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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.
- 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.

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ACC	DEN	1 514	A I E N	IENI

 Date Of Report
 20/12/2019 12:01

 Date Of Accident
 19/12/2019 22:30

Exact Location Of Accident WOODLANDS CROSSING TWDS SINGAPORE CUSTOM

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML3190Y

Insured/Policyholder

Name Of Registered Owner CHONG SENG KIT

NRIC No SXXXX617Z

Email Address VINCENTCHONGSK@YAHOO.COM

 Mobile Phone No
 (LOCAL) +65-98512475

 Alternative Phone No
 OTHERS-98512475

Vehicle Particulars

Manufacturer MAZDA Model MAZDA 3

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?

10

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 5109920162

Cover Note Number

Driver

 Name of Driver
 CHONG SENG KIT

 NRIC No
 SXXXX617Z

 Date Of Birth
 24/11/1975

 Occupation
 OUTDOOR

Occupation OUTDOOR
Date Of Driving Pass 22/04/1996

Driving Experience 23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98512475

Fax Number

Contact Number OTHERS-98512475

EMail Address VINCENTCHONGSK@YAHOO.COM

BLK 623 BEDOK RESERVOIR RD

#12-1538

Postcode 470623

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

Address

....

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident SIDE SWIPE
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

NO

ambulance?
Was any other material or property damaged?

...

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: MOTHER-IN-LAW

GENDER: : FEMALE

Passenger 2

NAME:

: NIKOLIA

GENDER:

: FEMALE

Passenger 3

NAME:

: JANEN ELLEN

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

PLS REFER TO THE ATTACHED 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 SJN7137B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM PANG SENG
NRIC/Passport Number SXXXX614Z

Page 2 of 21

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.
- 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:
 - (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	1111	
A - SML 319 B - SSN 713	713	CROSSING TWOS SINGAPORE CUSTOM
DESCRIBE CIRCUMSTANCES OF THI	E ACCIDENT	
	the attached.	statement.
DECLARATION		
I/We declare the foregoing particulars a	re true in every respect.	Reporting Centre Personnel's Signature
Policyfolder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

I WAS TRAVELLING FROM WOODLANDS CROSSING TWDS SINGAPORE CUSTOM.SUDDENLY VEH B FROM MY RIGHT CUT INTO MY LANE AND COLLIDED ONTO MY VEH.

ACCIDENT STATEMENT

	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SML 3190	4
	BINSURANCE COMPANY: NFUC	
	c)POLICY NUMBER:	
	d)POLICY TYPE: COMPREHENSIVE AH	UPD PARTY / THIRD PARTY FIRE &THEFT
	e)MAKE & MODEL: MAZDA	S
	f)TYPE:(SALOON / COUPE / MPV /VAN	/ LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY ([PRIVATE) / CON	MMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TH	ME: PRIVATE USE
	I) ARE YOU CLAIMING UNDER YOUR OV	WN INSURANCE (YES/NO)
	IF NO, PLEASE STATE THIRD PARTY CL	AIM REPORTING ONLY
(4)	2. INSURED / POLICY HOLDER	
	A)NAME: CHONG SEML KIT	(MALE) FEMALE)
NUMBER OF	b)NRIC/FIN/PASSPORT: P75356/	2 CONTACT: 98512475
PACSANGER	c)ADDRESS:	
INCLUDING DEWARL		
mother in law (F	* CONTINUE TO 3.d IF DRIVER ALSO PC	DLICY HOLDER
		(MALE / FEMALE)
NIKOLIA (F)	a)NAME: b)NRIC/FIN/PASSPORT:	
anen ellen (F	c) ADDRESS:	
- /	CJADDRESS	
	*d)DATE OF BIRTH: (//)(DD/MM/YYYY)
	eloccupation: (INDOOR (OUTDOO	ORL)
	FIDATE OF DRIVING PAGE : 2	2/04/19
	4 WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / (NU)
	IF NO, RELATIONSHIP OF THE DRIV	ER WITH INSURED:
	5. a) WEATHER CONDITION: (CLEAR) RA	
	bIROAD SURFACE: DRY WET / OTHE	
	6. WAS ANYBODY INJURED (YES / NOT)	9
	7. a) REPORTED TO POLICE (YES NO	STATION:
	8. THIRD PARTY VEHICLE	STATION.
()	a) VEHICLE NUMBER SJN 7/37	7BMODEL:
	EL DONEDICKIANE, LIAN PANIC	SENI
MINNERS OF	C) NRIC/FIN/PASSPORT: S2179	6/47 CONTACT: 98578223
PASSAWGER-	9. THIRD PARTY VEHICLE	* 1
INCTRIONARY DEMAN	d) VEHICLE NUMBER:	MODEL:
()	e) DRIVER'S NAME:	
NUMBER OF	f) NRIC/FIN/PASSPORT:	CONTACT:
PRESENT GALL		
DICLUDING DICHUIGH		

1) EMAIL:



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: 5109920162

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

: SML3190Y

: JM6BM44A8E0133666

2. Name of Policyholder

: CHONG SENG KIT

3. Effective Date of Insurance

: 30 May 2019

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

: 13 Jul 2020

(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) : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : PLEASE REFER OVERLEAF : NO : YES

INSURE WITH COE NCD PROTECTION

: YES (FREE) : NO

TRANSPORT ALLOWANCE **EXCESS WAIVER**

: NO

PRIMARY DRIVER

: CHONG SENG KIT

NAMED DRIVER (1) NAMED DRIVER (2) : N/A : N/A

: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

HIRE PURCHASE COMPANY 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

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue : 30 May 2019 10:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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cation History										
Policyholder Mailing Ad	ddress									
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na 4	400 000 000 0000	Address Type	Engapore address		Post Code		47967	3		
10.		Related Policy Number	5109920162							
OI Driver Info										
Name	CHONG SENG KIT	Driver Type	Main Driver							
ned driver Name	1	Driver NRIC	97535617Z		Driver DOS		24/11	/1975		
ter Date of Driver License		Driver Age	44		Driving Exp	perience	23			
ct No.(Mobile)	(35,605,000)	Contact No (Office)			Contact No	i.(Home)				
es t		Address 2	BEDOK RESERVOIR	ROAD	Address 3		SING	APORE 47062	1	
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tact No.(Mobile)				98512475	(Home)	00490101		(Office)		
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12/20/2019	Claim Handling(accident reporting	Claim Task	001 OD-MX)

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