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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 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.
 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	16/09/2019 14:46
Date Of Accident	13/09/2019 20:15
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE
STATE OF THE PROPERTY OF THE P	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA3425R
Insured/Policyholder	
Name Of Registered Owner	LEE MICHAEL
NRIC No	S7514621C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96892918
Alternative Phone No	OTHERS-96892918
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088107103-02
Cover Note Number	
Driver	
Name of Driver	LEE MICHAEL
NRIC No	S7514621C
Date Of Birth	22/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-96892918
Fax Number	
Contact Number	OTHERS-96892918
EMail Address	HANCARREPAIRS@GMAIL.COM

BLK 12 HOLLAND AVENUE Address #11-12 Postcode 272012 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 SIDE SWIPE Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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	SLC634M		
Vehicle Make/Model/Colour			
Details Of Properties			
Vehicle Category	PRIVATE CAR		
Name of Driver	SATAPATHY PRIYANKA SUBHASHREE		
NRIC/Passport Number	G3056159M		
Contact Number			
Address			
Postcode			
Insurance Company Name			
Nature Of Damage			
No. Of Passenger (Including Driver)			

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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 loggment 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 deta/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 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 corporing with requirements under any regulations, laws or court orders.

Policyholder's

Date & Time:

Driver's Signature

If driver is not the policyholder)

Date & Time

Report & Centre Person Let & Jenath Marie

Mame

NRIC FIN NO.

SKETCH PLAN B SUB3YXR B SUC 684M Ave 3 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was travelling along Communicath Are West
I was travelling straight when vehicle (B) came from my
left and cut into my lone and hit my car a
DECLARATION
I/We declare the foregoing particulars are true in every respect
()- (X- 16/09/2019)
Policyholder's Seture Criver's Signature Reforting Centre Personnell' Signature Onte & Time: Verne: NATO/FIN No :

13/09/19.

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Ceroficate No.		571040000	SUA3425A	GST Registration No.	
Policyhology Name	LEE MICHAEL				
Product Code	PRIVATE CHR INSURANCE	-		Postsynutier APUC	575146211
Contect No (Mobile)	96892918	Cover Type	MYNY CLASSIC	Loading	E.
Small Address	Calculate II	Centact No.(Office)		Contact An (Home)	
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Aisport Date	14/09/2019 15:00	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	13/09/2019	Time of Account this may	20:15	Country of Accident	Sits Swipe:
Assorting Centre		Grange Poice			Singapore.
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Int No.	11-75	Relating Policy Number		Fost Core	277013
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Private Name	LEE MICHAEL				
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	14/01/1986	Orticar, Age	44	Driving Experience	27
Contact No. (Mobile)	WWW.ZELH	Contact No.20Mea)		Contact No. Phone	107/1
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		Claim Handling	(acciden	t reporting (Claim Task	1
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	NAC_BURIT_MERAH_860876[NATIONAL ASSESSMENT CENTRE SERVICE. \$ (BURIT MERAH)) on 16 Sep 2010 19:04	Phonos		Narrai		Protos 2013-9-16
1	NAC_BURIT_HERAH_SCORYN; NATIONAL ASSESSMENT CENTRE SERVICE S (BHRIT MERAH)) on 18 Sep 2018 19:05	Photos		Normal		Prints 2019-9-16
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	NAC_MINIT_MERAH, RODATH; NATIONAL BESSSSHERT CENTRE SERVICE 5 (BLKIT MERAH)) on 16 Sep J015 15-05	Photos		Normal		Phones 2019-9-18
* T. AN	NAC BURTT MERAH, NOORTH, NATIONAL AGGGGGMENT CENTRE DERVICE 5 (BURT) MERANII IN 16 Sep 7019 15 05	RRSC/ Driving License	*	Normal		NRIC/ Driving Liceme 2019-9-18
79	NAC_BIRIT_MERAN_8006/98 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAN)) M. 18 Sep 3018 (8:05	3.45		Normal		SAN 3019-9-15
" Video List						

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Folder Date

PERSO	SNAL PARTICULARS
Date of Accident: 13 / 09/2019	Time of Accident:
Vehicle No: SLA3425R	Vehicle Water Model Toyota Hamier 2.06
Exact Locativon of Accident:	umonwealth Are West
Owner's Name/NRIC- Lee Mid	nael / 87514621C
Driver's Name/NRIC: Lee Mich	noel / S7514621C
	Insurance Co & Policy No: NTUC Income
Driver's Email Address: hancan	repairs agmail. wm
Relationship between Owner & Driver	: Spouse/Children/Friend/Parents/Others specify:
What do you wish to claim (Pleas 1) Own Insurance 2 Other Vehic	e circle one only) [a] (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehi Private Use / Work Purpose	cle was being used at time of accident? (Please circle one only)
Weather Condition & Road Cond Clear & Dry / Raining & Wet / At	titions? Rer-Rain & Wet / Drizzling & Wet
Occupation Indoor Outdoor	
Any Injuries? (MC of 3 Days or	more, police report is required)
Yes No If Yes, which	h police station?
The Other Party (Vehicle B) De Driver's Name/IC: Salapath	ny Priyanka Vehicle No: SLC634M
Insurance Company:	ibhashree 163056159m Driver's Contact:
(If more than 2 vehicles involved)	ved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C)	

Centact

Contact:

Preferred Workshop (If Any):

Independent Witness (if Any):

^{*} If no proper document are produced, IDAC should not file the report.

^{*} Information will be discarded after one week.



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: 5088107103-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLA3425R

Chassis Number

: ZSU600068644

2. Name of Policyholder

: LEE MICHAEL

3. Effective Date of Insurance

: 26 Feb 2019

4. Expiry Date of Insurance

: 25 Feb 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 : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : LEE MICHAEL

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

; HONG LEONG FINANCE LIMITED HIRE PURCHASE COMPANY

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)

: LIAN HONG PTE LTD (00000611606)

Date of issue

: 14 Feb 2019 11:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 = 17:00 UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : MAGYG 122587 Vehicle Registration No: SCA 3425R
	Name (as shown in NRIC): 44 MICHOR NRIC/FIN/Passport No : 57574671
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : Singapore(
	Contact (Tel) :Mobile No.:_ 9689 298
	Email Address :
	Date of Accident : 13 05 AS Time of Accident: M.H.
	Place of Accident : ALONS COMMON WHATH ANY WAS
	Insurance Company: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(B)	ADDITIONALINFORMATION / AMENDMENTS:
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: [A AME D UMAN]
	Policyholder / Driver's Signature Date: Date: Continue Deporting Central Personnell's Signature Date:

Date: