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TP Particulars: Veh No: SMD 3000 E	. INC(,)/Non-INC().	
Owner/Driver: (Tel:	
Policy No: () Period: (Cover Type: (
Confirmed by : (Dater.	Times	inosci
Insured/Driver Liability: (%) [Note-Est. Sintus (Charles and Table 19 ment between	; P: 21-79%. P: 80	-10074]
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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 wilholding 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	26/12/2019 14:48
Date Of Accident	24/12/2019 09:40
Exact Location Of Accident	ALONG BARTLEY ROAD TOWARDS LORNIE ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP7689D
Insured/Policyholder	
Name Of Registered Owner	TIAN TIAN FISHERMAN'S PIER SEAFOOD RESTAURANT PTE.
Co Reg No	1XXXXX891D
Email Address	XIAOCHONG008989@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93824356
Alternative Phone No	OFFICE-93824356
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD-2.5 (A)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113067445
Cover Note Number	
Driver	
Name of Driver	HONG YAN
NRIC No	SXXXX574D
Date Of Birth	22/11/1983
Occupation	INDOOR

12/10/2017 Date Of Driving Pass

2 YEARS AND 2 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-93824356 Mobile Number

Fax Number

OTHERS-93824356 Contact Number

XIAOCHONG008989@GMAIL.COM EMail Address

Address

5 LORONG HOW SUN

#04-24

Postcode

536562

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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)

2

involved in the accident

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

DAUGHTER

GENDER:

: FEMALE

Passenger 2

NAME:

DAUGHTER

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

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

SMD3000E

Vehicle Make/Model/Colour

VOLKSWAGEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOW JU HWE SXXXX150E

NRIC/Passport Number

83225132

Contact Number

Address Postcode

Page 2 of 18

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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 policyhalder)

Date & Time: 26 / 12 / 2019

orting Centre P

Name:

NRIC/FIN No.

SKETCH PLAN	BARTURY	CARO	NOWARDS	Corne	POAD
	mp 76891D SMD 3000 E				
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DECLARATION

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

Date & Time NA

Driver's Signature

(If driver is not the policyholder)
Date & Time: 26/12/2019

12:49 PM

Name: NRIC/FIN No.:

. AGCIDENT STATEMENT

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Loca	Trong Dagate 7	(TITT), TIME (OT: TU) (HH:MM)	
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15	DETAILS OF VEHICLE		
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	DINSURANCE COMPANY: INCOME	1/2	
	CIPOLICY NUMBER: 5 11306744	IF.	
	d) POLICY TYPE COURSE HELIEUR	F)	
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	"d) DATE OF BIRTH: (22/ 11 / 1983)	(DD/MM/YYYM)	
	e)OCCUPATION: UNDOOR OUTDOOR		
d	DATE OF DRIVING PASS 12/0	2 201/	171
5271	WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YESY NO)	1
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6,	WAS ANYBODY INJURED LYES KNOT		4
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6	IF YES, PLEASE STATE WHICH POLICE STAT	rion:	
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email = xiaochong 008989 @ gmail.com

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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 (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113067445

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

2. Name of Policyholder

: AGH300200731

3. Effective Date of Insurance

: TIAN TIAN FISHERMAN'S PIER SEAFOOD RESTAURANT PTE. LTD.

16 Oct 2019

4. Expiry Date of Insurance

15 Oct 2020

Persons or Classes of Persons entitled to drivet

(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 EXCESS (SECTION 1)

: 55600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 55100 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) : HONG YAN NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY I 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)

Agency

: VINCAR PTE LTD (00000614250)

Date of Issue

: 15 Oct 2019 10:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive