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I'l Particulars: Veh No: Y	M 8939 A	. NC(	)/Non-INC(		
Owner / Driver: (			Tel:	)	
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Confirmed by : (		Date:	Time:		)
Insured/Driver Liability: ( %) [No	ote-Est. Status (	WO): N: 0-20	9%; P: 21-79%. F:	30-100%]	
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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 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.

allien eller betälliger i Leading	ACCIDENT STATEMENT
Date Of Report	08/11/2019 12:06
Date Of Accident	08/11/2019 10:00
Exact Location Of Accident	678 HOUGANG AVE 8 CARPARK
Country/State of Loss	SINGAPORE
Charles and the Control of the Contr	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ3642X
Insured/Policyholder	
Name Of Registered Owner	ROGER ZEE WEI
NRIC No	S9323626B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83897707
Alternative Phone No	OFFICE-83897707
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5112058568
Cover Note Number	
Driver	
Name of Driver	ROGER ZEE WEI
NRIC No	S9323626B
Date Of Birth	06/07/1993

OUTDOOR

06/09/2017

2 YEARS AND 2 MONTHS

# Gender MALE

Mobile Number (LOCAL) +65-83897707

Fax Number

Occupation

Date Of Driving Pass

Driving Experience

Contact Number OFFICE-83897707

EMail Address NOEMAIL

Address

BLK 678 HOUGANG AVE 8 #04-501

Postcode

530678

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

RAINING

Road Surface

WET

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

**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 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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

YM8939A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

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:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rescr	to statement	
		-=

## DECLARATION

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

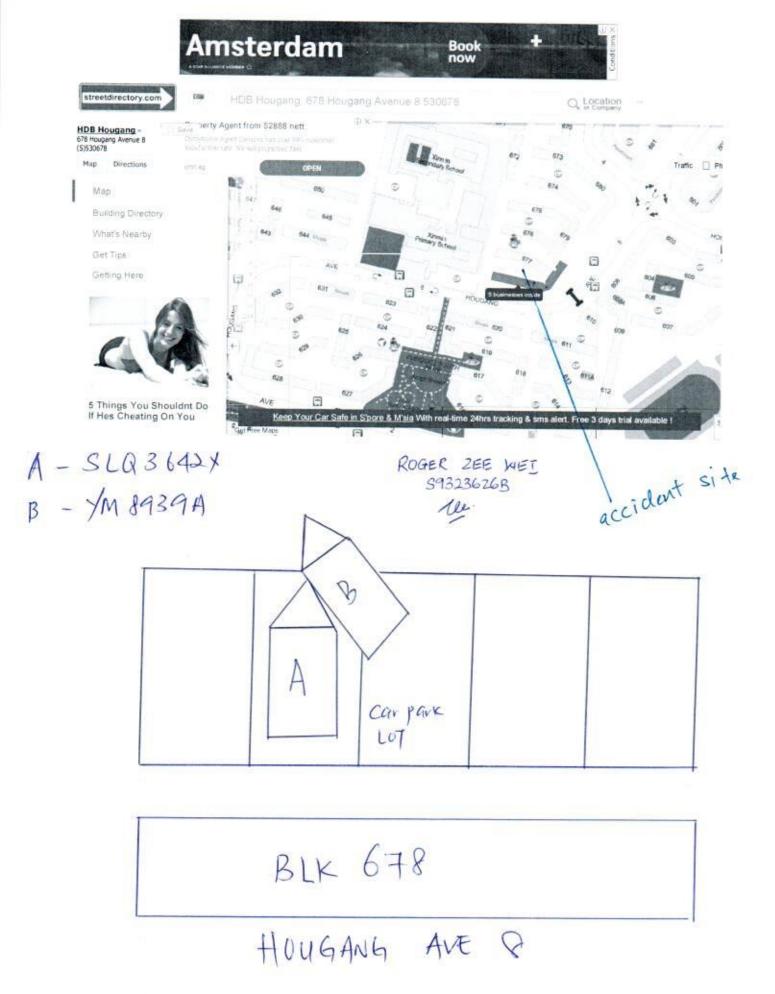
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Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:



# **Accident Statement**

On 8th of Nov 2019 at around 1000Hrs, I walked to Blk 678 Hougang Avenue 8 carpark to collect my vehicle (SLQ3642X). I saw a guy standing beside my car, he told me that his vehicle (YM8939A) had hit onto my vehicle front. He wrote a \*\*note and stated that he had bang onto my vehicle. I want to state that my vehicle was stationary when this accident happened. I attach the \*\*note on this accident report. I'm making a claim against third party.

Name: Roger Zee Wei I/C: S9323626B

ree.

Sorry, bumped into your car, wartering for you for 13 hours.

My contact No. 8863 3965

1 - 8>>> 1786 (My 6055)

对不起,无亡



## 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: 5112058568

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLQ3642X

Chassis Number 2. Name of Policyholder : JMYSRCY2A9U004475

3. Effective Date of Insurance

: ROGER ZEE WEI : 24 Aug 2019

4. Expiry Date of Insurance

: 23 Sep 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

INSURE WITH COE

- (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) · \$5600 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

NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : ROGER ZEE WEI

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : YOKYO CENTURY LEASING (SINGAPORE) PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 (Maiaysia)

: INSURE LINK PTE LTD (00000614836)

Date of Issue : 23 Aug 2019 11:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Insure Link Pto Ltd

remue #08-16

Chief Executive

#### Claim Handling(accident reporting Claim Task ) 11/8/2019 Claim Handling Accident MT/1070523 GST Registration No. Vehicle No. SL03647X 5112058568 Policy No. Certificate No. 99323626B Policyholder NRIC ROGER ZEE WEI Poäcyholder Name drive CLASSIC Loading Cover Type PRIVATE CAR INSURANCE Product Code Contact No.(Home) 83897707 Contact No.(Office) Contact No.(Mobile) No \* eCode Special Remark Email Address eCode Reason - No Yes TCA KFK No NCD Entitlement(%) Private Hire No NCD Protection Accident Details Demaged whilst parked Accident Type Accident Report Within 24 hrs 08/11/2019 13:40 Country of Accident Singapore Time of Accident bh:mm 10:00 Date of Accident 08/11/2019 ICM No. Orange Force Reporting Centre 678 HOUGANG AVE 8 CARPARK Accident Location ▼ Total Excess Applicable 100.00 Windscreen Excess Excess Type Per Acadent TP Standard Excess 600.00 Driver is Covered? Covered YIED TP Excess 0.00 YIED OD Excess 0,00 Additional Excess Total TP Excess Applicable Total OD Excess Applicable 600.00 → Benefits GST Registered Information GST Registration Date GST Registered GST Status Verified GST Registration No. Modification History Policyholder Mailing Address HOUGANG AVENUE B Address 3 SINGAPORE 530678 BLK 678 #04-501 Address 2 Address 1 530678 Post Code Address Type Singapore address Address 4 5112058568 Related Policy Number Unit No. OI Driver Info Driver Type Main Driver Driver Name ROGER ZEE WEI 06/07/1993 Driver DOS 593236268 Driver NRIC Driving Experience Driver Age 26 Register Date of Driver License. 06/09/2017 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 83897707 Address 3 SINGAPORE 530678 HOUGANG AVENUE 8 Address 2 Address 1 BLK 528 #04-501 530678 Post Code Address Type Singapore address Address 4 Unit No. Driver Insurer Company Does he own a Singapore Registered car? Driver Vehicle No. Yes - No Declaration Breathelyser or Blood Test Reading? Yes « No Any injury? Modification History Claim 001 New Insured ROGER ZEE WEI Insured NRIC 59323 OD-MX Claim Type \* Contact No. (Home) Contact Contact No.(Mobile) OI Vehicle Number TP Vehicle Number YM893 SLQ3642X Email Address SLQ3642X / YM8939A ON 8 Nov 2019 Claim Description Preferred Workshop, Nar Option Preferred Workshop Baniest No. Finalisation Yes GIA Received Preferred Workshop, Name unknown Claim Close Date Date Received 08/11/7 08/11/2019 13:42 Date Registered LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment

Accident No.	MT/1070523	Claim No.		001						
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https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

Attachment List

## Claim Handling(accident reporting Claim Task )

	Uploaded By/Date	Folder Date	,	lie Name		Source	
→ Video List							
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Attachment		Uploaded By/Date	Category	1	Urgency	Description	

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