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Preferred Wksp / INC Assign Wksp / CW: (Harry me receptant or six	THE RESERVE OF THE PARTY OF THE	Tol:	Fax:	Cherry New York Co.
TP Particulars: Veh No: 51	LW 93 A.	. INC()/Non-INC()		
Owner / Driver: (10 17		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number 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 <u>truthful and accurate</u> 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.

Date Of Accident 11/12/2019 08:20 Exact Location Of Accident ORCHARD RD B4 JUNC HANDY RD SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SMG9755E Insured/Policyholder Name Of Registered Owner TZR KARX RENTAL CO Reg No 53376279X NOEMAIL Mobile Phone No Alternative Phone No OFFICE-82006663 Vehicle Particulars Manufacturer HONDA Model VEZEL Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? No Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Noeme of Driver Size Size Size Size Size Size Size Size	经产品的企业	ACCIDENT STATEMENT
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Date Of Driving Pass 01/07/2014 Driving Experience 5 YEARS AND 5 MONTHS Gender MALE	Date Of Birth	13/12/1978
Driving Experience 5 YEARS AND 5 MONTHS Gender MALE	Occupation	OUTDOOR
Gender MALE	Date Of Driving Pass	01/07/2014
	Driving Experience	5 YEARS AND 5 MONTHS
Mobile Number (LOCAL) +65-96568488	Gender	MALE
	Mobile Number	(LOCAL) +65-96568488

NOEMAIL

Address BLK 178 EDGEFIELD PLAINS #14-226

Postcode 820178

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

hicle

-

Insurance Company of Driver's Own Vehicle

0

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING
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?

YES

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)

2

Passenger 1

NAME: : MISS TAN

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

I WAS TRAVELLING ALONG ORCHARD RD B4 JUNCTION WITH HANDY RD, VEH IN FRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW931A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name EDDY SENG PEI WEI(EDDY CHENG PEIWEI)

Approximate Age

Injuries Sustain NECK AND BACK

Injured person in which vehicle? SMG9755E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name MISS TAN

Approximate Age

Injuries Sustain NECK N BACK
Injured person in which vehicle? SMG9755E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

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 <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 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		
Reser		
	to	
	Sketc h	
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
Refer	to Statemen	+
-		
DECLARATION		1.1
I/We declare the foregoing part	iculars are true in every respect.	
(*(state)	Edds.	fred
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

Date & Time:

NRIC/FIN No .:

部 83000663

3556 5WS MB 0680 MB 06/61/1

Rd Handy orchard Rel SLW 931A .



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: 5112632680

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

- SMG9755F Chassis Number : RU11109134 2. Name of Policyholder : TZR KARX RENTAL

3. Effective Date of Insurance : 16 Sep 2019 4. Expiry Date of Insurance : 15 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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) : \$52,000 EXCESS (SECTION 2) : S\$1,500 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 : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A 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 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)

B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue

: 16 Sep 2019 12:22 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

12/11/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1075250 Policy No. 5112632680 Vehicle No. SMG97558 GST Registration No. Certificate No. Policyholder Name TZR KARX RENTAL Policyholder NRIC 53376279X Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Loading Contact No.(Mobile) 82005663 Contact No./Office) Contact No. (Home) Email Address Special Remark eCede No * KFK - No Yes eCode Reason NCO Protection NCD Entitlement(%) No Private Hire Yes Accident Details Report Date 11/12/2019 13:55 Accident Report Within 24 hrs Yes Accident Type Collision - Head to Rear Date of Accident 11/12/2019 Time of Accident hh:mm 08:20 Country of Accident Singapore Reporting Centre Grange Force ICM No. Accident Location ORCHARD BO B4 NINC HANDY BD Total Excess Applicable Excess Type Ber Accident Windscreen Excess 100.00 OD Standard Excess 2,000.00 TP Standard Excess 1,500.00 YIED OD Excess YIED TP Excess 0.00 Driver is Covered? Covered Additional Excess Total OD Excess Applicable Total TP Excess Applicable 2000.00 1,500.00 ♥ Benefits GST Registered Information GST Registered GST Registration Date GST Registration No. GST Status Verified Yes Modification History 11/12/2019 13:57:04 System changed GST Status Verified from No to Yes Address 1 15 KAKI BUKIT ROAD 4 Address 2 #03-18 BARTLEY BLZ CENTRE Address 3 SINGAPORE 417808 Address Type Singapore address Post Code 417909 Unit No. 03-18 Related Policy Number 5114637245 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name EDDY SENG PEI WEI(EDDY CHE Driver NR10 57837155B Driver DOB 13/12/1978 Register Date of Driver License 01/07/2014 Driver Age Driving Experience 40 Contact No.(Mobile) 96568488 Contact No.(Office) Contact No.(Home) Address 1 BLK 178 #14-226 EDGEFIELD PLAINS Address 3 SINGAPORE 820176 Address 4 Address Type Singapore address Post Code 820178 Unit No. 14-226 Does he own a Singapore Registered car? yes - No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? Any injury? + Yes No 0 mg Modification History Claim 001 New Claim Type * ▼ Insured TZR KARX RENTAL OD-MX Insure NRIC 53376; Contact No. Contact No. (Office) Contact No.(Mobile) 82006663 NIL. Vehicle Email Address SMG9755E SLW93 Name of Preferred Workshop Claim Description SMG9755E / SLW931A ON 11 Dec 2019 Preferred Insured Liability Not at Fault Workshop Bequire No. Finalisation Yes Feport Received Preferred Workshop, Name unk Date Registered Date Received 11/12/. 11/12/2019 13:58 Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment Accident No. MT/1075250 Claim No. Last Doc, Received Ves No Upload Date 11/12/2019 13:59 Path * Category * Confidential Urgency * Choose File No file chosen * Normal * NO Clear Please Select

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Claim Handling(accident reporting Claim Task)

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