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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. 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 7, By the lodgement of this report to the insurers, you hereby consent to the available upon application by interested parties.

Date Of Report 23/09/2019 14:43 Date Of Accident 21/09/2019 15:55 Exact Location Of Accident GRANGE ROAD FILTER FROM ORCHARD ROAD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJA724X Insured/Policyholder Vame Of Registered Owner Name Of Registered Owner LEE CHIN HIN NRIC No S1241344J Email Address LEECHRIS1957@YAHOO.COM Mobile Phone No (LOCAL) +65-96547669 Alternative Phone No OTHERS-96547669	· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
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Insured/Policyholder	Vehicle Registration Number	
NRIC No S1241344J Email Address	Insured/Policyholder	
S1241344J	Name Of Registered Owner	LEE CHIN HIN
Email Address LEECHRIS1957@YAHOO.COM Mobile Phone No (LOCAL) +65-96547669	NRIC No	
Mobile Phone No (LOCAL) +65-96547669	Email Address	
Iternative Phone No.	Mobile Phone No	
	Alternative Phone No	

Manufacturer TOYOTA

Model COROLLA ALTIS-1.6 (A)

Exact Purpose for which vehicle was being used at WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle?

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5105793052

Cover Note Number

Driver

Name of Driver LEE CHIN HIN NRIC No S1241344J Date Of Birth 16/06/1957 Occupation OUTDOOR Date Of Driving Pass 06/03/1980

Driving Experience 39 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96547669

Fax Number

Contact Number OTHERS-96547669

EMail Address LEECHRIS1957@YAHOO.COM Address

3 RIVERVALE LINK

#08-27

Postcode

545119

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

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

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

SLH7733M

Vehicle Make/Model/Colour

LEXUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SUSY ANG KAWIJAYA

NRIC/Passport Number

Contact Number

97719075

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 5. 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:

- 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")
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF			
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ECLARATION			
We declare the foregoing particulars :	re true in every respect.	1./	2/00/00/9
olicyholder's Signature ate & Time: 23/9/2016	Driver's Signature (If driver is not the policyholder)	Reporting Centre P	ersonnel's Signature
1028h	Date & Time:	NRIC/FIN No.:	efde NOVO

Accident HT/1063581					Task)			
Policy No.	5105793052							
Certificate No.		Vehicle Na,	53A724X		GST Registrati	no tie		
Policyholder Name	LEE CHIN HIN				on registration	ort red.		
Product Code	PRIVATE CAR INSURANCE				Policyholder N	110		
Contact No.(Mobile)	96547669	Cover Type	drive CLASSIC			KIC .	5124134	(4)
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Report Date		And the second second	50		Private Hire		No	
	23/09/2019 15:00	Accident Report Within 24 hrs	was:					
Date of Accident	21/09/2610	Time of Accident hh; mm	Yes		Accident Type		College	Head to Rear
Reporting Centre		Orange Force	15:55		Country of Acci	Sent		
Accident Location	GRANGE ROAD FILTER FROM ORCHARD ROAD	Grange Force			ICM No.		Singapare	
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Unnamed Driver Excess	2,000.00	Additional Excess	0					
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ST Registered	No							
ST Registration No.			GST Registr	ration Date				
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→ Policyholder Mailing Ad	dress							
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Init No.		Address Type	Singapore address		Post Code		SINGAPORE	545119
OI Driver Info		Related Policy Number	5105793052		and and		545119	
river Name	LEE CHIN HIN							
nnamed driver Name	OCTATION NO.	Driver Type	Main Driver					
egister Date of Driver License	D5.000cc 0 acc	Driver NRIC	\$13413443		Distance theme			
ontect No.(Mobile)	06/03/1980	Driver Age	62		Driver DOS		16/06/1957	
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Photos 2019-9-23

NAC_BUKIT_MERAH_B00676(NATIONAL ABSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 15:04

NAC_BURIT_MERAH_R00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 23 Sep 2019 15:04

Folder Date

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Uploaded By/Date

₩ Video List

Display in New Window Scan and uploading

NRIC/ Driving License 2019-9-23

SAS 2019-9-23

Source

ACCIDENT STATEMENT

	ACCIDENT DATE: (_	21.09 301910	D/MM/YYY) TIME!	15,53
	LOCATION:	GRANGE	ROAD	FILTUR FRAN
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bux (w)	I) ARE YOU C IF NO. PLEA 2. INSURED / PC A) NAME:	LAIMING UNDER YOUR SE STATE (THIRD PARTY DLICY HOLDER	OWN INSURANCE (BURY I HOS EN CELC.
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	f)DATE OF DR 4. WAS DRIVER IF NO, RELAT 5. G)WEATHER CO b)ROAD SURFA	AN EMPLOYEE OF THE DRI IONSHIP OF THE DRI ONDITION: (CLEAR / R.	TORP 200 3 HE INSURED'S COM IVER WITH INSURE AINING (OTHERS	PANY? (YES / NO)
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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: 5105793052

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

: SJA724X

2. Name of Policyholder

: MR053ZEC107156788

: LEE CHIN HIN

3. Effective Date of Insurance

: 27 Nov 2018

4. Expiry Date of Insurance

: 26 Nov 2019

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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1.500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE NO EXCESS WAIVER : NO PRIMARY DRIVER LEE CHIN HIN 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

: GRABCAR PTE. LTD. (00000601726)

Date of Issue

: 23 Nov 2018 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive