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OD / TP / Reporting Only	I-Photo Uploaded		
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TP Pardiculars	Gau 754.B . IN	C( , )/Non-NC(	), , ,
Owner / Driver: (		Tel:	·
Policy No: ( ) Po	erlod: (	) Cover Type: (	
Confirmed by : (	· Dates,	Timer	7
Insured/Driver Liability: ( %)	Note-Est Status (WO): N	A STATE OF THE PARTY OF THE PAR	P: 80-100%]
Year of Registration: ( )	Warranty: YES ( )/NO	( )	
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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.
- 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 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	24/04/2019 18:00
Date Of Accident	12/04/2019 16:00
Exact Location Of Accident	PIE AFTER STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4824A
Insured/Policyholder	
Name Of Registered Owner	LESLIE TAY KAH YEW
NRIC No	S9002934G
Email Address	LESLIE_TAY90@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91815712
Alternative Phone No	OFFICE-91815712
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 (A)
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	REPORTING ONLY
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	5101118866
Cover Note Number	
Driver	
Name of Driver	LESLIE TAY KAH YEW
NRIC No	S9002934G
Date Of Birth	20/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91815712
Fax Number	
Contact Number	OFFICE-91815712

LESLIE\_TAY90@HOTMAIL.COM

Address

BLK 166A YUNG KUANG ROAD

#08-08

Postcode

611166

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

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)

involved in the accident

2

Was any body injured in the Accident?

NO

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)

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 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

SGN754B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CHEW LI LIN

NRIC/Passport Number

S7126353C

Contact Number

96411442

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 <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

Date & Time: 741 1/1

0930

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/4/19

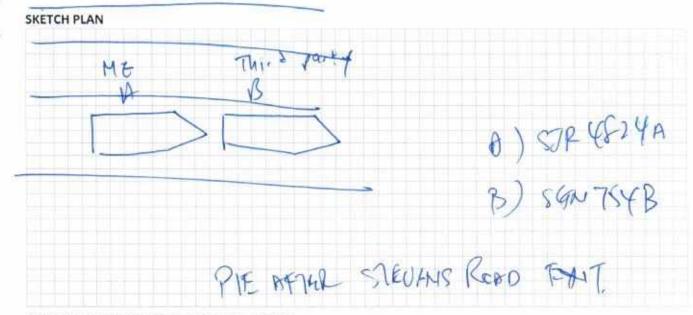
0930

7 (1)

Reporting Centre Personnel's Signature

Name:

NDIC/EINING .



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Third	Party signal right & cut into pirst lane from
	lane & break. I couldn't stop in time
	the bumper of the car. Third party didn't say s
	to claim until 23 Apr 2009.

# DECLARATION

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

Policyholder's Signature

Date & Time: 74/4/19

0430

Driver's Signature

(If driver is not the policyholder)

Date & Time: 74/4/19 0930

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: John Um H3

# rsbm

From:

Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>

Sent:

Thursday, 25 April, 2019 4:43 PM

To: Subject: LKK Bukit Merah; ODsupport RE: MT/1040332 SJR4824A

Please quote this claim nbr when billing MT/1040332-001

With Regards

Theresa Vimala

Senior Administrator Motor Insurance T+65 6430 7898 www.income.com.sg













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Find out more at income.com.sg/careers



From: LKK Bukit Merah [mailto:rsbm@lkkauto.com]

Sent: Thursday, 25 April 2019 2:47 PM

To: ODsupport < ODsupport@income.com.sg>

Cc: Theresa Vimala D/O Balagangadharan < <a href="mailto:thrsvim.bala@income.com.sg">thrsvim.bala@income.com.sg</a>>

Subject: MT/1040332 SJR4824A

Hi the above mention claim cannot create ebao thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah Tel: 6898 0055

Fax: 6271 8802

Email: rsbm@lkkauto.com

This email has been checked for viruses by AVG antivirus software. www.avg.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the

ripient(s) named above. If you have received this message in error, please notify the sender immediated delete all copies of it. Thank you.	ely
2	

# ACCIDENT STATEMENT

ACCI	DENT DATE: 12 04 291 (DD/MM/Y	YYY), TIME:( 16 : 00)(HH:)	MM)
LOCA	TION: PIE HPTY Stevens	ford exit	
1,	DETAILS OF VEHICLE	₫ <b>₫</b>	
	a) VEHICLE NUMBER: SJR 4824 A		
70	b)INSURANCE COMPANY: NTUC		
~	C)POLICY NUMBER: SIO 111 8 6 6	tue	
	d) POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THI	EFT)
	B)MAKE & MODEL: Hould a		.00
	1) TYPE: (SALOON / COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHER	3)
	.g) VEHICLE CATEGORY: (PRIVATE / COMME		
2.	h) PURPOSE OF USING AT ACCIDENT TIME:		
	I) ARE YOU CLAIMING UNDER YOUR OWN I	NSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)	-
2.,	INSURED / POLICY HOLDER		
	Alname: Leslie Tay Kah. Yer		
	b) NRIC/FIN/PASSPORT: C9 0019346	CONTACT: STEETS	
200	CIADDRESS: Block 1 66 1 TUNG	KUNNG ROAD HOP.	08
	. 2611166	USINE -	_
Hu of passon gos	* CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER	HOLDER	
A has at basson desi	O)NAME: Ledve Toy Kyy You	(MALE) FEMALE	1
(Including driver)	BINRIC/FIN/PASSPORT: 590079746		
(1)	CIADDRESS: Black 166 4 TONG !	CUIL NG 40 AD. # 05-01	3
100	\$6(1166		
19	"d) DATE OF BIRTH: ( 20/ 0/ / 1999)	DD/MM/YYYY) ·	
	e OCCUPATION: (INDOOR / OUTDOOR)	E 5	
		11/2008	
4.	WAS DRIVER AN EMPLOYEE OF THE INS		0))
	IF NO, RELATIONSHIP OF THE DRIVER V		
5.	a) WEATHER CONDITION: (CLEAR / RAINING	OTHERS	
2	b)ROAD SURFACE: (DRY WET / OTHERS_		
	WAS ANYBODY INJURED (YES (NO)	(9	
	IF YES, PLEASE STATE WHICH POLICE STATE	ON:	
8.	THIRD PARTY VEHICLE	OIN.	
	0) VEHICLE NUMBER: SWY 7548	MODEL:	8
(Induding driver)	b) DRIVER'S NAME: Che Ci (in	THE STANDARD HE FOR THE SECOND	
( ', ',	c) NRIC/FIN/PASSPORT: S7176353C	CONTACT: 9641 14	42
9.	THIRD PARTY VEHICLE		
4 No of passanger	d) VEHICLE NUMBER:	MODEL:	_ :
	e) DRIVER'S NAME:	(I+)	17
(Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT:	
(_)	¥		
. 13-4-		6 99	

email = leslie - toy900 notmail. com.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9002934G



LESLIE TAY KAH YEW (ZHENG JIAYAO)

郑

家 耀

CHINESE

20-01-1990

SINGAPORE





3571008



CNa S9002934G

Date of lease

02-02-2005

APT BLK 166A YUNG KUANG ROAD #08-08 SINGAPORE 611166

NRIC No: \$90029345

Date: 23/03/2018

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

EFFECTIVE DATE

Class 2B Motorcycles =< 290 cc 07 Dec 2009
Class 2A Motorcycles between 291 cc and 400 cc 20 Jan 2011
Class 2 Motorcycles > 400 cc 20 Apr 2012
Class 3 Motor Cars < 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Ucence No: 89002934GH

NP 428A



# Certificate of Insurance

: SJR4824A

: GE61146086

: 01 Jun 2018

: 24 Jun 2019

: LESLIE TAY KAH YEW

Cover : drivo CLASSIC

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: 5101118866

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.

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 : 5\$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 : LESLIE TAY KAH YEW

NAMED DRIVER (1) - N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HONG LEONG FINANCE 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)

Agency

: I CARE GENERAL INSURANCE AGENCY (00000572567)

Date of Issue

: 01 Jun 2018 10:50 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Reffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: 3665500200 / 037 Ref. Net M400017733

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

	ADDENDUM	4 1
A)	) PARTICULARS OF PERSON MAKING THE AMENDMENTS:	18 Al
	Original Report No : NAY19053250 Vehicle Registrat	HOD NO! SORYAZYA
	Name (as shown in NRIC): UNSLIFE TAY CAT YOU NRIC/FIN/Passpe	De 00 20-11
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	OTT NO : 37 / 100- 13 t 1
	Address :	Singapore(
	Contact (Tel) :Mobile No.:	918/57/2
	Email Address :	
	Date of Accident : 17/04/2018 Time of Accident	16:00.
	Place of Accident : PIN DETHIC STATEMES 16000	Ex17
	Insurance Company: Marie Nouc	
	TASURAD WIND MUC AND MON MSLG	
		<del>i</del> <del></del>
		1.40
	Polityholder / Driver's Signature Reporting Cer	20/04/2019

Date: