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TP Particulars: Veh No:	PC 110H)/Non-INC()	
Owner / Driver: (V CHING C		Tel:)
Policy No: ()	Period: () C	over Type: (,
Confirmed by : (Dater,	Timer)
Insured/Driver Liability: (%) [Note-Est Status (WC	D): N: 0-20%	P: 21-79%. P: 80-10	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

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
- 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.
- 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 RESIDENCE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	06/09/2019 14:47
Date Of Accident	06/09/2019 13:00
Exact Location Of Accident	GREAT WORLD CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH3435L
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD NOORHISHAM BIN MOHAMAD
NRIC No	S7439402G
Email Address	OLDSUNRAY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98245047
Alternative Phone No	OTHERS-98245047
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095683421-01
Cover Note Number	52.05° 07° 070° 070°
Driver	
Name of Driver	MOHAMAD NOORHISHAM BIN MOHAMAD
NRIC No	S7439402G
Net Of Blad	09/12/1974
Ingunation	INDOOR
ar or or or	03/10/1997
Autor of the basis press on the contract of th	21 YEARS AND 11 MONTHS
and	MALE

(LOCAL) +65-98245047

OLDSUNRAY@HOTMAIL.COM

OTHERS-98245047

Address

BLK 683C CHOA CHU KANG CRESCENT

#11-368

Postcode

683683

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?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

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

PC1108L

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

HAN BING BING

NRIC/Passport Number

G2181600R

Contact Number

83118219

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 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) 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

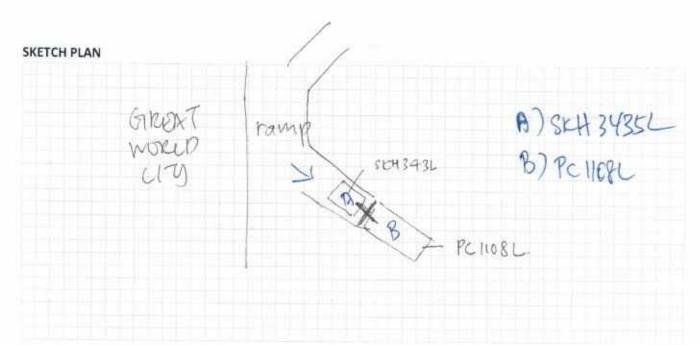
Date & Time:

Reporting Centre Person

Centre Personnel's Signa

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After alighting my friend, I was negotiating the dominant
ramp. I did not realise the suo has steps jutting out
if the vehicle. I hit the step, but there is no
if the vehicle. I hit the step, but there is no visible damage to the bus.
Time of accident is about 1300 hrs. It was clear but haffe
was heavy.
No usible dange to low . My car his scratches on
No usible dange to low. My car his scratches on the front bumper. License ylate was broken.
DECLARATION :

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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident MT/1941289								
Policy No.	9099683421-01	Vericle for.	30(34)5		CCT 84	makes the state of		
Certificate to:			F631000		1607.99	guaretion No.		
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Product Code	PRIVATE CAR INSURANCE	Croser Type	drive CCASSIC		Leating		574394020	
Contact No. (Mobile) Small Address	88245047	Contact No.(Office)			2000	No.(Prome)	.0	
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	GP/UNISDE4	Time of Accident finance	13:00			of Accident	Singapore	
Reporting Centre		Orange Force			DOM: No.		21129459200	
Access Location	GREAT WORLD CITY							
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me No.		Related Policy Number	Singapore address		Fawl Cod	*)	NR3583.	
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riyer Neme	MOHAMAD NOOBHESHAM BIN	Driver Type	Waste State					
Innamed Shiver Name	THE PARTY OF THE P	Orlean NRSC	Main Driver 524394525		20200-02			
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ordact Na (Holole)	95245047	Contact No.(Office)	**		Driving E		311	
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ACCIDENT STATEMENT

ACCIDENT DATE: 6. 9. 19 (DD/MM/YYY), TIME: 13:00 (HH:MM)	(1)
LOCATION: Grant World ati	
OPPOLICY NUMBER: SKH3435 L.	iii
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT) DIMAKE & MODEL: VOICE (WARY) MOTORCYCLE, OTHERS)	
h)PURPOSE OF USING AT ACCIDENT TIME: Personal travel	(
1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/HO) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY)) 2. INSURED / POLICY HOLDER A) NAME: MOLANDO NJ WHICH BIN MOLAND (MALE) FEMALE) D) NRIC/FIN/PASSPORT: S74394029 CONTACT: 982450	43
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER THO of prissange, DRIVER	8
(Including driver) diNAME: 10 AGNE (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: CONTACT:	
e)OCCUPATION: (INDOOR) OUIDOOR) f)DAYE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D)WEATHER CONDITION: (CLEAR/ RAINING / OTHERS b)ROAD SURFACE: (DRY)/ WET / OTHERS	**
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	25
His of passenger o) VEHICLE NUMBER: PC 1108 L MODEL: Mercedis. Including driver) b) DRIVER'S NAME: Han Bing Bing Model: Mercedis.	
() NRIC/FIN/PASSPORT: (9 21/1 COOR CONTACT: 8311 8219 P. THIRD PARTY VEHICLE NO # DESCRIPTION OF THE NUMBER: MODEL:	
Industrial division division of DRIVER'S NAME:	
(CONTACT:CONTACT:	

email: oldsunray@hotmail.com.



Certificate of Insurance

Cover : driva CLASSIC

: WVGZZZ1TZDW033253

: MOHAMAD NOORHISHAM BIN MOHAMAD

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 (TUDO DARROLLES IN	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095683421-01

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.

: SKH3435L

: 28 Nov 2018

: 27 Nov 2019

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) : 55600 EXCESS (SECTION 2) = N/A WINDSCREEN EXCESS : 55100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS :: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : YES EXCESS WAIVER : NO

PRIMARY DRIVER : MOHAMAD NOORHISHAM BIN

NAMED DRIVER (1) N/A NAMED DRIVER (2) ± N/A HIRE PURCHASE COMPANY : DBS BANK LTD

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)

: SGP BUSINESS CONSULTANCY PTE, LTD. (00000573828) Date of Issue

: 07 Nov 2018 11:08 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive