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Owner / Driver: (Tel:	
Committee of the commit	od: () Cover Type: (
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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 wiful 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.

Any false reporting may be referred to the Police for investigation.

- 5. 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 logoement 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.	at the ready contacting to this report at the centre and to outpee of the report being made attendant
	ACCIDENT STATEMENT
Date Of Report	14/11/2019 15:03
Date Of Accident	13/11/2019 13:15
Exact Location Of Accident	AT 48 TOH GUAN ROAD EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFE222D
Insured/Policyholder	
Name Of Registered Owner	GUANGDONG IMPORT & EXPORT PTE LTD
Co Reg No	198700326W
Email Address	GDFOOD222@GMAIL.COM

(LOCAL) +65-96312262

OFFICE-96312262

Alternative Phone No Vehicle Particulars

Mobile Phone No.

Manufacturer VOLVO Model XC90

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

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5102456025-01

Cover Note Number

Driver

Name of Driver NG SIEW WAN NRIC No S0142301J Date Of Birth 15/06/1951 INDOOR Occupation Date Of Driving Pass 14/04/1972

47 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-96312262

Fax Number

Contact Number OTHERS-96312262

EMail Address GDFOOD222@GMAIL.COM Address

15 SPRINGWOOD HEIGHT

Postcode

118003

Was driver an employee of the Insured's Company YES

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

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)

2

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)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: FRIEND

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

PLEASE REFER TO SKETCH PAN

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

FV1933P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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 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:
 - 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.

Policynolite & Signatur Date & Time:

Driver's Signature

04861 34O

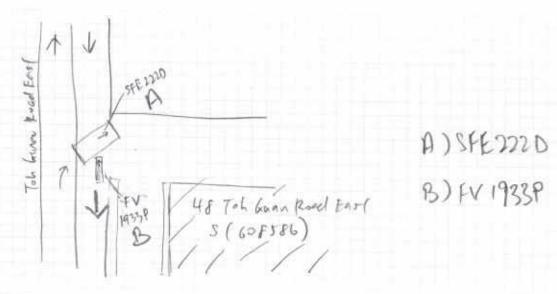
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne s

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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ACCIDENT'STATEMENT

Abo of personnes of conducting driver)	TAILS OF VEHICLE VEHICLE NUMBER: ST. NSURANCE COMPANY: N POLICY NUMBER: 5/02 W POLICY TYPE: (COMPREHENS) MAKE & MODEL: VOLVO YPE: (SALOON / COUPE / MPN /EHICLE CATEGORY: (PRIVATE PURPOSE OF USING AT ACCID RE YOU CLAIMING UNDER YOU NO, PLEASE STATE (THIRD FA SURED / POLICY HOLDER NAME: GUNGO STATE (THIRD FA SURED / POLICY HOLDER NAME: GUNGO STATE (THIRD FA SURED / POLICY HOLDER NAME: GUNGO STATE (THIRD FA SURED / POLICY HOLDER NAME: GUNGO STATE (THIRD FA SURED / POLICY HOLDER NAME: GUNGO STATE (THIRD FA SURED / POLICY HOLDER NAME: GUNGO STATE (THIRD FA SURED / POLICY HOLDER NAME: MAME: SALOEN NAME: MG STATE NAME: M	VE / THIRD PARTY / XC 90 //VAN / LORRY / A E / COMMERCIAL / DENT TIME: NOP M DUP OWN INSURAN PLY CLAIM / REPORT FOR THE LEG FOR	MOTORCYC MOTORCY MOTORCY INCE (YES/69 RTING ONL (MA CONTACT)	CLE / OTHERS) (CLE) (CLE) (CLE) (CLE)
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Claim Handling

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slicy No.	5102456025-01	YESHOO ING.	THE COURT OF THE			
ertificate No.	DUALIZAÇÃO DE PARA EL PROPERTO DE LA PORTE				Policyholder N	
licyholder Name	GUANGDONG IMPORT & EXPORT PTE LTD	S	IIIIVo PREMIUM		Leading	
oduct Code	PRIVATE CAR INSURANCE	Cover Type Contact No.(Office)	Wite Street,		Contact No.(+	
intact No. (Mobile)	96312262	Special Remark			eCode	
mail Address	- No Yes	TCA	= No Yes		eCode Reason	
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CD Protection	No	OCD ENGINEERS (M)	5990		0.011/4.650.504	
Accident Details	00000WIES201.01	Accident Report Within 24 hrs	Yes		Accident Type	
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⇒ Benefits	2023					
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named Anna E	14/11/2019 15:23:11 System	n changed GST Registration Date from m changed GST Status Verified from No	HUB to 01/04/1994			
 Policyholder Mailing Add 	ress					
Address 1	48 TOH GUAN ROAD EAST	Address 2	#07-119/120 ENTER	PRISE HUB	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5114034833			
TO OI Driver Info						
Driver Name	NG SIEW WAN	Driver Type	Named Driver			
Unnamed driver Name		Driver NRIC	501423013		Driver DOS	
Register Date of Driver License	01/01/1988	Driver Age	68		Orlying £xp	
Contact No. (Mobile)	96312262	Contact No.(Office)			Contact No.	
Address 1		Address 2			Address 3	
Address 4		Address Type	Foreign address		Post Code	
Unit No.						
Does he own a Singapore	Yes + No	Driver Vehicle No.	5FE222D		Oriver Insur	
Registered car7	S 3E- 1015					
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No			
Modification History						
Claim 001 New						
11211						
1200012001000				ор-мх	Insured	
Claim Type *				DD-thX	Name Contact	
Contact No. (Mobile)					No.	
					(Home)	
Email Address					Vehicle Number	
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Claim Description		uit v				
Preferred	Insured Liability Not at Fa-		THE P. LEWIS CO., LANSING, MICH.			
Preferred Workshop	Repair Preferred Workshop,	GIA I	red *	1	Claim	
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Attachment

Save Submit

Accident No. MT/1071393 Claim No. 601 Last Doc. Received Upload Date 14/11/2019 15:26 * Yes No Path * Category * Confider Choose File No file chosen Clear Please Select * NO Choose File No file chosen ٠ Clear Please Select NO Chaase File No file chasen Clear. Please Select Choose File No file chosen ٠ Clear Please Select NO Chaose File No file chasen * NO Clear Please Select Choose File No file chosen Please Select T NO Clear Message Read Attachment Uploaded By/Date Category Ungency NAC_BUKIT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 Photos NAC_BUKET_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 Photos Normat Perc NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 Photos Normal Pho NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 Photos: Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 Photos. Narmai NAC_BURTT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:20 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT MERAH)) on 14 Nov 2019 15:26 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 Nov 2019 15;26 Photos Normal NAC_BUKIT_MERAH_BOUE76(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2019 15:26 NRIC/ Driving License NRIC/ DHV NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Nov 2019 15:26 SAS Normal Si Video List

Folder Date

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File Name

Uploaded By/Date



Certificate of Insurance

: SFE222D

: 11 Aug 2019

: 10 Aug 2020

Cover : drivo PREMIUM

: GUANGDONG IMPORT & EXPORT PTE LTD

: YV1LFA2ACG1005458

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ON ACT (CHAPTER 190)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ON) MELICE TOES
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	214/ HOEE3, 1360
MOTOR VEHICLES (TUIND DARRY DISKS) BUTTO	GAUGERON

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

Certificate	Number	: 5	102456025-01	
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Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. 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.

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

EXCESS (SECTION 1) 1 5\$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 : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : TANG POH CHEE NAMED DRIVER (1) : NG SIEW WAN NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HUI HUA CREDIT 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)

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 23 Jul 2019 18:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive