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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.
- 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.

- 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 iodgement 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.

	ACCIDENT STATEMENT
Date Of Report	09/01/2020 12:50
Date Of Accident	28/12/2019 10:00
Exact Location Of Accident	65 CAIRNHILL ROAD (229721)
Country/State of Loss	SINGAPORE
AND THE PROPERTY OF DESIGNATION OF D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX653Y
Insured/Policyholder	
Name Of Registered Owner	AUTO IMPERIAL CARS PTE LTD
Co Reg No	2XXXXX106W
Email Address	JAMESLIM3389@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96388888
Alternative Phone No	OFFICE-96388888
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLE400-3.0 4MATIC (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	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	5089515350-02
Cover Note Number	
Driver	
Name of Driver	SIA HOCK KIAN
NRIC No.	SXXXX073J

 Name of Driver
 SIA HOCK KIA

 NRIC No
 SXXXX073J

 Date Of Birth
 28/11/1958

 Occupation
 INDOOR

 Date Of Driving Pass
 11/12/2004

Driving Experience 15 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96388888

Fax Number

Contact Number OTHERS-96388888

EMail Address JAMESLIM3389@GMAIL.COM

Address

BLK 1 KIM SENG WALK

#16-09

Postcode

239403

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

9

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

1

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?

NO.

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

NO

Number of Passengers (Including Driver)

3

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 STATEMENT AND PHOTO (NO PHOTO TAKEN DRIVER COME ON BEHALF OF BOSS TO SUBMIT DOCS)

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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.
- 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.
- 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 Driver's Signature

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

Date & Time:

Reporting Centre P

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 December 2019, at 10.00 am, I came to 65 Cainfull Road
See9721. while we main gate was half way open, I drove the can is. The left rear view minor dragged the gate and
can is. The left rear view minon dragged the gate and
The can just had a minor scratch on the left rear
The can just had a minor scratch on the left rear
view minion severally.
Phat's all I have to vay.

DECLARATION

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

Policyhold

Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's/Signature
Name:
NRIC/FIN No.:



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. ACCIDENT STATEMENT

ACCI	DENT DATE (20 /8 2010) (DD)	MM/11/1, TIME: (OO)(HH:MM)
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	d) POLICY TYPE: (COMPREHENSIVE / D) MAKE & MODEL: COUPE / MPV / VA D) VEHICLE CATEGORY: (PRIVATE / CO In) PURPOSE OF USING AT ACCIDENT	AN / LORRY / MOTORCYCL OMMERCIAL / MOTORCYC TIME: THE PARTY	DATE AUTO E. OTHERS) CLED CLED REPORTING
2.,	I) ARE YOU CLAIMING UNDER YOUR OF NO. PLEASE STATE ITHIRD PARTY OF INSURED / POLICY HOLDER A) NAME: YOKAMPO KARISADINGIC/FIN/PASSPORT: J 93703	A ANNE MALE	E (FENALE)
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ë he of passenger Chicading deleta)	IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE O) VEHICLE NUMBER: O) DRIVER'S NAME:	9MODEL	103-01-14
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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: 5089515350-02

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SLX653Y

Chassis Number

: WDC2923562A073643

2. Name of Policyholder

: AUTO IMPERIAL CARS PTE LTD

3. Effective Date of Insurance

: 14 Feb 2019

4. Expiry Date of Insurance

: 13 Feb 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

EXCESS (SECTION 1)

- (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.

: \$\$2,000

EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** · NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : SINGAPURA FINANCE 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)

: N/A

Agency

ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue

: 15 Feb 2019 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Register New Vehicle (Acknowledgement)

Vehicle Particulars	Ve	hic	le P	art	icul	lars
---------------------	----	-----	------	-----	------	------

Vehicle No.:

SLX653Y

Vehicle Type:

P10 - Passenger Motor Car

Vehicle Scheme:

Normal

Vehicle

Attachment 1:

With Sun Roof

Vehicle

Attachment 2:

Vehicle

Attachment 3: Vehicle Model:

GLE400 4MATIC AUTO

Vehicle Make: Chassis No.:

MERCEDES BENZ

Engine No.:

27682130571954

Motor No.:

WDC2923562A073643

Trailer Chassis No.:

Propellant:

Petrol

Passenger

4

Engine Capacity:

2996 cc

Capacity:

Power Rating:

Maximum Power

Output:

245.0 kW (328 bhp)

Unladen Weight:

2185 kg

Maximum Laden Weight:

2850 kg

Primary Colour:

White

Secondary Colour:

Beige

First Registration

Date:

14 Mar 2018

Original Registration Date:

14 Mar 2018

Manufacturing

Year:

Open Market

Value:

\$74,179.00

PARF Eligibility:

Yes

2017

Minimum PARF

Benefit:

\$52,761.00

No. of Transfers:

0

Additional Registration Fee

Rate:

First \$20,000.00 (100%), next \$30,000.00 (140%), next \$24,179.00 (180%)

Actual ARF Paid:

\$105,523.00

Owner Particulars

Owner Name:

LIM WEE LI

Owner ID Type:

Singapore NRIC

Owner ID:

S1786700H

Registered Address Type: Private Residential (Condo Apt or House) / Shopping /

Office Complexes

Registered Block

/House No.:

37

Registered Street

Name:

SPRINGLEAF GARDEN

Registered Unit

No.:

Registered Building Name: