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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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	15/05/2019 13:58
Date Of Accident	14/05/2019 21:15
Exact Location Of Accident	WOODLANDS DR 12
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9817B
Insured/Policyholder	
Name Of Registered Owner	OUNG CONSTRUCTION (S) P/L
Co Reg No	199504483Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089246430-02
Cover Note Number	
Driver	
Name of Driver	LOW CHUAN KIM

 Name of Driver
 LOW CHOAN KIM

 NRIC No
 \$1677905I

 Date Of Birth
 28/08/1964

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/01/1997

Driving Experience 22 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97556819

Fax Number

Contact Number OFFICE-97556819

EMail Address NOEMAIL

BLK 772 YISHUN AVENUE 3 Address

#12-211 760772

2

YES

NO

2

NO

NO

Was driver an employee of the Insured's Company YES

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 COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

Other Information

Postcode

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?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

FBJ3025H

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

## IMPORTANT NOTICE

4

- 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 withholding of material
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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)

l 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 (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
  - (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,
- (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.

dider's

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No .:

Woodland Dr 12

A: GBE 9817B

B: FBJ 3025H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front a	r stupped	d so I	followed s	cit but
veh 3	fulled +	no brake	in time	hit onto
my uch	(lov	ch por	ho7.	
		V.		

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 Person Name:

NRIC/FIN No.:

Personal Particulars	
	Time of Accident: 9 15 pm
Exact Location of Accident: Nood	land Dr 12
owner's Name: Oung Construction (	S P NRIC No: HP No:
Driver's Name: Low Chuan Kim	NRIC No: 516 779057 HP No: 9755 681
Date of Birth: 28 8 1964 Driving Licence Passi	ng Date: 10 1 1997 Occupation: Indoor / Outdoor
Address: BIK 772 Yohun Ave	3 # 12 - 211 (760772)
Relationship of Driver with Insured: 28 8 1964Er	naii Xddress:
Vehicle No: GBE 9817B Ma	
Insurance Co: NTU C Cove	Policy No: 5089246430 - 0
Durnose of Reporting? Own Damage C	laim / 3rd Party Claim / Not Claiming, Just Reporting Only
	g Used At Time Of Accident: Private Use / Work
	875
*Weather Condition ? Clear / Raining /	Others: Wet / Dry / Others:
* Any passenger inside vehicle involved	? (Yes / No) If yes, Vehicle No & How many pax:
A:B	O
*Was Anybody Injured ? (Yes / No) If ye	
Name / NRIC / In Vehicle:	
*Was The Accident Reported To The Pol	
	166 (
O No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle	
and the second s	insurer:
*Was any foreign vehicle involved? (Yes	s / No) if yes, Vehicle No & Category:
*Was there any video captured by Car C	camera? (Yes/No)
Third Party Driver's Particulars	
Vehicle & No: FBJ 3025H	Make & Model:
	NRIC No: HP No:
	viake & Model:
	NRIC No: HP No:
Witness Particulars	(4) (4)
Neman	NRIC No. HP No.

IDENTITY CARD NO. \$16779051 REPUBLIC OF SINGAPORE



LOW CHUAN KIM

東

CHINESE

28-08-1964 Date of birth

Country/Place of birth SINGAPORE

8 S

Name Name S16779051 Bett Galor 28 Aug 1964 base Date 17 Sep 2007 LOW CHUAN KIM



CESS 3 Motor Carses 3000 cars

NP 428A



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: 5089246430-02 Cover : Comprehensive 1. Index mark and Registration Number of Vehicle GBE9817B Chassis Number : VSKYBAM20Z0125556 2. Name of Policyholder : OUNG CONSTRUCTION (S) P/L 3. Effective Date of Insurance : 13 May 2019 4. Expiry Date of Insurance : 12 May 2020 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. (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. # 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 : 5\$100 INSURE WITH COE . YES HIRE PURCHASE COMPANY : N/A 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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953) Date of Issue : 03 May 2019 18:25 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech								200 标	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					· Change L	anguage	• Change	Password	) Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	14/	05/2019 21	:15	
	Vehicle No.(For Motor)	GBE9	8178		Certi	ficate Number	3			
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5089246430- 02		OUNG CONSTRUCTION (S) P/L	199504483Z	GCV	Comprehensive	GBE9817B	GBE9817B	13/05/2019	12/05/2020
					Continue					

Seque	nce Date of Endorsemen	t	Endorseme	nt Type	Endorsement	Status	Endorsement Content
	sements						
D Insure	ed Object: GBE9817B						
Jnit No.		Relat Num	ted Policy ber	5089246430-02			
Address 4			ess Type	Singapore address		Post Code	658077
Address 1	51 BUKIT BATOK CRESCE	NT Addr	ess 2	#06-43 UNITY CEN	TRE	Address 3	SINGAPORE 658077
Policy	holder Mailing Address						3-710-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Certificate Info							
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Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900		GST Flag	Υ	
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Outside		Outside					
Additional		OS Premium	1532.49				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	03/05/2019	Effective Date	13/05/201	9 00:00	Expiry Date	12/05/2020 2	3:59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	51 BUKIT BATOK CRESCENT #06	-43 UNITY (	ENTRE SING	GAPORE 658077			
Certificate No.							
Policy No.	5089246430-02	Name	OUNG CO	NSTRUCTION (S) P/L	Policyholder NRIC	199504483Z	

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deration					
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t No.	12-211			Total Court	760772
Iress 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 760772 760772
Fress 1	9LK 772	Address 2	0 YTSHUN AVENUE 3	Contact No. (Home)	0
rater Date of Driver Licens Eact No.(Mobile)	97556819	Driver Age Contact No.(Office)	54	Driving Experience	22
named driver Name pister Date of Driver Licens	LOW CHUAN KIM	Driver NRIC	\$16779051	Driver DOB	28/08/1964
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
OI Driver Info		0.000048570.012700000000	ASSESSED FOR THE PROPERTY OF T		
t No.		Related Policy Number	5089246430-02		
iress 4		Address Type	Singapore address	Post Code	658077
frees 1	51 BUKIT BATOK CRESCENT	Address 2	#06-43 UNITY CENTRE	Address 3	SINGAPORE 658077
Policyholder Mailing A	15/45/2013 10:03:35 5	yatem changed GST Status Verified from	n No to Yes		
Registration No. Affication History	1995044832 15/05/2019 18:03:35 S	visiem changed GST Registration Date for	GST Status Verified from 01/01/2015 to 13/07/1998	Yes	
Registered	Yes		GST Registration Date	13/07/1998	
GST Registered Inform	mation				
2 Benefits					
tel OD Excess Applicable		Total TP Excess Applicable			
dicional Excess		and the second second		Driver is Covered?	
ED OD Excess		VIEO TP Excess	0.00	Deluga la Composità	
Standard Excess	600.00	TP Standard Excess	0.00		
cess Type	Per Accident	Windscreen Excess	100.00		
Cident Location  Fotal Excess Applicab	WOODLANDS DR 12				
parting Centre		Orange Force		ICM No.	
ste of Accident	14/05/2019	Time of Accident hh;mm	21:15	Country of Accident	Singagore
port Data	15/05/2019 18:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details			576	FINALE CHE	10.00
CD Protection	No.	TCA NCD Entitlement(%)	® No ○Yes	eCode Reason Private Hire	No
ek	® No ○ Yes	Special Remark		eCode	THE V
nntact No.(Mobile) nali Address	0	Contact No. (Office)	0	Contact No.(Home)	0
	COMMERCIAL VEHICLE INSURA:	Cover Type	Comprehensive	Loading	0
oduct Code	OUNG CONSTRUCTION (5) P/L			Policyholder NR1C	1995044832
Scyholder Name	5089246430-02	Vehicle No.	GBE98178	GST Registration No.	1995044832
olicy No. ert ficate No. olicyholder Name rodukt Code					
tificate No. Icyholder Name	as not been collected.				

