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TP Insurer:	Ass't Report b	y Fnx / Hand to	Owner/Wksp		
Proformed Wittp / INC Assign Wittp / QW: (Toli	Fext	
TP Particulars: Veh No: XE	5588C.	. INC(.)/Non-INC)	
Owner / Driver: (ăl .	Tel:	(4))
Policy No: () Peri	lod: ()	Cover Type: ()
Confirmed by : (Dates .	Time	-	
Insured/Driver Liability: (%) [N	lote-Est. Status (V		0%; P: 21-79%.	P: 80-1009	/dj ·
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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, at research

aforesaid.	
S. Santa	ACCIDENT STATEMENT
Date Of Report	25/09/2019 18:32
Date Of Accident	25/09/2019 10:35
Exact Location Of Accident	DEPOT ROAD INFRONT OF INTERLACE CONDOMINIUM
Country/State of Loss	SINGAPORE
The Design of the Party of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ810H
Insured/Policyholder	
Name Of Registered Owner	LENNY GUNADI
Co Reg No	R2687503
Email Address	JTANMIZI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93241380
Alternative Phone No	OFFICE-93241380
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200K
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	5066631404-05
Cover Note Number	
Driver	
Name of Driver	LENNY GUNADI
Passport No/FIN	X162775
Date Of Birth	08/10/1962
Occupation	INDOOR
Date Of Driving Pass	08/10/1992
Driving Experience	26 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93241380
Fax Number	
Contact Number	OFFICE-93241380

JTANMIZI@GMAIL.COM

Address

1 HOLT ROAD

Postcode

249441

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)

involved in the accident

NO

Was any body injured in the Accident?

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)

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XE5588C

Vehicle Make/Model/Colour

VOLVO FM

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

PARAMASIVAN A/L RAJU

NRIC/Passport Number

G7024702Q

Contact Number

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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: 25/09/2019

14-15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signat

Name:

NRIC/FIN No :

Trulky CONES (road work) 8) SJJ 810H B) YE 5588C (2) hit rear driver side Cabore the Wheel and the rear door) DEPORT ROBO THERMAN OF THARLACK COMPORTMENTER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At Pepot Road near The Interlace condominium, I was at the left
lane of a 2-lane road when I saw the roadworks in
front of my car so my line wis thought to change lone.
My lane was blocked by cones.
(checked my mirror i it was clear 13
I slowly moved to the right lane, Suddenly,
my rear right side of the car was hit by
a truck. The wheel well was pushed inside
and the door couldn't be opened easily

DECLARATION

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

Policyholder's Signature Date & Time: 25/09/2019

4:15

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

Date & Time:

Reporting Centre Personnel's Sign

NRIC/FIN No.:

Claim Handling Burident MT/1064040 GSY Registration No. SHIPTON Perform No. 0000021414-08 Switch No. Certificate No. Pascyholder Name LENNY GUNADI Policyholder NRCC #2082503 Product Code PRIVATE CAR INSURANCE Cover Type JESSALD ON SE Contact No.(Name) Contact No. (Monde) 93241380 Contact No. (Office) Small Address Special Remark **#Cide** No. 2 «Code Reason TCA - bu Yus Private Hito NCD Protection Yes · Accident Details Accident Type Side Swipe Report Date 25/84/2019 18:51 Accident Report Within 24 hrs. PRE 25/19/2019 Time of Accident Nr.mm Country of Accident Singapore ICM No. Crange force Reporting Centre Accompany Use Attitude DEPOT ROAD INVEDRIT OF INTERLACE CONDICHUNIUM · Total Excess Applicable Per Accident Expens Type TP Standard Coorse 00 Standard Excess 609,00 Driver is Covered? Corwed YIED TO Excess 9.00 YIED OD Excess 0.00 Antonomial Europe First QQ Excess Applicable 600.00E Total TF Extrus Applicable 0.00 - GST Registered Information 031 Regulation Date U1/00/2015 GST Registered CDT Registration No. 15709/2019 18:53 Dr System with Lighters half. The former of the UEN is incorrect or VEN is invent. Heddication History Policyholder Halling Address LHOUT ROAD Address 2 #19-04 THE HORIZON Address T UNGAPORE 249441 Address 1 Singapore appress Past Code 249441 Address Type Attition 4 Heleted Policy Number 3066611404-05 Livet No. #09+04 - 01 Oriver Info LENNY GUNADI Driver Type Hein Diver Driver DOS 00/10/1902 Innamed driver Name Driver BRIC R2687553 Onver Ape Deturny Experience 21 Register Date of Driver License 14/03/1496 Contact No. (Mobile) Contact No. (Hone) 93241300 409-04 THE HORSZUN Address 3 SINGARGRE SERVED Address 2 THOST ROAD Address 1 249441 Post Code Address 4 Address Type Sympapure antiress Does he liver a Singaphre Registered par? Driver Insurer Company WHERE SHELDH Yes - No Declaration. Breathalyser or Blood Test Beading? Any Interview? Yes - No Holfication History Claim 001 Hele * Insured LENNY GURADI E1667503 OD-MX Claim Type * Centact No. Contact No. (Motele) 93241380 Venide Station HESSES Empli Address SUB10H / XP3580C ON 25 Sept 2019 Carry Description Property Statistics | Not at Fault Ramace No. Yes Finalization Preferred Workshop, Name unkn Received Date 25/06/2019/00/00 Date Amplifered ROSLI WAKAS Report Taken Ny Front Aic lesson Save Submit Attachment Azrodent No. MT/1084040 Claim No. 25/09/2019 16:51 Last Disc. Received e res le **United Date** Category * Path . * Normal * | 50 Cliar Choose File No Tie chosen Please Select Clear Please Select ND Chouse File No file chosen * NO Chaose File No file chosen CHIE Hause Select highmat * form Choose File No Ne chosen Clear Plante Select Y NO + * NO Normal Choose File : No file chosen Clear Please Select Please Solect * NO * Normal Choose File. No file chosen Cent Sand Message: Huosaga Rase - Attachment List Heg Sett? (CO) 8 Description Attachment. Uploaded By/Date Caregory Urpancy NAC_BUNIT_MERAH_BOSETS; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) IN 25 Sep 2019 18:55 Printos 2019-9-21 Plumps 2019-9-25 WAC_BURIT_MERAH_BOOK?OL WATIONAL ASSESSMENT CENTRE SERVICE & (BURIT MERAH)) on 25 Sep 2018 18:55

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ACCIDENT STATEMENT

ACCID	ENT DATE: 25/09/2019	JOD/MM/YYY), TIME:[_	(MM:MM)
LOCAT	ION: Depot Road in	front of Interlace	at the roadworks
Ťv	DINSURANCE COMPANY: N	1810 H ITUC INGME 631404-05	197 S) 101
7(40-1	dIPOLICY TYPE: (COMPREHEN	SIVE / THIRD PARTY / THIR	D PARTY FIRE &THEFT)
6	O MAKE & MODEL: Mercedos () TYPE: (SALOON / COUPE / MI G) VEHICLE CATEGORY: (PRIVA (1) PURPOSE OF USING AT ACC () ARE YOU CLAIMING UNDER	DE/COMMERCIAL/MO DE/COMMERCIAL/MO DIDENT TIME: Private	TORCYCLE!
	IF NO, PLEASE STATE (THIRD P	ARTY CLAIM / REPORTING	ONLY)
/-	DINRIC/FIN/PASSPORT:		- (MALE / REMALE) FACT: 9324-1330 INSERTE 249441
	+ CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER	3 III
Who of passonger	DRIVER	9	(MALE / FEMALE)
(Including driver.)	d NAME: b NRIC/FIN/PASSPORT: c)ADDRESS:	сон	TACTI
4.	e)OCCUPATION: (INDOOR / OF DRIVING PASS WAS DRIVER AN EMPLOYEE	OUTDOOR)	
	IF NO. RELATIONSHIP OF T	HE DRIVER WITH INSU	RED: Same Delson
5.	DINOAD SURFACE; (DRY) WE	ARY RAINING / OTHERS_	•
6. 7.	WAS ANYBODY INJURED (YES a) REPORTED TO POLICE (YES IF YES, PLEASE STATE WHICH	(10)	
the of passinger	THIRD PARTY VEHICLE	5588C MOE	eli Volvo FM
(Including deliver)	c) NRIC/FIN/PASSPORT: G	1024702 Q CON	NTACT:
No of passanger	d) VEHICLE NUMBER:	MOD	EL:
(Induding driver	e) DRIVER'S NAME:		VTACT:
(_)	* ST#C 1 V 1 SEE THE 1 SECTION 1 SEC		

email = jtanmizi@gmail com



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: 5066631404-05

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJJ810H

Chassis Number

: WDD2040412A169674

2. Name of Policyholder

: LENNY GUNADI

Effective Date of Insurance

: 29 Jul 2019

5. Effective bace of magnant

5a 101 5012

4. Expiry Date of Insurance

: 28 Jul 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
 : \$\$100

WINDSCREEN EXCESS : 5510
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 : LENNY GUNADI

 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

: ONG SIONG AN (00000585199)

Date of Issue

: 25 Jun 2019 21:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

, eBaoTech							-50		24 J	Gener	alClaim
Hello, NAC_BUKIT_MERAH My Desktop Notice of Loss		Policy Query					• Change	Languag	e · Change Password		• Log Out
		Policy No. Vehicle No.(For Motor)		533810H		Date of Accident Certificate Number			25/09/2019 18:30		
	Select	Policy No. 5065631404+	Certificate Number	Policyholder Name LENNY	Policyholder NRIC	Product	Cover Type	NG.	Insured Object	Commence Date	Expiry Date
		05		GUNADI	R2687503	GPC	CLASSIC	533810H	SJJ#10H	29/07/2019	28/07/2020