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Owner/Driver: (1+300		Tel:	• • • •)	
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1) Apply for Transport Allowance ()/Cou	rtesy Car ()		.		
2) QC Check / Post Repair Inspection	(·)			<u>'</u>	,	
3) Upload Resurvey Photo [Repair Cost> \$300	0] (•		<u></u>	
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- 2/2;		Involce dated	r	es Charged	STATE OF LABOR.	V

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.
- 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

计算机工程的信息 计图 2000年	ACCIDENT STATEMENT
Date Of Report	02/01/2020 18:40
Date Of Accident	31/12/2019 14:35
Exact Location Of Accident	ANG MO KIO PARK (MCDONALD CARPARK) STREET 12
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR7188H
Insured/Policyholder	
Name Of Registered Owner	LAU BOON THIAM
NRIC No	SXXXX871E
Email Address	LBTANTHONY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91016366
Alternative Phone No	OTHERS-91016366
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114572105
Cover Note Number	
Driver	
Name of Driver	LAU BOON THIAM
NRIC No	SXXXX871E
Date Of Birth	20/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1984
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91016366
Fax Number	

OTHERS-91016366

LBTANTHONY@YAHOO.COM.SG

Address

BLK 845 WOODLANDS STREET 82

#03-135

Postcode

730845

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

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)

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

SKT8452R

Vehicle Make/Model/Colour

KIA FORTE K3

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHAI KIM CHONG

SXXXX596D

NRIC/Passport Number Contact Number

83611091

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 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 insurers) 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's Signature

Date 2 Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Sign

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TO SAID CARCOLOGY THE ACCIDENT
MC Donald's pure @
Mang mo kin punc.
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(mg Mo KD St.12)
31/12/2019 3.35pm
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Romanks Sea Sir Mans 18784
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from left go to exit. Out of Sudden the GV-NO SKT8452R
and but the an side dow. My aw front damage and!
the third purty our damage at the side door. Thank you
DECLARATION tov your kind investigation for the claim.
/We declare the foregoing particulars are true in every respect.
1 Jourse
my 00/01/2000
olicyholder's Signature Driver's Signature Reporting Centre Personnel's Signature
Date & Time: 1 1 2010 (If driver is not the policyholder) Name:
Date & Time: NRIC/FIN No.:

. AGCIDENT STATEMENT

ĄC	CIDENT DATE: 31 .12 2:019 (DOMMAYON), TIME: () 3.5 pm (HHMM)
	CATION: Any MO KID PUNK CONC DONALD'S CANDONK
	OF VEHICLE (Mg MOKIO ST 12) OF VEHICLE NUMBER: STR 7188H DINSURANCE COMPANY: N746 CIPOLICY NUMBER: 5114572105
#0 08	CIPOLICY HUMBER: 51145 70105 DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT) DIMAKE & MODEL: HIVNDA AVANTE ()TYPE: (SALDON) COUPE / MPV (VAN / LORRY / MOTORCYCLE, / OTHERS)
9	IN) PURPOSE OF USING AT ACCIDENT TIME: (CRAB)
*	IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) 2. INSURED / POLICY HOLDER AINAME: LAU BOON THIMM (MALE) FEMALE DINRIC/FIN/PASSPORT: S/6/X87//E CONTACT: 9/0/6366 C) ADDRESS: AK & 15, WODDLANDS S7.
HHO of passange Conducting division	+ DO - 185 S (730845). CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
	O) DATE OF BIRTH: (30 64 / 1962) (DD/MM/YYYY) B) OCCUPATION: (INDOOR / OUTDOOR) 1) DITE OF DRIVING PASS 16/01/1984 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO))
•	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! DIWEATHER CONDITION (CLEAR) RAINING / OTHERS DIROAD SURFACE: (DRY) WET / OTHERS
	WAS ANYBODY INJURED IYES (NO)) O) REPORTED TO POUCE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION.
the of passence of Charleston of Charleston of the Charleston of the Charleston of the Carleston of the Carl	THIRD PARTY VEHICLE SKT 8452 R MODEL KIA (FORTE K3) O) VEHICLE NUMBER: SKT 8452 R MODEL KIA (FORTE K3) O) DRIVER'S NAME: SHALL KIM CHONG O) NRIC/FIN/PASSPORT: 3/3 95596/D CONTACT: \$36/109/ O) THIRD PARTY VEHICLE
K No of passung Clarky	d) VEHICLE NUMBER: MODEL! "
	and the state of t

email: Istarthony@ yahoo.com.29

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ccident MY/1079333		tratagle for			CET Taxable Day			
Herr Na. Sytthose No.	8114372105	Vehicle fiv.	SINTLEAN		GST Registration No.			
Sicyhaleier Neme	LAU BOON THEAH				PHECHINIA THEIC	919198732		
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F Accident Details								
Report Date	00/01/2020 10:19	Accident Report Within 24 bry	Tex		Accident Type	Size Swpt		
Take of Accident	21/12/2019	Time of Accident tiltum.	34.26		Country of Assident	Singapore		
Liquiding Centre		Drange Funos			1074 No.			
Accident Liscation	AND WO KIS HARK INCOORAGE CARPAIN'S STREET	12						
Total Excess Applicable								
types Type	Per Accident	Windspeen Excess		1011.000				
00 Standard Excess	2,600.00	TP Standard Excess		1,500.00				
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iST Registered	Peli			nation Date				
IST Registration No. Notification History			GST Status	. Viertheat	Yes			
* Folicyholder Mailing Ad	draxe							
Address 1	BUK BAS ASS-135	Admess 2	WDOOLANDS STIE	ET BL	Address 1	SENSAHOAE 73084		
Address #		Address Type	Singapore address		Fort Colle	730945		
Lind Ass.	85-125	Related Policy Number	\$114372100					
♥ DI Driver Isfa								
Driver Name	LAU BOOM THIAM	Driver Type	Hain Driver					
Dreamed driver Name		Erivet NESC	815104716		Defined DIDE	50/84/X445		
Register Data of Driver Upense	16/01/1984	Driver Age	53		Driving traperience	35		
Certiect No (Phiblie)	91010386	Centart No (Office)			Contact No (Horne)			
Address I	BLN 845 #03-135	Address 2	WOODLANDS STRE		Address 3	SINGAPORE 73084		
Address #		Address Type	Singspore address		Fast Code	730841		
Linia No.	03-135							
Doss he own a Singapore Registered car?	Yes a No.	Driver Ushicle No.	SJE7188H		Driver Insurer Company	30700		
Declaration								
prestratives or Blood Test	0.00	Any injury?	Yes : 1 Ms					
Claim 901 Near								
Oam Type +				00-Hts	Insured EAU GOON THIAM	20 expert	555100716	
Carriad Reghoods				B1016369	Oylladi Ns. (Pome)	Contact No. (Difficial)	15	
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	\$ (BEX21 MENAH)) on 03 346 2020 E0:29	PERSON-		n. marco le	11-100 4000,310			1778
NAC.	BURST_HERAH_8006781 NATIONAL ASSESSMENT CENT 6 (BURST HERAH) on 03 3m 2020 10 20	RESORVED PROTES		Normal	Printes 2029-1-3			gait

	Application By/Clate	Fabler Date		TEN Frame		?	Sturie	Action
Video List								
993	NAC BURTT MEMAH BODGTSI N S (BURTT MEMA)	ATTIONAL ASSESSMENT CONTRESERVICE (1) no 03 Jan 2020 10:24	SAS	Nam	mail	545.303	0-1-3	u
10.0	NAC BURST MERAN BOUSTO(N 5 (BURST MONAN	ATICINAL ASSESSMENT CONTRE SERVICE (D ex 03 Jan 2020 10:24	NASC/ Cirtuing License	The Same		ARIC Driving Lio	erise 3000-1-3	te
100	NAC_BUKIT_PERAH_BOOK76(N S (BUKIT PERAM	A730NAL ASSESSMENT CONTRE SERVICE 4(3 on 03 Sex 3020 10 34	Printers	Other	roal	Phones 20	20-1-1	
	NAC_BURIT_PRESH_SCIGFG N S IBURIT MORA	WT/QNAL ASSESSMENT CENTRE SERVICE (I) on 03 Jan 2020 18:24	Protes	hor		Plants 25		6
	WAZ_BURIT_MERAH_SUJE751 N S IBURIT MERAH	ATIONAL ASSESSMENT CONTRE SERVICE (I)) of 0.5 per 2025 15:24	Photos	Ne	ref.;	Photos 30	20-1-3	
3	RAC_BURIT_MERAH_800676; N S (BURIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE ()) on 03-3an 2020 (0:34	SAS	Water	nd .	SAS 3030-1-3		3
7	MAC_BUKIT_MINAH_BUIGF6(N 3 (BUKIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE (1) or 03 Jan 2026 19:29	Photos	Nov	roat	Photom 3020-1-5		
190	WAC_BLRIT_MERAH_ROSE/FALN S (BLRIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 03 Jan 2030 (8:29	Phinos	New	mat	France 2020-1-3		
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	NAC_BLRIT_MERAH_BOOG76(N S (BLRIT MERA)	ATTOMAL ADDRESSMENT CENTRE SERVICE (1) on 07 Jun 2020 10:28	Manage.	Pean		Photos 2020-1-3		51
O Pale	NAT_BUNTT_HEARH_EDOCTOL N S (BORTT MERA)	ATTOMAL ASSESSMENT CENTRE SERVICE NO; ON 03 Jan 2020 50:29	Motor	Short	mat	Photos 29	20-1-3	3
1	RAC_BUIT_MERAH_BOOGTG(N S (BURTT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE (1) IN RT Ian 2020 10:29	Photos	PADE		Photics 20	28-1-5	10
0	NAC_BURIT_MERAH_B30676(N 5 (BURIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE HI) an R3 Jan 2020 20:29	Photos	7904	mal	Photos 2120-1-1		9
-				21	eporting Claim			



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) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5114572105

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJR7188H

Chassis Number.

: KMHDU41BR9U772064

2. Name of Policyholder

: LAU BOON THIAM

3. Effective Date of Insurance

: 02 Dec 2019

4. Expiry Date of Insurance

: 01 Dec 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 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) : \$\$2,000 EXCESS (SECTION 2) : SS1,500 WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP

: PLEASE REFER OVERLEAF * NO : YES : NO : NO

NCD PROTECTION TRANSPORT ALLOWANCE **EXCESS WAIVER**

: NO

PRIMARY DRIVER

INSURE WITH COE

: LAU BOON THIAM

NAMED DRIVER (1) NAMED DRIVER (2)

: N/A : N/A

HIRE PURCHASE COMPANY

: GUNONG DIATI CREDIT CO. PTE, LTD.

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

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

: 02 Dec 2019 15:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive