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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 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.

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.

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	ACCIDENT STATEMENT
Date Of Report	11/12/2019 14:23
Date Of Accident	11/12/2019 08:30
Exact Location Of Accident	BLK 47 OWEN ROAD OPEN CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	E61Y
Insured/Policyholder	
Name Of Registered Owner	CHWEE HAN SIN
NRIC No	S0158115E
Email Address	CHWEES88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96180023
Alternative Phone No	OTHERS-96180023
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5076468600-03
Cover Note Number	
Driver	

CHWEE HAN SIN Name of Driver S0158115E NRIC No. 26/10/1952 Date Of Birth INDOOR Occupation 17/04/1970 Date Of Driving Pass 49 YEARS AND 7 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-96180023 Mobile Number Fax Number OTHERS-96180023 Contact Number

CHWEES88@GMAIL.COM EMail Address

Address

BLK 112 WHAMPOA ROAD

#07-75

Postcode

321112

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

SIDE SWIPE

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

NO

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)

**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

SJL6228P

Vehicle Make/Model/Colour

AUDI

Details Of Properties

PRIVATE CAR

Vehicle Category 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

- Please report <u>correctly</u> the details of the accident 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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)

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)
  - (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 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;
  - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

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DECL	ADAT	MOL
17561	ARAI	IUIN

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

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

NRIC/FIN No.:

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ACCID	ENT DATE: (11: 12 19 (DD/MM/777), T	TME: (830) (HH:MM)
LOCATI	ON: BIC 47 OWEN' ROLU!	ERM CORPORY
	DETAILS OF VEHICLE  a) VEHICLE NUMBER: E 617 -  b) INSURANCE COMPANY: NTGC  c) POUCY NUMBER: S SOT 64680	605-03
**	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY	/ THIRD PARTY FIRE &THEFT
29	OJMAKE & MODEL! TOURAN VW	MOTOPCYCLE / OTHERS)
· c	g) VEHICLE CATEGORY: (PROATE / COMMERCIAL IN) PURPOSE OF USING AT ACCIDENT TIME: (+C	. / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURA	INCE (YES/NP)
2	INSURED / POLICY HOLDER	quino onari
	A) NAME: CHLICE AMOUNTS	CONTACT: 9618002
	CLADDRESS: 112 whampon lose	
25	· CONTINUE TO 3,d IP DRIVER ALSO POUCY HOL	The state of the s
tho of prissonger		9.
(Including driver)	alhame:	(MALE / FEMALE)
(1)	b NRIC/FIN/PASSPORTI	CONTACTI
	ODATE OF BIRTH: 26, 10, 1450   DOM	MAYYY) : ,
	MINAMIS DEPONING DACE	BU .
4,	WAS DRIVER AN EMPLOYEE OF THE INSURE	DIS COMPANY? (YES YOU)
	IF NO, RELATIONSHIP OF THE DRIVER WITH DIWEATHER CONDITION! (QLEAR / RANNO / O	THERS
WA.	b) ROAD SURFACE! (DRY WET / OTHERS	
	WAS ANYBODY INJURED (YES / HO)	
7.	a) REPORTED TO POUCE (YES (NO)  IF YES, PLEASE STATE WHICH POLICE STATIONU	
8.		Auni
the of passinger	O) VEHICLE NUMBER: 300 077	MODEL! MOL.
(Including driver)	b) DRIVER'S NAME:	CONTACTI
(. <u> </u>	C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	
3605		_MODEL:"
s No of passenger	el DRIVER'S NAME:	1 1
(Induding driver)	1) NRIC/FIN/PASSPORTI	CONTACT:

email = CHWERS & & GMAN.

# Claim Handling

Entitionary	cident MT/1075279						
Services				Vehicle No.	E61Y		GST Registr
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Second State   Content No.		7-10-1 (10-10-10-10-10-10-10-10-10-10-10-10-10-1					Policyholder
Transper Service (1997)	olicyholder Name	CHWEE HAN SIN		2000	DO FASTURA		
## Accident Remark    No   Text	roduct Code	PRIVATE CAR INSURANCE			gnvg PREMIUM		
### Address   Fig. Ves	ontact No.(Mobile)	96180023		Contact No.(Office)			
The Control	mail Address			Special Remark			
March   Marc	CFK .	<ul> <li>No Yes</li> </ul>		TCA	- No Yes		
March   Marc	NCD Protection	No		NCD Entitlement(%)	10		Private Hire
Time of Accident Shimm	Pennyt Date	11/12/2019 15:DB		Accident Report Within 24 hrs	Yes		Accident Ty
Colored Locations   BLK 47 OWEN ROAD OPEN CARPARON   Success   Colored Locations   C				Time of Accident hh:mm	08:30		Country of
No.		11/12/2019		Orange Force			ICM No.
Part			CARRARY	(0) (0) (0) (1)			
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Pare Brendfts  Coverage  C	Jonamed Driver Excess		0,00				
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SST Registration No.  SST Status Verified  Address 1  BLK 112 #07-75  Address 2  WHAMPDA ROAD  Address 8  Post Code  Unit No.  For OI Driver Info  Driver Name  CHWEE HAN SIN  Driver Type  Main Driver  Driver Name  CHOVER Name  Unamed driver Name  Driver Name  Driver Name  Driver Name  Driver Name  Segister Date of Driver License  Unit No.  Driver Name  Address 1  BLK 112 #07-75  Address 2  WHAMPDA ROAD  Address 3  Address 4  Address 2  WHAMPDA ROAD  Address 3  Address 4  Address 4  Address 4  Address 7  Post Code  Address 4  Address 7  Address 8  Address 9  Singapore address  Post Code  Address 8  Post Code  Address 8  Post Code  Address 8  MAMPDA ROAD  Address 9  Singapore address  Post Code  Address 9  WHAMPDA ROAD  Address 9  Singapore address  Post Code  Address 9  WHAMPDA ROAD  Address 9  Singapore address  Post Code  Address 9  WHAMPDA ROAD  Address 9  Singapore address  Post Code  Address 9  WHAMPDA ROAD  Address 9  Singapore address  Post Code  Address 9  WHAMPDA ROAD  Address 9  Singapore address  Post Code  Address 9  WHAMPDA ROAD  Address 9  Singapore address  Post Code  Address 9  WHAMPDA ROAD					GST Registra	tion Date	
### Policyholder Mailing Address ### Address 1		2500			GST Status V	erified	0.3
Address 1 BLK 112 #07-75 Address 2 WHAMPOA ROAD Address 3 Post Code  Wink No. Related Policy Number 5076468000-03 Post Code  Wink No. Priver Info  Driver Name CHWEE HAN SIN Driver Type Main Driver Driver Role 60 Policy Number 10 Policy Number 1							
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Address 1 BLK 112 #07-75 Address 2 WHANPOA ROAD Address 3 Address 3 Address 4 Address 1 Address 1 Post Code  Address 4 Address 1 Related Policy Number 5704-686000-03  Driver Tinfo  Driver Name CHWEE HAN SIN Driver Type Main Driver  Register Date of Driver License 01/01/1970 Driver Age 67 Driver Backers 1 BLK 112 #07-75 Address 2 WHANPOA ROAD Address 3 Address 1 BLK 112 #07-75 Address 3 Address 2 WHANPOA ROAD Address 3 Address 4 Address 5 Post 5 Post 6 Driver License 01/01/1970 Driver Mere 2 Address 5 Post 6 Driver License 01/01/1970 Contact No. (Office) Contact No. (Office) Contact No. (Office) Contact No. (Office) Driver Age 67 Driving Edition Post 6 Driver License 01/01/1970 Address 2 WHANPOA ROAD Address 3 Address 4 Address 5 Post 6 Driver License 01/01/1970 Post 6 Driver Mere 2 Post 6 Driver License 01/01/1970 Address 5 Address 5 Post 6 Driver Vehicle No. Ecity Driver In Register Driver In Post 6 Driver License 01/01/1970 Post 6 Driver Lic	Policyholder Mailing Add	ress					
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Register Date of Driver License 01/01/1970 Contact No. (Mobile) 96180023 Contact No. (Office) Contact No. (Mobile) 96180023 Contact No. (Office) Singapore address 1 BLK 112 #07-75 Address 2 WHAMPOA ROAD Address 1 Address 4 Address Type Singapore address Singapore Registered Car?  Yes = No Driver Vehicle No. E017 Driver In Dr	Unnamed driver Name						Driving Ex
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Declaration  Breathalyser or Blood Test		Yes + No		Driver Vehicle No.	E61Y		Driver Ins
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Attachment

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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 (MALAYSIA)	
MOTOR VEHICLES (TURNS SARE)	

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

Certificate Number: 5076468600-03

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: E61Y

Chassis Number

: WVGZZZ1TZCW116862

2. Name of Policyholder

: CHWEE HAN SIN

3. Effective Date of Insurance

: 01 Feb 2019

4. Expiry Date of Insurance

: 31 Jan 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

- (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) · N/A EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$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** : YES PRIMARY DRIVER : CHWEE HAN SIN NAMED DRIVER (1) : TAY KIM IT NAMED DRIVER (2) : WONG PO CHU

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)

: INCOME-BRANCH SERVICES (00000081333)

Date of Issue Reprint

: 20 Dec 2018 17:52 hrs : 20 Dec 2018 17:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive