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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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 second second second	ACCIDENT STATEMENT
Date Of Report	06/09/2019 12:02
Date Of Accident	03/09/2019 21:15
Exact Location Of Accident	TPE/SLE EXIT 15 (YIO CHU KANG)
Country/State of Loss	SINGAPORE
以外的企业的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV9894D
Insured/Policyholder	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Co Reg No	201608109H
Email Address	LEONARDTSO@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91163865
Alternative Phone No	OFFICE-91163865
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 L (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104142597
Cover Note Number	
Driver	
Name of Driver	LEONARD TAN SEN OON
NRIC No	S9322634H
Date Of Birth	22/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91163865
Fax Number	

OTHERS-91163865

LEONARDTSO@OUTLOOK.COM

Address

BLK 237 TAMPINES STREET 21

#07-565

Postcode

520237

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

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)

NO

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)

2

Passenger 1

NAME:

PASSENGER

GENDER:

: MALE

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

SKV5177U

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

FENG WEI

NRIC/Passport Number

S7978537G

Contact Number

94550375

Address

Postcode

Insurance Company Name

Nature Of Damage

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 <u>truthful</u> and <u>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:
 - (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.

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Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 05/09/19 1425

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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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: 05/04/19 1432

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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NAC_BURTT_MERIAH_BODG76(NATIONAL ASSESSMENT CENTRE BERVICE S (BURTT MERIAH)) on 06 Sap 2019 (2:23	MRIC/ Driving License	X /5	Normal	MRSC/ Driving Lisense 2013-9-6
NAC BURIT MERAH, BODGFOL NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on De Sep 2019 12-22	SAS		Normal	8XX 3019-8-6
				(10000000000000000000000000000000000000

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CCIDENT STATEMENT

ACCIDENT STATEMENT

LOCAT	DENT DATE: (03. 109 1209) (DD	/MM/YYY), TIME:	(31:12) (HH:MM
*OCA	TION: THE BLE ENT IT LY	D CHU KNOW!	1
1.	DETAILS OF VEHICLE		1991
	a) VEHICLE NUMBER: 340 98940		4.
	DINSURANCE COMPANY: NOUL		
	CIPOLICY NUMBER: 5104142597		
(%)	dipolicy type 100		-
	d)POLICYTYPE: (COMPREHENSIVE /	THIRD PARTY THI	RD PARTY FIRE &THEFT)
1.	ALMINUE & WODEL! MISSURI FIATIO	3 1.5L M	
60	TITYPE: (SALOON / COUPE / MPV /VA	AN/LORRY/MOT	ORCYCLE / OTHERS)
0	al . cl ilote CVIEGOKII I LKINVIE (C)	OMMERCIAL / NAC	STODOVOLEL '
	THE OWN COSE OF USING AT ACCIDENT	TIME. I TE POUN	A Patron was a
	TARE TOU CLAIMING UNDER YOUR	OWN INCHES ANDE	IVER ALIGN
	THE PARTY	CLAIM / REPORTIN	G ONLY)
****	INSURED / POLICY HOLDER		
	A) NAME: FRING'S MOTOR BENTING . P		(MALE / FEMALE)
	O) ADDRESS:	CON	ITACT:
Si 88	CINDOKESS:		
	CONTINUETO A LIBERTINE		
tho of passengal 1	CONTINUE TO 3.d IF DRIVER ALSO P	OUCY HOLDER	
1	NAME: LECHARD THAT DEN DOR		
	NRIC/FIN/PASSPORT: 8983216344		_(MALE / FEMALE)
(_)	ADDRESS: 237 TAMPINES CREET	сои	TACT: ALL SEG
2000	The street of th	THOT-CES S	INGIA PERÈ SILOLIST
*	d) DATE OF BIRTH: (22 / 01 / 194	S UDDALL DOWN	VI
6	OCCUPATION: INDOOR / OUTDOO	DEI (DO)WW/111	11
f.	DATE OF DRIVING PASS	112/2014	£1
4. V	VAS DRIVER AN EMPLOYEE OF THE	E INCHEEDIC CO	MDANING OFFICE
I	F NO, RELATIONSHIP OF THE DRIV	VED WITH THE LIP	MPANYY (YES / NO)
371	THE CONDITION! (CLEAR / PA	INING / OTLIEDS	ED: KETTEL
D	TRUAD SURFACE: (DRY / WET / OTHE	ing / Offices_	
o. W	AS ANYBODY INJURED IVES INOV		
/. a	REPORTED TO POLICE (YES /(NO)	ξ	64 E
	IF YES, PLEASE STATE WHICH POLICE	STATION.	74
o. 15	IRD PARTY VEHICLE		
le of passinger c	VEHICLE NUMBER: SKY SITTU	MODE	L! MERCECES
including obliver) b	DRIVER'S NAME: FENE WEI		
(-)	NRIC/FIN/PASSPORT: \$7978 6374	CONT	ACT: 9495 CETS
	IRO PARTY VEHICLE		IIS STATE AND
do of passenger d		MODE	Li
nelucting driver) n	DRIVER'S NAME:		
(Carrent)	NRIC/FIN/PASSPORT:	CONT	ACI::
()	74		
()	₩ +	V.	,

email = resmondtso@outlook com



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: 5104142597

Cover : Third Party

Index mark and Registration Number of Vehicle

: SGV9894D

Chassis Number

: JN1BAAC11Z0005656

2. Name of Policyholder

: PANG'S MOTOR RENTAL PTE, LTD.

3. Effective Date of Insurance

: 12 Jul 2019

4. Expiry Date of Insurance

: 11 Jul 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 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)	: N/A
EXCESS (SECTION 2)	: 5\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 24 Sep 2018 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive