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TP Particulars: Veh No: 4280	157	, INC(.)/Non-INC()	·		
Owner / Driver: (Tel:)	
Policy No: () Peri	lod: (.)	Cover Type: (1	
Confirmed by 1 (Datet.	Timer	1000/1	/	
Insured/Driver Liability: (%) [N	lote-Est Status (WC		%; P: 21-79%. P:	30-1004-1		
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1) Apply for Transport Allowance ()/C	ourtesy Car ()					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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.

THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	18/12/2019 15:18
Date Of Accident	18/12/2019 11:45
Exact Location Of Accident	SLIP RD OUTRAM RD TWDS EU TONG SEN ST
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK7877D
Insured/Policyholder	
Name Of Registered Owner	LIM CHA SENG
NRIC No	S0116905Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98299844
Alternative Phone No	OFFICE-98299844
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD 2.4 MOONROOF CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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	5109774660
Cover Note Number	
Driver	
Name of Driver	LIM CHA SENG
NRIC No	S0116905Z
Date Of Birth	13/09/1949
Occupation	INDOOR
Date Of Driving Pass	29/03/1969
Driving Experience	50 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98299844
Fax Number	

OFFICE-98299844

NOEMAIL

Address

BLK 1 QUEEN'S ROAD

#02-189

Postcode

260001

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

7

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

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

ambulance?

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)

1

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

REFER TO STATEMENT.

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

GR8073J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SUBRAMANIAM SHANMUGAN

NRIC/Passport Number

S0093273F

Contact Number

94556060

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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.
- 5. 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) 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 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.
 - (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 Date & Time!

Driver's Signature (If driver is not the policyholder)

Date & Time:

nel's Signature Reporting Centre Perg

Name:

NRIC/FIN No.:

I was to	welling along slip Road of outram Road towards Eu
Tong Sen.	Street.
I sloved	down and come to a complete stop to give
way to or	coming rehicles.
Hovever, ve	hicle (B) did not stop in time and hit my car (A)
nom behing	<i>I.</i>
We alight	ted and exchanged particulars.

DECLARATION

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

Policyholder's Signature

Date & Time

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

Name:

PERSONAL PARTICULARS

	Time of Accident:
ehicle No: SMK 7877D	Vehicle Wake/Model: Toyota Alphaed.
wact Location of Accident: Sip room	of of outran road toward Eu Tong St. road.
Owner's Name/NRIC: Lim cha Sen	ng I/CNO: SOI16905 Z.
Driver's Name/NRIC: Lim cha Sec	ng IC No: S0116905 Z.
Driver's Contact: <u>9829</u> 9844.	Insurance Co & Policy No:
	airs a gmail.com.
Relationship between Owner & Driver: Spr	bouse/Children/Friend/Parents/Others specify:
	The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle of Private Use (Work Purpose)	was being used at time of accident? (Please circle one only)
Weather Condition & Road Condition Clear & Dry / Raining & Wet / After- Occupation Indoor / Outdoor	r-Rain & Wet / Drizzling & Wet
And Injurior3 (NAC of 3 Days or mo	ore, police report is required)
Any injuries: (INIC of a Devs of mo	
	police station? I driver
Yes No if Yes, which po	IL No: Soco 3273 F GD ON 13 T
Yes No If Yes, which po	um sharmugan Vehicle No: GR 80735
The Other Party (Vehicle B) Detail Driver's Name/IC: Subramanian Insurance Company:	um sharmugan Vehicle No: GR 80735
The Other Party (Vehicle B) Detail Driver's Name/IC: Subramania Insurance Company: (If more than 2 vehicles involved	Driver's Contact: 94556060. d, please indicate the other party vehicle numbers below)
The Other Party (Vehicle B) Detail Driver's Name/IC: Subramanian Insurance Company: (If more than 2 vehicles involved Other Vehicle (Vehicle C):	Driver's Contact: 94556060. d, please indicate the other party vehicle numbers below)
The Other Party (Vehicle B) Detail Driver's Name/IC: Subramania Insurance Company: (If more than 2 vehicles involved Other Vehicle (Vehicle C): Independent Vvitness (if Any):	Driver's Contact:
The Other Party (Vehicle B) Detail Driver's Name/IC: Subramanian Insurance Company: (If more than 2 vehicles involved Other Vehicle (Vehicle C): Independent Voitness (if Any):	Driver's Contact: 94556060. d, please indicate the other party vehicle numbers below)



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)

_		Cover : drivo CLASSIC
Ce	rtificate Number: 5109774660	Cover : drive coassic
1.	Index mark and Registration Number of Vehicle	: SMK7877D
	Chassis Number	: JTEGD21H408348268
2.	Name of Policyholder	: LIM CHA SENG
3.	Effective Date of Insurance	: 23 May 2019
4.	Expiry Date of Insurance	: 14 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 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)	: \$\$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	SECTION OF THE PROPERTY OF THE
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHA SENG
NAMED DRIVER (1)	: LIM ZHI HAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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	: ALFA CREDIT PTE LTD (00000613905)	
Date of Issue	: 23 May 2019 15:27 hrs	
	For	١
	7.	
	Month	

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive

eBaoTech										GeneralClaim		
Hello, NAC_BUKIT_MERAH	_800676				A TOTAL PROPERTY.	autosonieru	• Chang	e Languag	e • Chan	ge Password	· Log Out	
My Desktop	Polic	cy Query										
Notice of Loss	Policy N	lo.				Date	e of Accident		18/12/2019	11:45		
	Vehicle	No.(For Motor)	SMK78	377D		Cert	ificate Numb	er				
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5109774660		LIM CHA SENG	S0116905Z	GPC	drivo CLASSIC	SMK7877D	SMK7877D	23/05/2019	14/09/2020	
						Continue						

Policy Information

Sequen	ce Date of Endorsement	Endor	sement Type	Endorsement Status	Endorsement Content
▼ Endor	sements				
▶ Insure	ed Object: SMK7877D				
Jnit No.	02-189	Related Policy Number	5109774660		
Address 4	SINGAPORE 260001	Address Type	Singapore address	Post Code	260001
Address 1	BLK 1 #02-189	Address 2	QUEEN'S ROAD	Address 3	FARRER GARDENS
	holder Mailing Address				
Certificate Info					
Open Policy Info					
Co- Insurance Flag	No				
Agent	ALFA CREDIT PTE LTD	Agent Tel.	62411228	GST Flag	Υ
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Exces
Additional Excess	0	OS Premium	0		
hird Party Excess	0	Own damage Excess	600	Windscreen Excess	100
xcess Type	Per Accident	All Claims Excess			
Policy ssue Date	23/05/2019	Effective Date	23/05/2019 00:00	Expiry Date	14/09/2020 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 1 #02-189 QUEEN'S ROAD	FARRER GARD	ENS SINGAPORE 26000	1	
Certificate No.					
olicy No.	5109774660	Policyholder Name	LIM CHA SENG	Policyholder NRIC	S0116905Z

Continue Cancel

dent HT/1076287 :y No.									
	\$140TH464	Vehicle No.	EASTERN .		GST Registr	writer Rie			
ificate No.	5109774660	venicle no.	5MK7877D		GST Registr	ation no.			
cyholder Name	LIM CHA SENG				Policyholder	NRIC	5011690	52	
fuct Code	PRIVATE CAR INSURANCE	Cover Type	thrive CLASSIC		Loading		g.		
sact No.(Mobile)	96299044	Contact No.(Office)	0		Contact No.	(Home)	0		
ill Address		Special Remark			eCode		No. T		
	No Yes	TCA	- No Yes		eCode Reas	an	1000		
Protection	No	NCD Entitlement(%)	10		Private Hire		No		
Accident Details			0000						
ort Date	18/12/2019 15:32	Accident Report Within 24 hrs	Yes		Accident Ty	00	College	Head to I	Leie
of Accident	18/12/2019	Time of Accident hh:mm							1,500
orting Centre	10012/2019		11/45		Country of a	accidens	Singapori		
	NONE PROPERTY AND PROPERTY AND PARTY	Orange Force			ICM No.				
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Total Excess Applicable									
ss Type	Per Accident	Windscreen Excess		100.00					
entrange (force)		HAD BETTE TO THE TOTAL OF THE							
Standard Excess	600.00	TP Standard Excess		0.00					
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tional Excess	٥								
100 Excess Applicable	600.00	Total TP Excess Applicable		0.00					
Benefits									
GST Registered Informat									
Registered	Plai			tration Date					
Registration No. Scatton History			GST Statu	s verseu		es.			
Policyholder Mailing Add		202.14	es erece a con-		444		pro-	Caller	
ess t	BLK 1 #03-189	Address 2	QUEEN'S ROAD		Address 3			GARDENS	
ess 4	SINGAPORE 260001	Address Type	Singapore address		Post Code		260001		
No.	02-189	Related Policy Number	5109774660						
OI Driver Info									
r Name	LIM CHA SENG	Driver Type	Main Driver						
med driver Name		Driver NRIC	501169052		Orizer DOB		13/09/11	949	
ster Date of Driver License	29/03/1969	Driver Age	70		Driving Exp		50		
ect No.(Mobile)		Contact No.(Office)	0		Contact No.	(Home)	0		
esa 1	BLK 1	Address 2	QUEEN'S ROAD		Address 3		FARRER	GARDENS	
ess a	SINGAPORE 260001	Address Type	Singapore address		Past Cade		240001		
No.	02-189								
he own a Singapore stered car?	Yes + No	Driver Vehicle No.			Driver Insu	rer Company			
uration									
iration									
ethalyser or Blood Test ding? Ification History	0 mg	Any injury?	Yes - No						
ficetion History	0 mg	Any injury?	Yes - No						
ing? Acation History aim 001 <u>New</u>	0 mg	Any injury?	Yes - No	ор-мх	Insured Name	LIM CHA SEVG		Insured NRIC	\$01169952
ing? Acetian History alim 001 New	0 mg	Any injury?	Yes - No		Contact	LIM CHA SEWS		NRIC Contact	\$01164052
fogtion History aim 001 New In Type *	0 mg	Any injury?	Yes - No	OD MX	Contact No. (Horns)	UM OM SENS		NRIC Contact No. (Office)	801169052
fortion History aim 001 New In Type * tact No.(History)	0 mg	Any injury?	Yes - No		Contact No. (Home) OI Vehicle	L19 CH4 SEVG		NRIC Contact No. (Office) TP Vehicle	\$01169052 GRE0731
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footion History aim 001 New In Type * tact No (Hobile)	0 mg	Any injury?	Yes - No		Contact No. (Home) Oil Vehicle Number			NRIC Contact No. (Office) TP Vehicle	GR80731
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fication History	Professed Liability Not at Fault Professed Prefessed Workshop, Name	•		MIL SMK7877D / GR80733 ON 31 18/12/2019 15:35	Contact No. (Horns) Off Vehicle Number 8 Dec 2019 Claim Close			NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date	GR80731
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