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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 aforesaid.

SE DESCRIPTION OF THE PROPERTY	A CONTRACTOR OF THE CONTRACTOR
Date Of D	ACCIDENT STATEMENT
Date Of Report	23/09/2019 16:01
Date Of Accident	21/09/2019 18:15
Exact Location Of Accident	
Country/State of Land	200 TURF CLUB ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

可以 不可以 自然的 人名英格兰	DETAILS OF OWN VEHICLE
Vehicle Registration Number Insured/Policyholder	SGP989E
Name Of Registered Owner NRIC No	LIM CHEE HOONG (LIN JIHONG) \$7800644G
Email Address	LIMCH989@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93684800
Alternative Phone No	OTHERS-93684800
Vahiala David	

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

une of accident	1.171
Are you claiming under your own insurance police for repair to your vehicle?	y NO

to ropail to your verticle?	110
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
	THE ONLY

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Tuna Of O	THE INCOMME TO SERVICE LID
Type Of Coverage	COMPREHENSIVE

Type Of Coverage	COMPREHENSIVI
Fleet Policy	NO

Policy Number	5106548542
Cover Note Number	

Driver

Name of Driver	LIM CHEE HOONG (LIN JIHONG)
NRIC No	\$7800644G
Date Of Birth	17/01/1978
Occupation	INDOOR
Date Of Driving Pass	26/07/2016
Driving Experience	3 YEARS AND 1 MONTH

Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE

Gender	MALE	
Mobile Number	W	

Mahila Number	
Mobile Number	(LOCAL) +65-93684800
	(LOCAL) +05-93084800
Fax Number	

Contact Number	2240 / 0 1200 / DAY SA SECTION SECTION S
mart Hambel	OTHERS-93684800
Ett	

19 PEPYS ROAD Address

#10-01 118450

NO

YES

NO

NO

NO

NO

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

Postcode

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) involved in the accident

2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH1945H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number

LEE WEE YAM S1769680G

HONDA GRACE

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

96462331

4

Page 2 of 21

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME:

GENDER: :

Passenger 3

NAME:

GENDER: ;

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.
- 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
- 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
- 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
- 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)
 - (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
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted (b) 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 (c) 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, 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 \$ignature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

1300h

OPEN AIR CAR PARK A) SGP 989E B) SLH 1945H TURF CLUB ROAD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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I released my right	L & Al H
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Peticyholder's Signature Date & Time: 23/9/19 1300h

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No .:

Accident services											
Accident MT/1063612											
Policy No. Certificate No.	\$106948542	Vehicle No.	SUPPRINE								
Policyholder Name			SUPSHINE		GST	Registratio	in No.				
	LIM CHEE HOONG										
Product Code	PRIVATE CAR INSURANCE	Cover Type	2009-2001		Policy	rholder NR	30	- 5	7800644G		
Contact No.(Mobile)	93684800	Contact No.(Office)	drive CLASSIC		Loadi	ng		0			
Email Address		Special Remark			Conta	ct No. (Ho	me)				
KPK	* No Yes	TCA	100		eCode			17	No *		
NCD Protection	No .	NCD Entitlement(%)	» No Yes		eCode	Reason			0.00		
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Report Date	23/09/2019 16:12							100	***		
Date of Accident	21/09/2019	Accident Report Within 24 hrs	Yes		Accide	mt Type					
Reporting Centre	22/03/2012	Time of Accident hh:mm	10:15					Si	de Swipe		
Accident Location		Orange Porce				ry of Accid	ent	Si	ngapare		
♥ Excess	200 TURF CLUB ROAD OPEN SPACE CARPARK				DOM: N	D.					
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Unnamed Driver Expass	0.00	Outside Singapore OD Excess			Windso	reen Exce	55	10	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess		600.00							
→ Benefits		Comment of the same		0.00							
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ST Registered	No										
ST Registration No.				gistration Date							
ladification History			GST Sta	itus Verified		Yes					
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nit No.		Address Type	Singapore address		Post Cod				GAPORE 118	450	
▽ OI Driver Info		Related Policy Number	5106548542		FUNCTION	100		118	450		
river Name	1794 Charle Legisland										
nnamed driver Name	LIM CHEE HOONG(LIN JTHONG)	Driver Type	Main Driver								
gister Date of Driver License	(*************************************	Driver MRJC	57800644G		less.	0.00					
intact No.(Mobile)	01/01/2003	Driver Age	41		Driver D			1.770	01/1976		
intact No.(Mobile)	93684800	Contact No.(Office)	1000			Experience		14			
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it No.		Address Type	Singapore address		Address			5300	GAPORE 118	450	
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Uploaded By/Date

Claim Handling(accident reporting Claim Task)

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Display in New Window Scan and uploading

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ACCIDENT STATEMENT

	ACCIDENT DATE: 21, 9, 2019 (DD/MA	1 NW 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	LOCATION: 200 Tent Chil R	(HH:MM)
	LOCATION: 200 Turf Chib R	oad, carpark
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SGP 98	9E .
	DINSURANCE COMPANY: /NCO	ME
	CIPOLICY NUMBER: 5/06 54	2 54 D
- 27	DIMAKE MODELL TOWNER HENSIVE / THIS	SD BADTY / T. YOU
	VIMING & MODEL: 10 1017 VE	LLEIRE 3.5
	ITTE: (SALOON / COUPE MAN) WAN /	LOBBY / LIGHTON BURGET LANGUAGE
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	THE ON ONE OF USING AT ALL TIMENT TIME	Z+ 1
1780	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)
	IF NO. PLEASE STATE (THIRD PARTY CLAIL 2. INSURED / POLICY HOLDER	M / REPORTING ONLY)
	A)NAME: LIM CHEE HOOM	VG C
	b)NRIC/FIN/PASSPORT: S7 8006	94 G CONTACT: 93684800
	CIADDRESS: 19 PEPYS ROAL	#10-01 SC118450)
8	SELLION TO THE WAR AND A STATE OF THE PARTY	
LELLIN OF	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
14 No of prisso	nger Univer	
Clarkeding de	iver) diNAME:	(MALE / FEMALE)
(L).	c)ADDRESS:	CONTACT:
		1
	d) DATE OF BIRTH: 17 0/1978)	(DD/MM RVVV)
	e) OCCUPATION: (INDOOR) OUTDOOR!	100////////
	MONTE OF DRIVING PASS 26/	7/2016
	AND DIGITOR AN EMPLOYEE OF THE IN	SURED'S COMPANION OVER WHICH
	TO NO NEUNITONSHIP OF THE DRIVER	WITH INCLIDED.
	" G/MEATHER CONDITION: (CLEAR) RAININ	G / OTHERS
	DINUAD SUKFACE: (DRY / WET / OTHERS	
- S	6. WAS ANYBODY INJURED (YES /NO) 7. a) REPORTED TO POLICE (YES /NO)	20 10
	IF YES, PLEASE STATE WHICH POLICE STAT	TON
N	TUIDE DARRY LINES	
the of passing	or a) VEHICLE NUMBER: SUH 1945	H MODEL! HONDA GRACE
. Including dele	Mr) DI DRIVER'S NAME: LEF WEF Y	AM
(土)	of historial Assporti 5 17696	80G-CONTACT: 9646 2331
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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: 5106548542

Cover : drivo CLASSIC

: SGP989E

1. Index mark and Registration Number of Vehicle Chassis Number

: GGH208011707

2. Name of Policyholder

: LIM CHEE HOONG

3. Effective Date of Insurance

: 31 Dec 2018

4. Expiry Date of Insurance

: 30 Dec 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 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 : S\$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 : LIM CHEE HOONG(LIN JIHONG) NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED

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)

: VITESSE INSURANCE AGENCY PTE. LTD. (00000615107)

Date of Issue

: 28 Dec 2018 14:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive