NATIONAL Assessment Centre Services.			E 4	
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Date In: 10 09 2019 18/54 Ich descriptio	n	Date & Time Comple	ted ·	Done by
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Tr Particulars: Veh No: FRO: 13650	INC(	)/Non-INC(	).	
Owner / Driver: (		Tel:	8.	)
Policy No: ( ) Period: (	)	Cover Type: (	100000000000000000000000000000000000000	1.
Confirmed by : (	Dates .	Tlmar	Erron er 13.	)
Insured/Driver Liability: ( %) [Note-Est Status	(WO): N: 0-20	%; P: 21-79%. P:	80-100%	6] .
Year of Registration: ( ) Warranty: YES (	)/NO(	)		
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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,
- 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

<b>企业是非常与企业的企业。</b>	ACCIDENT STATEMENT
Date Of Report	10/09/2019 18:34
Date Of Accident	10/09/2019 13:10
Exact Location Of Accident	JUNCTION BTWN TELOK BLANGAH WAY/HENDERSON ROAD
Country/State of Loss	SINGAPORE
美工作的 法建筑专业的 化	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA6943U
Insured/Policyholder	
Name Of Registered Owner	THYE HUA KWAN MORAL SOCIETY
Co Reg No	2595613
Email Address	YCMG3241@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98219549
Alternative Phone No	OFFICE-62732865
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	10.000
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5022123409-12
Cover Note Number	
Driver	
lame of Driver	YIP CHOW MENG
NRIC No	S1163241F
Date Of Birth	23/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1977
Driving Experience	42 YEARS AND 5 MONTHS
Sender	MALE
flobile Number	(LOCAL) +65-98219549
ax Number	The state of the s
Contact Number	OFFICE-62732865
Mail Address	YCMG3241@GMAIL.COM

Address

BLK 25 TELOK BLANGAH CRESCENT

#22-79

Postcode

090025

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

500

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

2

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

2.00

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)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

**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

FBQ1365C

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

WONG XIN HUI (HUANG XIN HUI)

NRIC/Passport Number

S8529952B

Contact Number

92388263

Address

Postcode

## 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.
- 3. 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.
- 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.
- 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 interested parties.
- 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 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:
  - (i) 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
- 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.

MORAL WELFARE HOME 301 HENDERSON ROAD SINGAPORE 108931

TEL: 6273 2239 FAX: 5273 2356

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

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# DECLARATION

We declare the foregoing OM ficulars are true in every respect.

301 HENDERSON ROAD SINGAPORE 108931

TEL: 6273 2239 FAX: 6273 2356

Driver's Signature

Oriver's Signature (If driver is not the policyholder)

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

Claim Handling							
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10/2019			Claim Handling	(acciden	t reporting. Ci	aim task )		

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ACCIDENT STATEMENT	***
ACCIDENT DATE: 10 9 2019 (DD/MM/YYY), TIME: (13. 10)	7.0
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
LOCATION: Junction between Telok Blangah Crescunt and Hen	derson Road
1. DETAILS OF VEHICLE  QIVEHICLE NUMBER: PA 6943U  DINSURANCE COMPANY: NTUC  CIPOLICY NUMBER: 5022123409 - 12  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)  DIMAKE & MODEL: (DMPTENIVI)  FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	9.
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A) NAME: THUR HUA KWAN MORAL SOCIETY (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 62732865  C) ADDRESS: 301 Henderson Rd	fi
	_38.
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  Clincheding driver)  DINRIC/FIN/PASSPORT:  CJADDRESS: BIK 21 TRINK Blangah (18504) # 22-79  SINGAPOR DODDES	92 19 10
ODATE OF BIRTH: ( 23 / 03 ) 1956 (DD/MM/YYYY)  OOCCUPATION: (INDOOR / OUTDOOR)  FIDATE OF DRIVING PAGE 18.8. 1941  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	E.
* He of passenger of VEHICLE NUMBER: FBQ 1365C MODEL: Motor Cycle (Including driver) b) DRIVER'S NAME: WONG XIM HUI (Huang XIM HUI)  (1) C) NRIC/FIN/PASSPORT: \$85298528 CONTACT: 92388263  9. THIRD PARTY VEHICLE	<b>\$</b>
Ho of passanger d) VEHICLE NUMBER: MODEL:	58
(Induding deliver)   ORIVER'S NAME:	

email = Ucmg =241@gmail.com



### Certificate of Insurance

Cover : Comprehensive

THYE HUA KWAN MORAL SOCIETY

: PA6943U

: 13 Jul 2019

: 12 Jul 2020

: KDH2220031196

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 : 5022123409-12

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyhalder'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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) EXCESS (SECTION II)

: 552,000

5\$3,000

WINDSCREEN EXCESS

: 5\$500

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

: LIM LIN SIONG EDDIE (00000512637)

Date of Issue

: 06 Jun 2019 11:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive