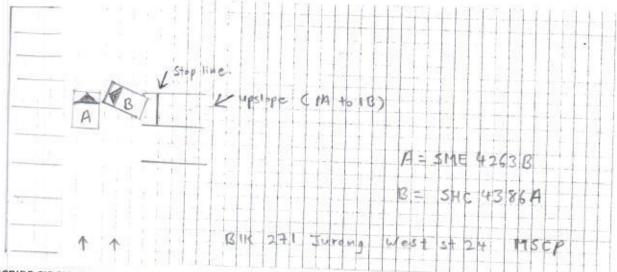
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pleuse	Refer to	Statement

I/We declare the foregoing particulars are true in every respect.

SENG SWEE KIM Co Reg No: 53351690X

Policyholder's Signature Date & Time:

Driver's Signature

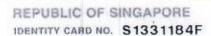
(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No .:

WHILE TRAVELLING STRAIGHT INSIDE THE BLK 271 JURONG WEST ST 24 MSCP, SUDDENLY VEH B COMING FROM THE UPSLOPE WITHOUT STOPPING AT THE STOP LINE AND HIT ONTO MY VEH RIGHT FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 22/4 / 19. JOD/MM/YYYY), TIME: 13
LOCATION: BIK 271 Juring West St 24 mscp
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SME 42638 b) INSURANCE COMPANY: IMC
G)POLICY NUMBER: G)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT THAT:
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
A)NAME: Seng Swee kim. (MALE / FEMALE) D)NRIC/FIN/PASSPORT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER (Including driver) DINAME: Soug Sweet Kim. (MALE / FEMALE) (Including driver) DINRIC/FIN/PASSPORT: CONTACT:
*d)DATE OF BIRTH: /
f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER. D)ROAD SURFACE: (DRY (VIEW / RAINING / OTHERS.
7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE
Chiefording chiver) b) DRIVER'S NAME: DA MODEL:
PARTY VEHICLE OF PROCESSOR OF PROCESSOR OF THIRD PARTY VEHICLE OF
Induding driver DRIVER'S NAME:MODEL:
email = Sweekimseng @ gmail.com.
VIDEO = Yes.





- Name

SENG SWEE KIM

盛瑞欽

CHINESE Date of birth Ser 26-12-1958 M

Country of birth SINGAPORE





NRIC No. S1331184F

Date of issue

15-12-2008

APT BLK 272A JURONG WEST STREET 24 #12-82 SINGAPORE 641272 Class 2B Motorcycles =< 200 cc

Motor Cars =< 3000kg with =<7 pascengers, exclusive 21 Sep 1981 of the cirier; and other shotor vehicles =< 3600kg

Licence No. \$1331184F



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701,

Type 02

Description

TAXI VL

Issue Date

21/07/1992





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ACT ICUADTED AGE
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ACT (CHAPTER 189)
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	RULES, 1960
MOTOR VEHICLES (THIRD SAFETY	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover : drivo CLASSIC

Certificate I	Number:	5104656023
---------------	---------	------------

1. Index mark and Registration Number of Vehicle

Chassis Number

2. 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.

: SME4263B

: 28 Sep 2018

: 27 Sep 2019

: KMHD841CMJU755371

: SENG SWEE KIM

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. EVERSE ISSECTION 1

SOM MOONED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
SUM INSURED	: N/A
HIRE PURCHASE COMPANY	: N/A
NAMED DRIVER (2)	: N/A
NAMED DRIVER (1)	
PRIMARY DRIVER	: N/A
EXCESS WAIVER	: NO
TRANSPORT ALLOWANCE	: NO
NCD PROTECTION	: NO
INSURE WITH COE	: YES
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
ADDITIONAL EXCESS	: N/A
WINDSCREEN EXCESS	: S\$100
EXCESS (SECTION 2)	: \$\$1,500
EXCESS (SECTION 1)	: S\$2,000

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

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

: 15 Oct 2018 11:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling		o la managarda	intreporting Claim rask)		
Accident MT/1041347					
Policy No.	5104656023	Vehicle No.	SME4263B	CCT 8	
Certificate No.				GST Registration No.	
Policyholder Name	SENG SWEE KIM			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	533514
Contact No.(Mobile)	90092730	Contact No.(Office)		Contact No. (Home)	0
Email Address		Special Remark		eCode	
KFK	# No Yes	TCA		eCode Reason	No V
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Mea
▼ Accident Details				, ivale, riile	Ves
Report Date	23/04/2019 14:07	Accident Report Within 24 hrs	Yes	Autoria W. Co.	000000000
Date of Accident	22/04/2019	Time of Accident hh:mm	13:50	Accident Type	Collisio
Reporting Centre		Orange Force	12.33	Country of Accident ICM No.	Singap
Accident Location	BLK 271 JURONG WEST ST 24 MSCP			ICM No.	
∨ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	- 200010
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	windscreen excess	100,00
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
		The state of the s	1,500.00		
✓ GST Registered Informa	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History	23/04/2019 14:13:16 Sys	tem changed GST Status Verified from No	to Yes	765	
Policyholder Mailing Add					
Address 1	BLK 272A #12-82	Address 2	JURONG WEST STREET 24	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	64127;
Unit No.	12-82	Related Policy Number	5104656023		044677
♥ OI Driver Info	400				
Oriver Name Unnamed driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Register Date of Driver License	SENG SWEE KIM	Driver NRIC	S1331184F	Driver DOB	26/12/
Contact No.(Mobile)	21/08/1979	Driver Age	60	Driving Experience	39
Address 1	90092730	Contact No.(Office)		Contact No.(Home)	
Address 4	BLK 272A #12-82	Address 2	JURONG WEST STREET 24	Address 3	SINGA
Unit No.		Address Type	Singapore address	Post Code	64127;
Does he own a Singapore	12-82				
Registered car?	U Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathelyser or Blood Test Reading?	0 mg	Any injury?	Yes (a) No		
Modification History					
Paramata Alban N					
Claim 001 New					
Claim Type +					
			OD-MX	Insured SENG SWEE KIM	
Contact No.(Mobile)			90092730	Contact No.	
an (COM) - (COM)				(Home)	
Email Address				Vehicle SME42638	
Claim Description			174	Number	
			SME4263B / SHC43	86A ON 22 Apr 2019	
Preferred Workshop p	Insured Liability Not at Fau	it v			
Bontaict No. Yes	 Repair Preferred Workshop, N 		•		
Date Registered	Option	Tepors L	23/04/2019 14:23	Claim	
Report Taken By				Close Date	
			LIEW SHAN HUI		
Print AK letter					

Save Submit

001

Claim No.

MT/1041347

Attachment

Last Doc. Received € Yes ○ No

Upload Date

Confidential

Urgency *

	Uploaded By/Da	te Folder Date		File Name		9		Soun	ce
1	NAC_PAYA_UBI_	800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos		Normal		Photos 2	019-4-23	
2.2	NAC_PAYA_UBI_	800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos		Normal		Photos 2	019-4-23	
	NAC_PAYA_UBI_	B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14;23	Photos		Normal		Photos 2	019-4-23	
	NAC_PAYA_UBI_	800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos		Normal		Photos 2	019-4-23	
	NAC_PAYA_UBI	800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos		Normal		Photos 2	019-4-23	
	NAC_PAYA_UBI	800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:23	Photos		Normal		Photos 2	019-4-23	
	NAC_PAYA_UBI	800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 14:24	Photos		Normal		Photos 2	019-4-23	
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