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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
 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 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 aforesaid.

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of the particular street, which is a facility of the	ACCIDENT STATEMENT
Date Of Report	14/01/2020 15:59
Date Of Accident	06/01/2020 09:15
Exact Location Of Accident	ALONG PIE EXIT 27 TOWARDS CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR6466M
Insured/Policyholder	
Name Of Registered Owner	GIAM TEE HOCK RICKY
NRIC No	SXXXX163B
Email Address	RICKYGIAM88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97816636
Alternative Phone No	OTHERS-97816636
Vehicle Particulars	
Manufacturer	KIA
Model	NIRO HYBRID-1.6 (A)
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	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	5108113172
Cover Note Number	
Driver	
Name of Driver	GIAM TEE HOCK RICKY
NRIC No	SXXXX163B
Date Of Birth	24/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97816636
Fax Number	
Contact Number	OTHERS-97816636

RICKYGIAM88@GMAIL.COM

Address BLK 118A JALAN MEMBINA

#25-139

Postcode 161118

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 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)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

2

2

NO

NO

YES

NO

NAME:

: PASSENGER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN
Attachment(s)

Attacimient(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB6693E

Vehicle Make/Model/Colour

MERCEDES BENZ VIANO CDI22

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

96983344

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.
- 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. 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:

- 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.
- 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:

Name:

NRIC/FIN No .

		Blows PI Towards	Expl 27 CLEMANN	AVK 6
4) SLR 6466M	8			
A)SLR 6466M B)SHB 6693E	A			
1 1				
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			

During 6 January 2020 at 0918 hrs in the morning.
The road was very busy and I was driving along PIE Exit 27 (Towards
Clementi Ave 6) when a white Mercedes Viano CD122 (SHB6693E)
suddenly break on the road. I did not react in time to fully stop
my vehicle causing my cour to gently touch the white merceales Viano
c0122(SHB6692 E). Their can was not severely almagred at all and
no person was hurt.

DECLARATION

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

Policyholder's Signature Date & Time:

01/2020 Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature
Name:

Name:

NOTO:

NRIC/FIN No.:

. AGCIDENT'STATEMENT

LOCATION: Along PIE Exit 27 Towards (Tement) Ave 6. 1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SLR 6466 M DINSURANCE COMPANY: I DISOME CIPOLICY NUMBER: SIGN 13172 GIPOLICY YPPE: (COMPREHENSIVE; THIRD PARTY FIRE ETHER] BIMAKE & MODEL: KIA NIRD HYBRID (ITYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS) BIVEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) INFURPOSE OF USING AT ACCIDENT TIME: WYCKING IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) LE NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / FOLICY HOLDER ANAME: TEMY GIAM TEE HOCK DINING/FIN/PASSPORT: S1682 163/B CONTACT: 97816630 CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER (INCLUDING PASSPORT: CONTACT: 97816630 CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER (INCLUDING PASSPORT: CONTACT: 97816630 THE 25-129 STADEPORT 16 11.18 CONTACT: 97816630 THE 25-129 STADEPORT 16 11.18 CONTACT: 97816630 THE 25-129 STADEPORT 16 11.18 CONTACT: 97816630 THE NO, RELATIONSHIP OF FAC DRIVER WITH INSURED: CONTACT: 91816640 THE NO, RELATIONSHIP OF FAC DRIVER WITH INSURED: COMPANY OF DRIVING PASSPORT: CONTACT: 91816630 TO JOEPORTED TO POLICE (YES (MO)) IF YES, PLEASE STATE WHICH POLICE STATION 8. THIRD PARTY VEHICLE COMPANY VEHICLE COMPANY OF THE INSURED: MODEL VIANO CD122 (Including deliver) O NRIC/FIN/PASSPORT: CONTACT: 9698 33471 THIRD PARTY VEHICLE O NRIC/FIN/PASSPORT: CONTACT: 9698 33471 (Including deliver) O NRIC/FIN/PASSPORT: CONTACT: 9698 33471		CCIDENT DATE OF JOSO (DD/MM)	YYYY), TIME:(.09.15 hs.)(HH:MM)
DETAILS OF VEHICLE a) VEHICLE NUMBER: SLR 4466 M b) INSURANCE COMPANY: I NOOME c) POLICY NUMBER: SIDE II 3142 d) POLICY TYPE: (COMPREHENSIVE THIRD PARTY THRE EITHER] e) MAKE & MODEL: KIA NIRD HYBRD () ITYPE: (SALDON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE. / OTHERS] e) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WORKING () ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)) IF NO, PLEASE STATE (THIRD PARTY CLAIM / SEPORTING ONLY) 2. INSURED / FOLICY HOLDER ANAME: RICKY GIAM TEE HOOK ANAME: RICKY GIAM TEE HOOK ANAME: RICKY GIAM TEE HOOK ANAME: PEMALE! D) NRIC/FIN/FASSPORT: CONTACT: 97816630 CONTINUE TO 3 GIF DRIVER ALSO POLICY HOLDER CONTINUE TO 3 GIF DRIVER ALSO POLICY HOLDER () NAME: CONTINUE TO 3 GIF DRIVER ALSO POLICY HOLDER CONTINUE TO 3 GIF DRIVER ALSO POLICY HOLDER () NAME: CONTACT: CONTACT: CONTACT: CHARLE) D) NRIC/FIN/PASSPORT: CONTACT: COMPANY? (YES CONTACT: CONT	l	OCATION: Along PIE Exit 27 Towards	alement Ave 6.
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DINSURANCE COMPANY: INCOME CIPOLICY NUMBER: 510811 3172 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE ETHEFT) e)MAKE & MODEL: LIP DIRO HYBK) f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS) e) WEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: W9K (IN) I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES (IC)) IP NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: RICKY GLAPA TEE HOCK D) NRIC/FIN/PASSPORT: S (682 163/B) CONTINUE TO SIGH PRIVER ALSO POLICY HOLDER UNAME: B) MAMPINE (INDUSTRIE) CONTINUE TO SIGH PRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORTI. CONTACT: c) ADDRESS: CONTACT: d) DATE OF BIRTH: (
CIPOLICY NUMBER: 5108-11 3172 dipolicy types (comprehensive third party / third party fire eitheri) dipolicy types (comprehensive third party / third party fire eitheri) dipolicy types (comprehensive third party / third party fire eitheri) difference (category (private / commercial / motorcycle) dipurpose of using at accident time:			
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# PASSYNAGER #		C/ADDRESS:	
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()DATE OF DRIVING PAGE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES DIFFER DRIVER WITH INSURED! 5. a) WEATHER CONDITION! (QUEAR / RAINING / OTHERS b) ROAD SURFACE! (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POUCE (YES / NO) 15 YES, PLEASE STATE WHICH POLICE STATION! 8. THIRD PARTY VEHICLE 4. No of passingur a) VEHICLE NUMBER: SHB 6693E MODEL VIANO CO122. (Disclarding driver) b) DRIVER'S NAME: 9. THIRD PARTY VEHICLE 4. No of passingur a) VEHICLE NUMBER: ONTAOT: 9698 3399 9. THIRD PARTY VEHICLE 4. No of passingur a) VEHICLE NUMBER: MODEL! 9. THIRD PARTY VEHICLE 4. No of passingur a) VEHICLE NUMBER: MODEL! 9. THIRD PARTY VEHICLE 4. NO of passingur a) VEHICLE NUMBER: MODEL!			25 72 100 1001
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email: ricky glam 88 @ gmail. com

Accident MT/107880	11							· Exit.
Policy No.	\$108113172	Vehicle No.	SLR6466M		GST Registr	ration No		
Certificate No.	12440000000	10167010082			33, 71, 93			
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Date of Accident	06/01/2020	Time of Accident hhomm	09:15		Country of		Singapore	
Reporting Centre		Orange Force			JOM No.			
Accident Location	NA							
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Address 4	SINGAPORE 161118	Address Type	Singapore address		Post Code		161118	
Unit No. OI Driver Info	25-139	Related Policy Number	5108113172					
Driver Name		Driver Type						
Unnamed driver Name		Driver NR3C			Driver DOB	PS		
Register Date of Orive	rLicense	Driver Age			Orlving Exp	serience		
Contact No.(Mobile)		Contact No.(Office)			Contact No	.(Hame)		
Address I		Address 2			Address 3			
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Does he own a Singap Registered car?	ore Yes + No	Oriver Vehicle No.			Oriver Insu	ner Company		
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				page 1	- Invest		T feetings	ST paramata
Claim Type +				00-HX	* Insured Name	GIAM TEE HOCK RICKY	Insured NRIC	516821638
Contact No.(Mobile)				97816636	No.	62711248	No.	
					(Home)	p	(Office)	***************************************
Email Address					Vehicle Number	SLR6466M	Vehicle Number	SH06693E
Claim Description				SLR6466M / SH56693E DN	4 6 Jan 2020		Name of Preferred	
Preferred	The second secon						Worksho	p
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Display in New Window Scan and uploading



Certificate of Insurance

Cover : drivo CLASSIC

: KNACC81CVJ5096593

: GIAM TEE HOCK RICKY

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: 5108113172

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SLR6466M

: 12 Mar 2019

: 11 Mar 2020

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) : \$\$1,500 : \$\$100 WINDSCREEN EXCESS 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 : RICKY GIAM TEE HOCK

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : 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)

: ASSURE PTE. LTD. (00000572842)

Date of Issue

; 11 Mar 2019 16:48 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive