THE RESERVE TO BE STORY

a per at the

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.
- 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

patient de la company disease de la company	ACCIDENT STATEMENT
Date Of Report	27/06/2019 15:03
Date Of Accident	27/06/2019 08:15
Exact Location Of Accident	BUKIT BATOK RD TWDS JURONG EAST
Country/State of Loss	SINGAPORE
A Carrier of the Section 1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCQ23J
Insured/Policyholder	
Name Of Registered Owner	SEAH SOO YAN
NRIC No	S1560484J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90722292
Alternative Phone No	OFFICE-90722292
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
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	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	5088704219-02
Cover Note Number	¥
Driver	
Name of Driver	LIM TECK KIM
NRIC No	S1693146B
Date Of Birth	28/05/1965
Occupation	INDOOR
Date Of Driving Pass	22/05/1989
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90722292
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 447 CHOA CHU KANG AVE 4 #08-375

Postcode

680447

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

3055.

involved in the accident

3

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

WHILE TRAVELLING ALONG BUKIT BATOK RD TWDS JURONG EAST, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

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

SKV9482L

Vehicle Make/Model/Colour

Details Of Properties

Care Marine Company

PRIVATE CAR

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGD8371Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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)

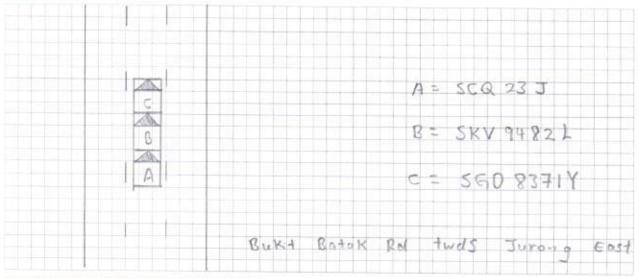
I understand, acknowledge, agree and consent that:

- (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 Personnel's Signature Name:

NRIC/FIN No.:



	<u> (프로그램은 리프트 레크램은 프로마트 네트리아</u> (1977년 1977년 리트리아 (1977년 1977년	
DESCRIBE	CIRCUMSTANCES OF THE ACCIDENT	•
DESCRIBE	CINCUIVISTANCES OF THE ACCIDEN	

BROW	Please	Refer	to	Statement
			1	
			/	
		/		

DECLARATION

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

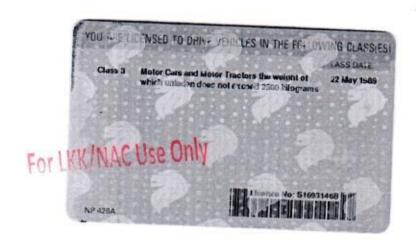
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:











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: 5088704219-02

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SCQ23J

Chassis Number

: GJ11307903

2. Name of Policyholder

: SEAH SOO YAN

3. Effective Date of Insurance

: 02 Apr 2019

4. Expiry Date of Insurance

: 01 Apr 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.

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 : S\$100 **ADDITIONAL EXCESS** : N/A **UNNAMED DRIVER EXCESS** : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : SEAH SOO YAN

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

: KA-HUP VEHICLES TRADING (00000572059)

Date of Issue

: 31 Jan 2019 14:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1560484J





Name

SEAH SOO YAN

祖 水 六

Race

CHINESE

Date of birth 14-08-1962

Sax

\$15604841

Country/Place of birth SINGAPORE

5916966





Environacion Only

17-04-2018

Address

43 LENTOR WALK SINGAPORE 788808 For LKK/NAC Use Only

Claim Handling

Accident MT/1050878						
Policy No.	5088704219-02	Vehicle No.	SCQ233		GST Registration No.	
Certificate No.						
Policyholder Name	SEAH SOD YAN				Policyholder NRIC	\$1560
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	90722292	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No T
KFK	» No Yes	TCA	No No Yes		eCode Reason	· · ·
NCD Protection	No	NCD Entitlement(%)	40		Private Hire	No
→ Accident Details						
Report Date	27/06/2019 16:09	Accident Report Within 24 hrs	Yes		Accident Type	Chain
Date of Accident	27/06/2019	Time of Accident hh:mm	08:15		Country of Accident	Singap
Reporting Centre		Orange Force			ICM No.	
Accident Location	BUKIT BATOK RD TWDS JURONG EAST					
▼ Total Excess Applicable						
Excess Type	Per Accident	Winderman Europe		.00.00		
cxceas rype	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	600.00	TP Standard Excess		0.00		
VIED OD Excess	500.00	YIED TP Excess		0.00	Driver is Covered?	Not Co
Additional Excess	0	THE TY CALLES		0.00	Differ is Covered?	NOT CO
Total OD Excess Applicable	1100.00	Total TP Excess Applicable		0.00		
▼ Benefits	1100.00	range or excess reportable		0.00		
	tion					
GST Registered	No		CCT Desire	atte but		
GST Registration No.			GST Registi GST Status		Yes	
Modification History			GS1 Status	vermed	Tes	
Policyholder Mailing Add	ress					
Address 1	43 LENTOR WALK	Address 2	SINGAPORE 788808	3	Address 3	
Address 4		Address Type	Singapore address		Post Code	78880
Unit No.		Related Policy Number	5108645955			
OI Driver Info			5557310053			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	LIM TECK KIM	Driver NRIC	51693146B		Driver DOB	28/05
Register Date of Driver License	22/05/1989	Driver Age	54		Driving Experience	30
Contact No.(Mobile)	90722292	Contact No.(Office)			Contact No.(Home)	30
Address 1	BLK 447 #08-375	Address 2	CHOA CHU KANG A	VEARIE 4	Address 3	FINE
Address 4	300 447 450 373	Address Type	Singapore address	YENOE 4	Post Code	SINGA
Unit No.	08-375	Address Type	arrigapore address		Post Code	68044
Does he own a Singapore						
Registered car?	Yes a No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ⊛ No			
Modification History						
Claim 001 New						
Claim Type *				OD-MX	▼ Insured SEAH SOO YAN	
Footnet No (Mohile)				A TOTAL OF STREET	Contact	
Contact No.(Mobile)				81009997	No. 65520460 (Home)	
Email Address					Vehicle SCQ23)	
Claim Description				SCQ23) / SKV9482L ON		
Droferred				E-1-27 SHIPTOLE ON		
Preferred Workshop 0	Preferered Liability Fully at Faul	t v				
Bonuse No. Yes	* Repair Preferred Workshop, Na	G1A	d v		Clair	
Date Registered	Option	MAN WAR WAR		27/06/2019 16:12	Claim	
Report Taken By				Special Control of the Control of th	Date	
respons taken by				LIEW SHAN HUI		
✓ Print AK letter						
			Save Submit			
Attachment						



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