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Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	
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Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (W	7O): N: 0-20		P: 80-1	00%1	
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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.
- 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 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.

aloresaid,	
SWEETS AND THE SWEETS WAS TO ASSESS THE REAL PROPERTY.	ACCIDENT STATEMENT
Date Of Report	21/10/2019 15:31
Date Of Accident	19/10/2019 17:30
Exact Location Of Accident	BARTLEY VIADUCT TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK4734C
Insured/Policyholder	
Name Of Registered Owner	ZHEN HE JIA HUAN HAND MADE NOODLE
Co Reg No	53098112B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82230970
Alternative Phone No	OFFICE-82230970
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALPHARD 8-SEATER 2.5X CVT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108779223
Cover Note Number	
Driver	
Name of Driver	LEE BING RU
NRIC No	S9305713I
Date Of Birth	11/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91559302
Fax Number	
Contact Number	OFFICE-91559302
- A CONTRACTOR OF CONTRACTOR	

NOEMAIL

Address

BLK 722 JURONG WEST AVENUE 5

#03-126

Postcode

640722

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

YES

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

3

Passenger 1

NAME:

: SOONG JIA YI

GENDER:

: FEMALE

Passenger 2

NAME:

: LEE CHENG WEI WAYNVIER

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

SKG1656J

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 17

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE BING RU

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMK4734C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

SOONG JIA YI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMK4734C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

LEE CHENG WEI WAYNVIER

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMK4734C

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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:
 - (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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	LANEZ LANEZ LANEZ	
1		Vehille 9MK473
		ventue 9 sky 1656
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Tiri iii		
SCRIBE CIRCU	ASTANCES OF THE ACCIDENT	- taches - I
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down	and an ind t	1 G 6+
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4 1 4 1 4	g particulars are true in every respect.	
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older's Signature		June
14ps + 3	(If driver is not the policyholder) Reporting Centre P Name:	Personnel's Signature
	Date & Time: NRIC/FIN No.:	5-100 (CBV)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material acts 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 19/10/19 (DD/MM/YY) Time: 5:30 PT				me: < 130 PM	(HH:N	(MN
Exact location of accident	BARTI	64		intra consume	TAMPINER	Marche	

Details of vehicle

Vehicle registration number	SMX 4	7340		1	
Vehicle make and model	Topota A	LPHARI)		
Type of vehicle	Saloon B	MPV 🗆 Bus 🗆	CRV a	Van vcle □	Others:
Vehicle category	Private 🗆	Comme		Motorcy	
Purpose of using at said time	Private L	Ce			
Are you claiming under your own insurance company?	Yes □ Third part cla	No Ø	if no, please Reporting of		

Insurance information

Insurance company	HTYC	MAI-	
Policy number	1 5108779223	= *2 = 2	-
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

ZHEN HE JIA HUAN HANDUPDE Male & Female D
5309981128
82230970
BIIC 636A #11-313 SENJA ROAD, SENJA PARC V

Driver

Same as insured above (skip to D.O.B)

Name	LEE BIHG RU Male D Female
NRIC / Fin / Passport number	993 0 5713I
Contact	91559302
Address	BIK 722 Jurong WEST Ave 5 1703-126
Email address	LBINGRU936 Smail com
Date of birth	11/02/1993
Occupation	Indoor D Outdoor B
Driving date pass	29/03/2017

General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rel	No of the	driver and insured:	Son
Accident captured by camera?	Yes	Nod		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	3			(Inclusive of driver)

Passenger 1

Name	Suong Jig Vi	
Gender	Male D Female D	

Passenger 2

Name	LTE	(HENG	WFI	WAYNVEER	
Gender	Male	Female 🗆		O. C. S. C.	

Passenger 3

Name	LEE RIGHT ROT	
Gender	Male Female	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male □	Female	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes 🗆	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	CK G 1656T
Contact number	3401 102-3
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	

Witness 2

1 11	
Name	
ranic	

Injured person 1

Name	124 PTHY DIA
Injuries sustained	NEUE & COUR
Which vehicle person in?	ONTIEN
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes O No P

Injured person 2

Name	CODAILS TTO INT
Injuries sustained	10000
Which vehicle person in?	PASIFINEN SPECE.
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 3

Name	LEE MENY WEI WAYNIEGE
Injuries sustained	LEE CHENG WEI WAYNVIER
Which vehicle person in?	ray frifek
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 4

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTE	R 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	203/
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108779223

Cover: drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: AGH300215473

2. Name of Policyholder

: ZHEN HE JIA HUAN HAND MADE NOODLE

3. Effective Date of Insurance

: 11 Apr 2019

4. Expiry Date of Insurance

: 10 Apr 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) : S\$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 : YES INSURE WITH COE : YES

NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LEE SIEW BOON NAMED DRIVER (1) : LEE YONG ZE

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : GENIE FINANCIAL SERVICES PTE LTD

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

: I INSURANCE AGENCY (00000572538)

Date of Issue

: 11 Apr 2019 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	0601	23300	10000		encorps.	Section 1	CRIED HALL		SAC	Gener	alClaim
My Desktop Notice of Loss		cy Query					· Chan	ge Languag	e • Chan	ge Password	· Log Ou
The state of the s	Policy N Vehicle	ia. No.(For Mator)	51087	79223			of Accident licate Number		19/10/2019	17:30	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108779223		ZHEN HE JIA HUAN HAND MADE NOODLE	530981128	GPC	drivo PREMIUM		SMK4734C	11/04/2019	10/04/2020

5108779223	Policyholder Name	ZHEN HE	JIA HUAN HAND MADI	Policyholder	53098112	В
				NRIC		
BLK 636A #11-313 SENJA RC	DAD SENJA PARC	VIEW SING	GAPORE 671636			
PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
11/04/2019	Effective Date	11/04/201	19 00:00	***************************************	10/04/202	0 23:59
Per Accident	All Claims Excess					
0	Own damage Excess	600		Windscreen Excess	100	
0	OS Premium	0				
600	Outside Singapore TP Excess	0			You	ung/Inexperience Driver Excess
I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Y	
No						
older Mailing Address						
older Mailing Address BLK 636A #11-313	Addres	s 2	SENJA ROAD	А	ddress 3	SENJA PARC VIEW
Committee Commit	Addres Addres		SENJA ROAD Singapore address		oddress 3	SENJA PARC VIEW 671636
BLK 636A #11-313	Addres Related	s Type I Policy	Singapore address		anasanisa (a)	And the state of t
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BLK 636A #11-313 SINGAPORE 671636 11-313	Addres Related	s Type I Policy	Singapore address		anasanisa (a)	And the state of t
BLK 636A #11-313 SINGAPORE 671636 11-313 Object: SMK4734C	Addres Relater Numbe	s Type I Policy	Singapore address 5108779223		ost Code	And the state of t
	BLK 636A #11-313 SENJA RO PRIVATE CAR INSURANCE 11/04/2019 Per Accident 0 0 600 I INSURANCE AGENCY	BLK 636A #11-313 SENJA ROAD SENJA PARCO PRIVATE CAR INSURANCE Plan 11/04/2019 Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess I INSURANCE AGENCY Agent Tel.	Name	Name	Name PRIVATE CAR INSURANCE Plan Effective Date Per Accident All Claims Excess Own damage Excess OS Premium OUtside Singapore TP Excess I INSURANCE AGENCY NRIC Group Policy Flag I1/04/2019 00:00 Expiry Date 11/04/2019 00:00 Expiry Date Mindscreen Excess OS Premium OUtside Singapore TP Excess I INSURANCE AGENCY Agent Tel. 67026779 GST Flag	Name

Accident MT/1067866 Policy No.						
Policy No.						
	5108779223		Vehicle No.	SMK4734C	GST Registration No.	
Certificate No.						
Policyholder Name	ZHEN HE JIA HUAN H	AND MADE NOODLE			Policyholder NRIC	F3000
Product Code	PRIVATE CAR INSUR	ANCE	Cover Type	drivo PREMIUM		530981128
Contact No.(Mobile)	82230970		Contact No.(Office)	O.	Loading	0
Email Address			Special Remark		Contact No.(Home)	0
KPK	® No ○Yes		TCA	8 to 0 to 0	eCode	N: V
NCD Protection	No			® No ○Yes	eCode Reason	
S Accident Details	175		NCD Entitlement(%)	0	Private Hire	No
Report Date	21/10/2019 19:13					
Date of Accident			Accident Report Wehin 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
	19/10/2019		Time of Accident hh:mm	17:30	Country of Acadent	Singapore
Reporting Centre			Orange Force		ICM No.	
ccident Location		NOS TAMPINES AVE 10				
♥ Total Excess Applicable						
xcess Type	Per Accident		Windscreen Excess	100.00		
D Standard Excess		600.00	TP Standard Excess	0.00		
ED OD Excess		2500.00	YIED TP Excess.		Driver is Covered?	
dditional Excess		0				
eral OD Excess Applicable		3100.00	Total TP Excess Applicable			
♥ Benefits			ACCESSED AND SOUR SOURCES.			
GST Registered Inform	nation					
T Registered	No			GST bankbak D		
ST Registration No.	(10)			GST Registration Date GST Status Verified	Yes	
odification History					745	
Policyholder Mailing Ad	ddress					
ddress 1	BLK 636A #11-313		Address 2	SENIA ROAD	Address 3	CENTA DADO LUCA
idress 4	SINGAPORE 671636		Address Type	Singapore address		SENJA PARC VIEW
nit No.	11-313		Related Policy Number		Post Code	671636
OI Driver Info			Newton Fully Number	\$108779223		
iver Name	Unnamed Driver		****	3.00 K W WARRANCE		
named driver Name			Driver Type	Unnamed Driver		
	LEE BING RU		Driver NR3C	593057131	Driver DOB	11/02/1993
gister Date of Driver License			Driver Age	26	Driving Experience	2
ntact No.(Mobile)	91559302		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 722		Address 2	JURIONG WEST AVENUE S	Address 3	SINGAPORE 640722
dress 4			Address Type	Singapore address	Post Code	640722
nt No.	03-126			9007,5000000000	140,000	040722
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contained and			Sitter Veringe Ho.		Driver Insurer Company	
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