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() wher / Driver: (MH 4647L.		Tel:)	
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Confirmed by : (Dates	Time)	
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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.
- 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.

The Park Inches Burgers	ACCIDENT STATEMENT	
Date Of Report	13/11/2019 14:19	
Date Of Accident	12/11/2019 11:00	
Exact Location Of Accident	JUNC OF FARRER RD & EMPRESS RD	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ8821L	
Insured/Policyholder		
Name Of Registered Owner	ANG BEE GEOK	
NRIC No	S1670790B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-87505418	
Alternative Phone No	OFFICE-87505418	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	AVANTE	
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	REPORTING ONLY	
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	5109843624	
Cover Note Number		
Driver		
Name of Driver	ANG BEE GEOK	
NRIC No	S1670790B	
Date Of Birth	12/02/1964	
Occupation	INDOOR	
Date Of Driving Pass	26/11/1982	
Driving Experience	36 YEARS AND 11 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-87505418	
Fax Number		
Contact Number	OFFICE-87505418	
EMail Address	NOEMAIL	

BLK 748C BEDOK RESERVOIR CRESCENT #09-47 Address

2

NO

NO

NO

473748 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

1 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMH4647L

YES NO

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the additiont to speed up the claims process.
- 2. This Farm 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.
- S. Consent under the Personal Data Protection Act (PDPA)

t 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 insurers) 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 wall as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in exiministering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (t) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/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) aw firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal information will also be collected and used to sompile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / discloseds.
 - (i) to all insurers end/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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN Road DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Fatrer vain an 4647 Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information. DECLARATION I/We declare she to regoing particulars are true in every respect. Reporting Centre Personnel's Signature Palicyholder's Signature Driver's Signature Date & Time: (if driver is not the policyholder) NRIC/FIN No.: Date & Time:

Charact description are un

2

Date of Accident	: D/11 (9 Accident Time: 11.00 (24-HR-Format) : Junction of Farrer Road & Empress Road
Accident Place	: Junction of Farrer Road & Empress Road
Vehicle Reg. No. (Car Plate No.)	- SJQ 8F21L
Vehicle Make/Model	: HYUNDAI AVANTE 1-6
Insurance Company	: NTUL Policy No. 5/09843624
Owner or Company Name /IC No.	: ANH BEE GEOK / SIGADA 908
Owner or Company Contact No.	:Owner's Hp &750-J4/&Company Tel
DRIVER'S Name / IC No.	: ANN BEE GEOR / 516707908
DRIVER'S Date Of Birth	: 12-01 -1964 DRIVER'S License Pass Date 16 - NOV -196)
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BLK THEC BEDOK RESERVUR CRESCENT #09-4
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	£
Weather & Road Surface	: CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 1 person only.
Was there any video Captured by Exact purpose for which vehicle w	car camera: YES NO vas being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SMH 464	Vehicle Reg. No:
Vehicle Make Model: HUNDA	1 HD AVANTE 1-6 Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185	9)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

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

Certificate Number: 5109843624 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder
 Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJQ8821L

: ANG BEE GEOK

: 24 May 2019

: 23 May 2020

: KMHDU41BR9U774710

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 9S 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

 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 : ANG BEE GEOK

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

HIRE PURCHASE COMPANY : KENSO LEASING 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

: KENSO LEASING PTE LTD (00000573553)

Date of Issue

: 24 May 2019 17:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

MA

Authorised Officer

Chief Executive

Countersigned By:

Claim Handling

ident MT/1071199									
	5109843624	Vehicle No.	\$JQ882	Ľ	GST Reg	istration No.			
cy Na. tificate No.	2103043054								
	ANG BEE GEOK				Policyho	Ider NRIC	5167	70790B	
yholder Name		Cover Type	driva Cl.	ASSIC	Loading		0		
uct Code	PRIVATE CAR INSURANCE	Contact No.(Offic			Contact	No.(Hame)			
ract No.(Mobile)	87505418		e)		eCode		No	*	
i) Address		Special Remark	- No	Ves	eCode F	teason	77.50		
	- No Yes	TCA		- res	Private		No		
Protection	NO.	NCD Entitlement	(%)		7.1144	2752			
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ort Date	13/11/2019 14:50	Accident Report 9	Within 24 hrs Yes		Acciden				nacia)
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: No.		Related Policy N	umber 51098	13624					
OI Driver Info									
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named driver Name		Driver NRIC	51670	79GB			36		
ister Date of Driver License	26/11/1982	Driver Age	55			g Experience	30		
stact No.(Mobile)	87505418	Contact No.(Off				t No.(Home)	W110	IGAPORE 4737	10
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