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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,
- 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

aforesaid	
A PROPERTY OF STREET, SAN SAN	ACCIDENT STATEMENT
Date Of Report	10/10/2019 11:45
Date Of Accident	09/10/2019 17:30
Exact Location Of Accident	AYE TOWARDS JURONG
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG2912P
Insured/Policyholder	
Name Of Registered Owner	THONG WEI LIANG (TANG WEILIANG)
NRIC No	S8413101F
Email Address	STEVETHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83839423
Alternative Phone No	OTHERS-83839423
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (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	5106320160
Cover Note Number	
Driver	
Name of Driver	THONG WELLIANG /TANG WEILIANG)

Name of Driver THONG WEI LIANG (TANG WEILIANG)

 NRIC No
 S8413101F

 Date Of Birth
 17/05/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 11/01/2012

Driving Experience 7 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83839423

Fax Number

Contact Number OTHERS-83839423

EMail Address STEVETHONG@GMAIL.COM

Address

BLK 228 CHOA CHU KANG CENTRAL

#07-113

Postcode

680228

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

ambulance?

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

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

SKP5910B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Contact Number

Name of Driver

NRIC/Passport Number

HENG HUI PING, ALICIA

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 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.
- 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
- (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:
 - (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:

KETCH PLAN	,,		100 CONTRACTOR OF STREET
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I was driving on the extreme	right lane. I saw th	i vehicle ahead	I was slowing
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No injury. No police report.			
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We declare the foregoing particulars are true	in every respect.	/	T. A.
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Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

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Particulars of Insured / Driver & Details of this Accident	(Pls circle where applicable)
Location Of Accident: AYÉ (TOWARDS Junng)	Date & Time Of Accident : 19/10/19 & 1730h
Purpose when vehicle was used at the time of accident : (e.g Going home)	
Details of Own Vehicle	Unida Varal Historia
Vehicle Registration number: SMG39/3P	Make / Model: Honda Vezel tly brd
Vehicle Category:	
Claim Own Insurance: YES / NO	If No. Reporting only Third Party Claim
Name of Preferred Workshop:	Contact:
Insured / Policy Holder	1.01/6
THONG WEI LIANG CTANG VOCI	QH/V9) NRIC No.: S0413/01F
Address: BLK 228 CHOP CHU KANG CENTRAL #07-	112 SINGHPORE PROTO
Mobile No: 83634423	Other Contact: Home / Office no.
Well Market Color	Email: Steve thong @ gmail com
Driver	NRIC /Fin No.: \$8413/01F
Name of Driver: THONG WEI CHANG CTANG WEILLANG)	17 00 1001
Driving Licence Pass Date: 11 JAN 2012	D.O.B: 17-05-1964
Address: BLK 228 CROR CHU CANG CONTRAL #07-	13 3/NG/140KE 680220
Occupation INDOOR OUTDOOR	Mobile No:
Gender (MALE) FEMALE	Other Contact: Home / Office no:
Insurance Company Fleet Policy: YES / NO Policy number: 5106 300	160 Type Of Coverage: drivo CUISSIO
General Information of Accident Type of Accident: (HEAD-REAR / SIDE SWIPE / OTHERS : Weather Conditions: CLEAR & RAINING / DRIZZLING / OTHERS: Road Surfact: DRY / WET Any video captured by car camera? YES / NO Any police report made: YES / NO	*Any witness?: YES / NO *Injured party: YES / NO vir yes, pis provide name & Tel)
No. of Passenger (including Driver:) Details of Passenger 1	Details of Passenger 2
The state of the s	Name:
Name: Gender:	Gender:
Details of Passenger 3	Details of Passenger 4
Name:	Name:
Gender	Gender:
Details of Other Vehicle Property 1	Details of Other Vehicle Property 2
Vehicle Registration No: SEP 5910 B	Vehicle Registration No:
Vehicle Make/Model/Color:	Vehicle Make/Model/Color:
Name Of Driver: Hong Hui Ping, Alicia	Name Of Driver:
No of Passenger(including Driver)	No.of Passenger(including Driver)
NO.01 F assenger (metalang 2007)	NRIC:
NRIC:	
Contact Number:	Contact Number
Nature of Damages:	The state of the s
Nature of Damage:	The state of the s



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: 5106320160

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

SMG2912P

Chassis Number

RU31318900

2. Name of Policyholder

: THONG WEI LIANG

3. Effective Date of Insurance

: 13 Dec 2018

4. Expiry Date of Insurance

12 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 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 : THONG WEI LIANG NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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

DQ INSURE (00000572952)

Date of Issue

SUM INSURED

: 12 Dec 2018 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive