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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 G/A Records Management Centre established by the General Insurance Association of Singapore (G/A) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

<ol> <li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
the deposite that we have been	ACCIDENT STATEMENT
Date Of Report	06/01/2020 09:40
Date Of Accident	03/01/2020 11:30
Exact Location Of Accident	ALONG TUAS BASIN LINK
Country/State of Loss	SINGAPORE
<b>在长型的工作。</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GU6737A
Insured/Policyholder	
Name Of Registered Owner	COLOURXPRESS PRINTING PTE LTD
Co Reg No	2XXXXX484K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90985454
Alternative Phone No	OFFICE-62762822
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Please state action to be taken	THIRD PARTY

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

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

NO:

Policy Number

5062578460-06

Cover Note Number

Driver

Name of Driver TIYU KIM HUAT NRIC No SXXXX167A Date Of Birth 11/01/1946 Occupation OUTDOOR Date Of Driving Pass 20/08/1970

Driving Experience 49 YEARS AND 4 MONTHS

Gender

Mobile Number

MALE (LOCAL) +65-90985454

Fax Number

OFFICE-62762822

Contact Number EMail Address

NOEMAIL

Address

BLK 63 TELOK BLANGAH HEIGHTS

#04-217

Postcode

100063

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

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

565

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

0.000

ambulance?

NO

Was any other material or property damaged?

NO

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

YES

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

ON THE 03-01-2020 AT ABOUT 11:30HRS I WAS AT TUAS BASIN LINK AND WANTED TO TURN INTO 18 TUAS BASIN LINK , BEFORE REACHING I TRAVEL SLOWLY AND SIGNAL RIGHT BEFORE I COULD TURN A LORRY XD1060P BANG INTO MY RIGHT SIDE OF MY VAN. THE LORRY WAS SO CLOSE AND COULD NOT STOP ON TIME.

#### 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

XD1060P

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)

### 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.
- 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:

Reporting Centre Person

Name:

NRIC/FIN No .:

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holder's Signature d	Driver's Signature Reporti (If driver is not the policyholder) Name	og Centre Personnel's Signature

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# . ACCIDENT STATEMENT

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	4,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YESY N	0)
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- 9		WAS ANYBODY INJURED (YES NO)	
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Dogsay in face planting. State and upleating.



	Certifi	icate of Insurance
MOTOR VEHICLES (THIS ROAD TRANSPORT ACT	RD PARTY RISKS AND COMPENS RD PARTY RISKS AND COMPENS (, 1987 (MALAYSIA) RD PARTY RISKS) RULES, 1959 (I	SATION) RULES, 1960
Certificate Number : 5	062578460-06	Cover : Third Party, Fire & Theft
	istration Number of Vehicle	
Chassis Number	paration runner of vehicle	: GU6737A
Name of Policyhold		: TBA
Effective Date of Ins	127	: COLOURXPRESS PRINTING PTE LTD
Expiry Date of Insur	10.00.00.00.00	: 11 Nov 2019
	ance of Persons entitled to drive#	: 10 Nov 2020
(a) The Policyholde		
		STREET AND STREET STREET STREET STREET STREET
(b) Any other perso	on who is driving on the Policyh	holder's order or with his/her permission. in accordance with the licensing or other laws or regulations to drive
enactment or re 6. Limitations as to Use (a) Use for social di	cre or has been so permitted ar egulation in that behalf from dr e# omestic and pleasure purposes	nd is not disqualified by order of a Court of Law or by reason of any riving the Motor Vehicle.  s and in connection with the Policyholder's business or profession
<ul><li>(b) Use for the carr</li></ul>	iage of passengers or goods in	connection with the Policyholder's business.
This Policy does not cov		
(a) Use for hire or r	reward.	
(b) Use for racing, r	pace-making, reliability trial or	speed-testing
(c) Use whilst draw	ing a trailer except the towing	of any one disabled mechanically propelled vehicle.
		The state of the charactery properties vehicle.
# Limitations rend Act (Chapter 18 headings.	dered inoperative by Section 8- 9) and Section 95 of the Road 1	of the Motor Vehicle (Third Party Risks and Compensation) Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	‡ N/A	
EXCESS (SECTION 2)	± N/A	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPA		ELTD
SUM INSURED		ALUE OF INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify tha		icate relates is issued in accordance with the provisions of the Motor
Vehicles (Third Party Ris	ks and Compensation) Act (Cha	apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency	HO KOK SWAN ANGELINE	CHRISTINA (00000586386)
Date of Issue	: 31 Oct 2019 13:25 hrs	
Reprint	: 31 Oct 2019 13:26 hrs	
	Zonal	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer	Chief Executive