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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 same and the same and the same	ACCIDENT STATEMENT
Date Of Report	27/11/2019 10:55
Date Of Accident	26/11/2019 12:00
Exact Location Of Accident	JUNCTION OF COUNTRYSIDE ROAD/COUNTRYSIDE PLACE
Country/State of Loss	SINGAPORE
PARTY IN THE PARTY	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU6024M
Insured/Policyholder	
Name Of Registered Owner	KWOK WING KEE
NRIC No	S1799367D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97539879
Alternative Phone No	OTHERS-97539879
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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 P
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	5106324908
Cover Note Number	

Driver

 Name of Driver
 LEE LAI LAM

 NRIC No
 \$6925254J

 Date Of Birth
 14/05/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 21/12/1994

Driving Experience 24 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97539879

Fax Number

Contact Number OTHERS-97539879

EMail Address NOEMAIL

Address

157 COUNTRYSIDE ROAD

Postcode

786883

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident?

NO

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: ANNABELLE KWOK

GENDER:

: FEMALE

Passenger 2

NAME:

: ANNALLISA KWOK

GENDER:

: FEMALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SLM8523U

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MOHAMED NASIR KHAN BIN BABROO MIAH

NRIC/Passport Number

S1744014D

Contact Number

87845253

Address

Postcode

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the arcident 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
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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
- 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.
- (c) 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.

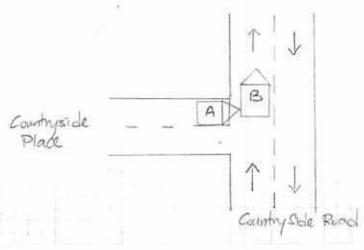
Policyholder's Signature

Date & Time.

Driver's Signature

(If driver is not the policyholder)

Date & Time:



TIP A=SLM8523U INSURAD B=SJUGO24m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Nov 2019, about 12:00 p.m., I was driving along
countryside road. Car A from countryside place didn't stop and
hit onto my car left rear side. We stopped on the side road
and took pictures of each others which and exchange handphone
number and relevant documents. Mr Mohal. Wasir the driver of
Car A has confessed that it was clearly his fault for not
stopping at the Junction.

DECLARATION

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

Bencyholder's Signature

BANK BUT THE H

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso Name:

NRIC/FIN No.:

Provide Insurance Certificate (Cover note not acceptable), Copies of NRIC & Driving Licence. Company Stamp needed for company registered vehicles

Personal Particula	rs of yourself (Vehicle A)
Date of Accident: 26 , 11 , 19 (dd/mm/yy)	Time of Accident: 12,00(24hr Format)
Vehicle No:	Make & Model: The Make & Model: The Place
Exact Location of Accident: June 1010	Litte Road and Countyside Time.
*Registered Owner / Company Name: KWOK WING	KEE ☆ Nric No / Co Regn No. S 1799367D
Driver's Name / NRIC No: LEE LAI LAM , S692	
Driver's Contact No: 9753 9849 Additional Contact No	insurance Co: NTUC Income
☆Email Id:	Type of Coverage: Comprehensive / TPFT / TP
Relationship between Owner & Driver: (Please CIRCLE on	e only)
Owner (Spouse) Children / Friend / Parent / Sibling / Relative / Em	ployee or others (please specify):
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to cla	im against) / Reporting (For Record Purpose)
Exact purpose of vehicle usage at time of accident?	Private Use / Work Purpose
	Outdoors
AND ALL MANY SERVER OF STREET, IT IS NOT	
Weather condition & Road conditions? (On the day of acci	
Clear & Dry / Raining & Wet / After-Rain & We	
⟨ Was there any video captured by your Car Camera?	YESINO ANNUABELLY KWOK (F) 3 DAMABUIA KWEK (F)
Number of passengers in your vehicle (including driver):	3 brunllin knok (F)
Any unknown person(s) approach to assist in Accident cl	aims after accident: Yes (No
Any injuries: (MC of 3 days or more, police report is required	
Yes / No If Yes, which police station?	Singapore / Malaysia
Injured Person Name:	Approximate Age:
Injuries Sustained:	Injured person in which vehicle?
The Other Party (Vehicle B) Details	S1744014D
Driver's Name & NRIC No: Mohamed Hasir Khan B	in Babroo Miah, Wehide No: SLM8523U
Driver's Name & NRIC No: Mohamed Hasir Khan B Insurance Company (If Any): MS/G Insurance.	Driver's Contact No: 8784 5253
(If more than 2 vehicles involved, please indicate the other part	y vehicle numbers below)
Other (Vehicle C) Involved: Vehicle Na:	Driver Name & / NRIC No:
Independent Witness (If Any);	Contact No:
	Contact No:
	le the report. Information will be discarded after one week. For late reporting, NCD

Claim Handling

Section for Section (Section Section	ccident MT/1073224					
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Marches March Ma	olicyholder Name	KWOK WING KEE				Policyholder Ni
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Fig.	Contact No. (Mobile)	97539879	Contact No.(Office)			Contact Nu-(Hi
TOA			Special Remark			eCnde
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9		TONAL ASSESSMENT CENTRE SERVICE on 27 Nov 2019 11:42	SAS		Normal			
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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 (M.	

MOTOR VEHICLES (THIRD PARTY RISKS AND COMI ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 19					
Certificate Number: 5106324908	Cover : drivo CLASSIC				
1. Index mark and Registration Number of Vehicl					
Chassis Number	: JHMRN6880AC200057				
2. Name of Policyholder	- KWOK WING KEE				
3. Effective Date of Insurance	: 17 Dec 2018				
4. Expiry Date of Insurance	: 16 Dec 2019				
 Persons or Classes of Persons entitled to drive (a) The Policyholder. 					
(b) Any other person who is driving on the Po Provided that the person driving is permit the Motor Vehicle or has been so permitte enactment or regulation in that behalf fro	ted in accordance with the licensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any				
Limitations as to Use#	oses 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 tria	or speed-testing.				
(c) Use for the carriage of goods (other than s	samples) in connection with any trade or business.				
(d) Use for any purpose in connection with th					
	in 8 of the Motor Vehicle (Third Party Risks and Compensation) and Transport Act, 1987 (Malaysia), are not to be included under these				
headings.	an transport Act, 1907 (Malaysia), are not to be included under these				
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	i NO				
TRANSPORT ALLOWANCE	: NO				
EXCESS WAIVER	: NO				
PRIMARY DRIVER	: KWOK WING KEE				
NAMED DRIVER (1)	: N/A				
NAMED DRIVER (2)	: N/A				
HIRE PURCHASE COMPANY	: N/A				
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS				
I/We hereby Certify that the Policy to which this C Vehicles (Third Party Risks and Compensation) Act Agency : BKW AUTOMOBILE PTE LTD	ertificate relates is issued in accordance with the provisions of the Motor (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)				
Date of Issue : 13 Dec 2018 10:05 hrs	(annual state)				
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED				
Zonal	Lun				
Countersigned By:	,				
Authorised	Officer Chief Executive				