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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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

 By the lodgement of this report to the insurers, you hereby consideresaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/12/2019 11:03
Date Of Accident	19/12/2019 16:00
Exact Location Of Accident	JLN EUNOS SLIP RD INTO SIMS AVE E
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ7802A
Insured/Policyholder	
Name Of Registered Owner	KARKOOL LIMOUSINE
Co Reg No	5XXXX768D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90495999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110340125
Cover Note Number	
Driver	
Name of Driver	HO KIN HANG JERFF LUKE
NRIC No	FXXXX401Q
Date Of Birth	16/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-81717338

NOEMAIL

2 FIRST ST, SIGLAP V #04-18 Address

458278 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

NO

NO

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GU5341P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

HO KIN HANG JERFF LUKE Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SLQ7802A

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

Policyholder agrecure

Date & Time:

Driver's Signature

(If driver is not the policyhoider)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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



Driver's Signature (If driver is not the policyholder) Date & Time: Jul -

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDE	NT DATE: 19/							11111111111	MI
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b	JINSURANCE CO	MPANY.		MC					
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Juding driver) a)Ni b)Ni c)AE *d)D #d)D	AME: Ho K RIC/FIN/PASSPOI DDRESS: 2 ATE OF BIRTH: [_ CCUPATION: (INC. ARS OF DRIVING I DRIVER AN EM D, RELATIONSHI ATHER CONDITION AD SURFACE: (DI ANYBODY INJURE ORTED TO POLIC S, PLEASE STATE I PARTY VEHICLE EHICLE NUMBER: RIVER'S NAME: RIC/FIN/PASSPORE	PLOYEE (CLEARY / WET / ED (YES / I) WHICH PO	St St S / UIDOOR) ICE: DF THE IN E DRIVER R / RAININ OTHERS_ NO) DLICE STAT	STALAP ISURED WITH IG / OT	M/YYYY) S'S COM INSURE HERS	PANY?	YES Hire	7 33 (cs) 7 NO) r.	8458
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fax =

VIDEO = No.



~	Certific	cate of Insurance
MOTOR VEHICLES (THIRD PART MOTOR VEHICLES (THIRD PART ROAD TRANSPORT ACT, 1987 (I MOTOR VEHICLES (THIRD PART	Y RISKS AND COMPENS/ MALAYSIA)	ATION) RULES, 1960
Certificate Number: 51103401.	25-000010	Cover : Third Party
1. Index mark and Registration	Number of Vehicle	: SLQ7802A
Chassis Number	The second	: JMYSTCY4AAU002606
2. Name of Policyholder		: KARKOOL LIMOUSINE
3. Effective Date of Insurance		: 21 Oct 2019
4. Expiry Date of Insurance		: 20 Oct 2020
 Persons or Classes of Person (a) The Policyholder. 	is entitled to drive#	. 20 000 2020
(b) Any other person who i	s driving on the Policyho	older's order or with his/her permission.
Provided that the perso the Motor Vehicle or ha enactment or regulation 6. Limitations as to Use#	n driving is permitted in is been so permitted and in in that behalf from driv	accordance with the licensing or other laws or regulations to drive
This Policy does not cover	and predatile purposes a	and an connection with the Policyholder's or Hirer's business.
(a) Use for racing, pace-mail	one, reliability trial or se	and torting
(b) Use for the carriage of g	oods (other than sample	es) in connection with any trade or business.
(c) Use for any purpose in co	onnection with the Mot	or Trade.
# Umitations rendered inc Act (Chapter 189) and Se headings.	perative by Section 8 of ection 95 of the Road Tra	the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)		: N/A
EXCESS (SECTION 2)		: S\$1,500
ADDITIONAL EXCESS		: N/A
UNNAMED DRIVER EXCESS		: N/A
REPAIR AT OWNER'S PREFERRED) WORKSHOP	: NO
INSURE WITH COE		: N/A
NCO PROTECTION		: NO
PRIMARY DRIVER		: N/A
NAMED DRIVER (1)		: N/A
NAMED DRIVER (2)		: N/A
HIRE PURCHASE COMPANY		: N/A
SUM INSURED		: N/A
I/We hereby Certify that the Pol Vehicles (Third Party Risks and C	icy to which this Certific compensation) Act (Chap	ate relates is issued in accordance with the provisions of the Motor oter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
and the second s	NK PTE LTD (000006148	(36)
: 11 Jun 20	19 15:54 hrs	
2-	mf	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	V	, `
Counter signed by:	Authorised Office	Chief Executive



DTAP @ SIGLAP

914 EAST COAST ROAD #01-04

Singapore 459108

Tel: 69622144

Medical Certificate

Date: 19/12/2019

MC No.: MC19120179

This is to cerify that:

Name: HO KIN HANG JERFF LUKE

NRIC: F2310401Q

is medically unfit for 1 days(s) from 20/12/2019 to 20/12/2019

Notes:

DR EDWIN ONG MB ChB (Manchester), GDFM M60388J

Dr. EDWIN ONG

Date: 19/12/2019

MCR No.: M60388J

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Claim Handling

cident MT/1076581					
570,670	2000 0000	Vehicle No.	SLQ7802A	GST Registration No.	
itry No.	5110340125	A production of the second	Sand Address of the Control of the C		
rtificate No.	5110340125-000010			Policyholder NRIC	53359768D
licyholder Name	KARKOOL LIMOUSINE	Cover Type	Third Party	Loading	0
oduct Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	
ntact No.(Mobile)	90495999	Special Remark		eCode	No *
nail Address	a No Yes	TCA	+ No Yes	eCode Reason	
K D Protection	No No	NCD Enriclement(%)	0	Private Hire	No
V Accident Details	and .				
port Date	20/12/2019 14:26	Accident Report Within 241	nrs Yes	Accident Type	Collision - Head to Rear
ste of Accident	19/12/2019	Time of Accident hhome	16:00	Country of Accident	Singapore
porting Centre	10/11/10/3	Orange Force		ICM No.	
ecident Epication	JUNIEUNOS SLIPIRO INTO SE	MS AVE E			
▼ Total Excess Applicable	VARIABLE AND MENT ADMINISTRA				
cess Type	Per Accident	Windscreen Excess	0.00	K)	
Tana Abe	Challe Carrier				
D Standard Excess	ò	0.00 TP Standard Excess	1,500.00		62000090
ED OD Excess	0	0,00 YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess					
tal DD Excess Applicable	0	0.00 Total TP Excess Applicable	1,500.00	1	
▽ Benefits					
	The state of the s		AND SUPERIOR FOR		
ST Registered	No.		GST Registration Date GST Status Ventiled	Yes	
T Registration No.			was added to old		
odification History					
Policyholder Mailing Add	ress				
	BLK 154 #04-392	Address 2	SERANGOON NORTH AVENUE I	Address 3	SINGAPORE 550154
odress 1	DFE T34 &04-385	Address Type	Singapore address	Post Code	550154
odress 4	24 303	Related Policy Number	5111102432		
nit No.	04-392	The second of some of the second	3307.110080		
→ OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver		
river Name nnamed driver Name	HO KIN HANG JERFF LUKE	Driver NRJC	FXXXX401Q	Driver DOB	16/10/1983
egister Date of Driver License	01/01/2000	Driver Age	36	Driving Experience	19
ontact No.(Mobile)	81717338	Contact No.(Office)		Contact No.(Home)	
odress 1	2 FIRST STREET	Address 2	#04-18 SIGLAP V	Address 3	SINGAPORE 458278
cidress 4	5. # 1.01#X 83.19#N	Address Type	Singapore address	Post Code	458278
Init No.	04-18				
Does he own a Singapore	Yes + No	Driver Vehicle No.		Driver Insurer Company	()
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	r"
does he own a Singapore Registered car? Declaration	Yes = No	Driver Vehicle No.		Driver Insurer Company	/*·
Registered car?	Yes » No 0 mg	Oriver Vehicle No. Any injury?	∗ Yes ○ No	Driver Insurer Company	n
Registered car? Declaration Breathelyser or Blood Test		270.50 PM (1700-34.00.50 PM)	« Yes No	Driver Insurer Company	r
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Claim Handling(accident reporting Claim Task)

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