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Preferred Wksp / INC Assign Wksp / QW: (Tel:	1	Fax:	
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Owner / Driver: (Tel:	-)	
Policy No: () Perio	od: ()	Cover Type	e: ()	
Confirmed by : (Date:	T	me:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (Wo	O): N: 0-20	%; P: 21-7	9%. P: 80-	100%]	
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General Remarks					Con 1	
() Walk-In Customer: Customer's inform	nation strictly Confi	idential & Stri	ctly NO refe	r of repairer.		100000
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.
- 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

Mariantan	ACCIDENT STATEMENT
Date Of Report	06/01/2020 12:04
Date Of Accident	06/01/2020 00:10
Exact Location Of Accident	PIE TWDS TOH TUCK AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW1490K
Insured/Policyholder	
Name Of Registered Owner	SHENA NG YEN NEE
NRIC No	SXXXX278A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98575597
Alternative Phone No	OFFICE-98575597
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104383945-01
Cover Note Number	
Driver	
Name of Driver	CHLOE CHAN LI LIN
NRIC No	SXXXX750Z
Date Of Birth	09/08/1992
Occupation	INDOOR
Date Of Driving Pass	15/02/2011

8 YEARS AND 10 MONTHS

(LOCAL) +65-98575597

OFFICE-98575597

FEMALE

NOEMAIL

Address

54C TOH TUCK ROAD #01-02 SIGNATURE PARK

Postcode

596745

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

ambulance?

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?

YES

was any body injured in the Accident.

ES

Was any injured conveyed to hospital by

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)

1

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

REFER TO 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

SHD3373M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

CHLOE CHAN LI LIN

Page 2 of 14

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SKW1490K

YES

NO

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 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's Signature Date & Time:

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

NIDIC/EIN

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Name:

Tuch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While	waiting	· for	the	Main	Mac	1 10	be cle	α/,
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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personna's Signature

Name: NRIC/FIN No.:

Personal Particulars Date of Accident: 5 1 20 Joh Tuck Ave Time of Accident: 12-10 GM Exact Location of Accident: PIE exit &th Boton East ACB Owner's Name: Shora Ng Yer Nee NRICNO: SG911278 AMP NO: Driver's Name: Chor Chan Li Lin NRIC No: 59227750249 No: 98575597 Date of Birth: 9 8 1992 Driving Licence Passing Date: 152 2011 Occupation: Infor / Outdoor Address: 540 Toh Tuck Rd Signature Park #01-12 (596745) Relationship of Driver with Insured: Daug Y Kemail Address: Vehicle No: 5KW 1490K Make & Model: Honda Insurance Co: NTac Coverage: Con nathous a Policy No: *Purpose of Reporting? Gwn Damage Claim / 3rd Path Claim / Not Claiming, Just Reporting Only *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work *Weather Condition? Chear / Raining / Others: Wet / Ony / Others: * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax: "Was Anybody Injured ? (Yes / No) If ves. Name/NRIC/In Vehicle: Chloo Cha Ci La Mack of back *Was The Accident Reported To The Police ? No O Yes, Which Police Station? *Does the Driver Own Any Other Vehicle? No O Yes, Vehicle Registration No:______ Insurer: _____ *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____ *Was there any video captured by Car Camera? (Yes/No) Third Party Driver's Particulars Vahicle B No: SHD 3373 M Make & Model: Driver's Name: NRIC No: _____ HP No: ____ Vehicle C No: Make & Model: Driver's Name: ______NRIC No: ______HP No: ____ Witness Particulars NRIC No: _____ HP No: ____

. July 25-12.

Name:



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)

Cover : drivo CLASSIC Certificate Number: 5104383945-01

Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

: SKW1490K

: 20 Oct 2019

: 19 Oct 2020

: JHMGK5850GX200420

: SHENA NG YEN NEE

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 headings.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : 55100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER

: SHENA NG YEN NEE PRIMARY DRIVER

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

: KENSO LEASING PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: 5 & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 08 Oct 2019 15:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

eBaoTech					Genera					alClaim	
Hello, NAC_PAYA_UBI_80	0601				Name and Post Of the Owner, where the Post Of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which	· Chang	ge Languag	e · Chan	ge Password	· Log Out	
My Desktop	Policy Query										
Notice of Loss	Policy No.			Date of Accident 06/01/2020 12:10			12:10				
	Vehicle No.(For	Motor) [5	SKW1490K		Certificate Number		Ď.				
					Search						
	Select Policy	No. Certific		Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 510438		SHENA NG YEN NEE	S6911278A	GPC	drivo CLASSIC	5KW1490#	SKW1490K	20/10/2019	19/10/2020	
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