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#### SINGAPORE ACCIDENT STATEMENT

#### 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 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.
- 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.

## **ACCIDENT STATEMENT**

Date Of Report

15/01/2020 09:48

Date Of Accident

14/01/2020 00:15

Exact Location Of Accident

ALONG ANG MO KIO AVENUE 3

Country/State of Loss

SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBB6057M

Insured/Policyholder

Name Of Registered Owner

SIM LEE HENG INVESTMENTS PTE LTD

Co Reg No

1XXXXX690E

Email Address

SLHENG32DS@GMAIL.COM

Mobile Phone No

(LOCAL) +65-96819494

Alternative Phone No

OFFICE-96519495

Vehicle Particulars

Manufacturer

TOYOTA

Model

DYNA

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle? 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

THIRD PARTY

Fleet Policy Policy Number

NO

Cover Note Number

5110827896

Name of Driver

LIM WEE MENG

NRIC No Date Of Birth

SXXXX686D 22/10/1969

Occupation

OUTDOOR

Date Of Driving Pass Driving Experience

30/12/2016 3 YEARS AND 0 MONTHS

MALE

Mobile Number

(LOCAL) +65-96819494

Fax Number

Contact Number

OTHERS-96519495

EMail Address

SLHENG32DS@GMAIL.COM

Address

BLK 116 ANG MO KIO AVENUE 4

#08-429

Postcode

560116

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

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?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

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

## 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

SKV59K

Vehicle Make/Model/Colour

MERCEDES BENZ

**Details Of Properties** 

Vehicle Category

PRIVATE CAR TAN JOHNNY

Name of Driver

NRIC/Passport Number

Contact Number

82898789

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

利與私人有限公司 SIM LEE HENG INVESTMENTS PTE LTD 20 BUKIT BATOK CRESCENT #01-25 ENTERPRISE CENTRE JRIGAPORE 658080

TEL: 6270 0960 FAX: 6270 0986 Policyhol: \*\*'s Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Perso

Name:

NRIC/FIN No.:

SKETCH PLAN	Awny 1	Day mo	Kno	Prv43		
A) GBB 6057 B) SKV 59K		B	lorey ROLL BARK	WARD		
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DECLARATION  /We declare the foregoin particle SIM LEE HENG INVESTMENTS PTE 20 BUKIT BATOK CRESCENT #01-25 ENTERPRISE CENTRE SINGAPORE 658080	alars are true in every	respect		m	5 (01/20)	70
V TEL: 6270 0960 FAX: 6270 0986 Olicyholder's Signature Date & Time:	Driver's Signatu (If driver is not Date & Time:	re the policyholder)		Reporting Centre Pe Jame: JRIC/FIN No.:	rsonnel's Signatur	interes

Stancy Pron Cols Somp

# AGCIDENT'STATEMENT

(6)	ACC!	DENT DATE: 14. 01. 2020; (DD/MM/YYY), TIME: (00: 15) (HH:MM)
	loca	TION: A LONG BUR MO KED DUR 3.
•	1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: GBB bot 1M  c) POLICY NUMBER: SILOS 1896  d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)  e) MAKE & MODEL!  f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS)  e) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/10)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / PEROPETER.
×	2.,	AJNAME: CIM Chr. HRUS MUNIMAN (MALE / FEMALE) ONTACTI 96879484
440 of passar Cincluding del	ngiği lverj)	CONTINUE TO 3, d IF DRIVER ALSO POUCY HOLDER  DRIVER  DINAME: UM WAK MAN  DINAME: MALE / FEMALE 19495  DINAME: S6936686 D CONTACT: 96519495  C) ADDRESS:
	4,	TO A STATE OF THE PROPERTY OF
•	5.	DIPOAD SURFACE: DRY WET / OTHERS
	7.	MAS ANYBODY INJURED (YES / RO)  O) REPORTED TO POUCE (YES / RO)  IF YES, PLEASE STATE WHICH POLICE STATION!
His of passions ( Including while	47	THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SKV 59 K  MODEL MARCHOAZ  O) NRIC/FIN/PASSPORT: SOI 1672 J CONTACT: 82878789
of the of bassar	1981	THIRO PARTY VEHICLE  d) VEHICLE NUMBER: MODEL: "
(Industing de	tiver)	1) NRICYFIN/PASSPORTICONTACT:

email = SLHERUG 3205 @ GMBTL. Com

Claim Handling

cident MT/1080210										
licy Na,	5110827996	Vehicle No.	G886057M		GST Registre	ition No.	M2004466	676		
rtificate No.										
cyholder Name	SIM LEE HENG INVESTMENTS PTE LTD				Policyholder	NEUC	19810569	90E		
duct Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Third Party		Loading		0			
rtact No.(Mobile)	96819494	Contact No.(Office)			Contact No.	Home]				
all Address		Special Remark			eCode		No *			
K	- No Yes	TCA	- No Yes		sCode Reas	in .	territori.			
D Protection	No	NCD Entitlement(%)	10		Private Hire		No			
Accident Details	1700		95		100000000		322			
		Applicant Report Within 24 hrs	444		Accident Tys		Others			
port Date	15/01/2020 14:16		Yes							
te of Accident	14/01/2020	Time of Appldant hh:mm	00:15		Country of A	ccident	Singapore	61		
porting Centre		Orange Force			DOM No.					
cident Location	ALONG ANG MO KTO AVENUE 3									
7 Total Excess Applicable										
cess Type	Per Accident	Windscreen Excess		0.00						
Standard Excess	0.00	TP Standard Excess		0.00						
D OO Excess	0.00	YIED TP Excess.		0.00	Driver is Co	vered?	Coveres			
Ottonal Excess										
tal OD Evcess Applicable	0.00	Total TP Excess Applicable		0.00						
# Benefits										
GST Registered Informat	tion									
CALCOLO DE LOS CONTRACTORS			GST Registr	ration Date	· ·	1/04/1994				
T Registered T Registration No.	Yes M200446676		GST Status			15				
dification History	1120									
Policyholder Hailing Add	dress									
dress 1	20 BUKIT BATOK CRESCENT	Address 2	#01-25 ENTERPRISE	E CENTRE	Address 3		SINGAPO	ORE 65808	10	
dress 4		Address Type	Singapore address		Post Code		658080			
vit No.		Related Policy Number	5094856082-02		CONTRACT!					
		The second second	STATE OF THE STATE							
OI Driver Info			0.00							
ver Name	Unnamed Driver	Driver Type	Unnamed Oriver		I Propose Pare		881-81	aca:		
named driver Name	LIM WEE MENG	Driver NRIC	SXXXX686D		Driver DOB		22/10/10	503		
igister Date of Driver License	30/12/2016	Driver Age	50		Driving Exp		3			
intact No.(Motolie)	96519495	Contact No.(Office)			Contact No.	(Home)				
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idness 4	SINGAPORE 500116	Address Type	Foreign address		Post Code		360116			
nit No.	00-429									
oes he own a Singapore egistered car?	Yes + No	Driver Vehicle No.	NTUC		Driver Insu	гет Соттрату	NTUC			
claration eathalyser or Blood Test										
eading?	0 mg	Any Injury?	Yes - No							
Claim 001 New				rooms	Insured	SIM LEE HENG INVI		Onsured	198105690€	
taim Type *				OD-MX	Name Contact	PIW FEE HEND DAVE		MAJC	1361036966	
critics No.(Mobile)				NIL		NIL		No. (Office)	62700960	
mail Address					0f Vehide	G886057M		TP Vehicle	SKYSSK	
					Number			Number Name of		
Description				GBBBBS7M / SKV59K ON I	14 Jan 2020			Workshop		
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THE SCHEDULE

#### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5110827896

The Policyholder

: SIM LEE HENG INVESTMENTS PTE LTD 20 BUKIT BATOK CRESCENT #01-25 ENTERPRISE CENTRE SINGAPORE 658080

Period of Insurance

; 20 Jul 2019 To 19 Jul 2020

Sum Insured

: N/A

Premium (inclusive GST)

: S\$1,154.14

Interest Insured

: Third Party

Cover Type Make/Model

: TOYOTA/DYNA 150D

Number of Seater

: 2

Capacity

: 1.86 ton(s)

Registration Date

: 20 Jul 2009

Registration Number Chassis Number

: GBB6057M

Insure with COE

: N/A

Excess (Section 1)

: JTFAT35Y20K200790

: N/A

NCD Entitlement

: 10%

Excess (Section 2)

Hire Purchase Company

: N/A : N/A

Loyalty Discount

: 5%

Memo A: N/A

Endorsement Operative: M1

Agency

PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue

: 04 Jul 2019 09:56 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive