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TP Insurer:		by Fax / Hand t	Owner/Wksn	-	
Preferred Wksp / INC Assign Wksp / QW: (		9 2 111 7 11111 1	Tel:	Fax:	-
TP Particulars: Veh No: Suc	cchia.	INC (			
Owner / Driver: (	230700		Tel:	)	
Policy No: ( ) F	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%. F: S	0-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
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1) Apply for Transport Allowance ( )/	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(		MANUFACTURE STATE OF THE STATE		v attenue
3) Upload Resurvey Photo [Repair Cost > \$	(00003	)			
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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.
- 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.

rchiving and that copies of this report will, for a fee, be made avail.  By the lodgement of this report to the insurers, you hereby consistoresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
of the particular design of the same	ACCIDENT STATEMENT
Date Of Report	18/01/2020 10:58
Date Of Accident	17/01/2020 22:00
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ3915E
Insured/Policyholder	
Name Of Registered Owner	HONG CHONG HUI
NRIC No	SXXXX923E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96891877
Alternative Phone No	OFFICE-96891877
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 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	THIRD PARTY

Vehicle Cate	gory
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PRIVATE CAR

### Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5092250082-02 Policy Number

Cover Note Number

## Driver

HONG KAH JUN Name of Driver SXXXX794A NRIC No 07/07/1989 Date Of Birth INDOOR Occupation 20/09/2010 Date Of Driving Pass

9 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92215676 Mobile Number

Fax Number

OFFICE-92215676 Contact Number

NOEMAIL EMail Address

164 CEYLON ROAD Address

429726 Postcode

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

: JOY CHIAM NAME:

GENDER: : FEMALE

**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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLS5646L Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category KENNETH Name of Driver

NRIC/Passport Number

98294633 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Page 2 of 13

**DETAILS OF INJURED PERSON 1** 

Name HONG KAH JUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ3915E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name JOY CHIAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ3915E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# 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.
- 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.
- 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 Signature

Date & Time:

X

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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					(B) SL3 564
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DECLARATION

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

Q

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ehicle No.	SGJ 3915 E. Model/Make Toyota Wash.
ate of Accident	17/01/2020.
ime of Accident	2200HRS
ocation of Accident	PIE towards Tuas after Steven Road Exet.
xact purpose use during accid	dent frante used.
Name of Owner	HONG CHONG HUI
elephone No.	H/P: 9689 1877 · Home: Office:
NRIC	82552923E.
Address	164 Ceylon Road (3) 429726.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5092250082-02.
one) no	,
Name of Driver	As Above If No, HONG KAH JUN.
NRIC	\$ 8920794 A. Any Passengers: 01 (F).
Date of birth	07/07/1989.
Occupation	Outdoor / Indoor
Driving License Pass Date	20/09/2010
Gender	Male / Female
Contact No.	H/P: 9221 5676 Home: Office:
Address	164 Ceylon Road (3) 42 9726.
Driver have any own vehicle	No, W yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes Who?
Name And Contact No.	HONG KAH Jun . ( 8/P: 92215676).
14dille 1 lile e	204 Chiam (H/P: 9827 0053)
Name And Contact No.	204 Chiam (H/P: 98270053)
Name And Contact No.	No. If Yes, Where?
Police Report	No, If Yes, Where?  84.8 5646 L. Any Passengers: 02 (IM) (IF)
Police Report  Vehicle B No.	No, If Yes, Where?
Vehicle B No. Name of Driver	No. If Yes, Where?  \$1.8 5646 L. Any Passengers: 02 (IM) (IF)
Vehicle B No. Name of Driver Vehicle C No.	No. If Yes, Where?  \$1.8 5646 L. Any Passengers: 02 (IM) (IF)  Benneth · Contact No.: 9829 4633.
Vehicle B No.  Name of Driver  Vehicle C No.  Vehicle D No.	No, If Yes, Where?  SLS 5646 L. Any Passengers: O2 (IM) (IF)  Kenneth · Contact No.: 9829 4633.  Any Passengers:
Police Report  Vehicle B No.  Name of Driver  Vehicle C No.  Vehicle D No.  Vehicle E no.	No, If Yes, Where?  SLS 5646 L. Any Passengers: 02 (IM) (IF)  Kenneth Contact No.: 9829 4633.  Any Passengers:  Any Passengers:
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Police Report  Vehicle B No.  Name of Driver  Vehicle C No.  Vehicle D No.  Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name	No, If Yes, Where?  \$1,8 5646 L . Any Passengers : 02 (IM) (IF)  Benneth · Contact No.: 9829 4633.  Any Passengers :
Police Report  Vehicle B No.  Name of Driver  Vehicle C No.  Vehicle D No.  Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion	No, If Yes, Where?  SLS 5646 L. Any Passengers: 02 (IM) (IF)  Kenneth · Contact No.: 9829 4633.  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact: N-A-  Rear Portion ·  Yes (No.)
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Police Report  Vehicle B No.  Name of Driver  Vehicle C No.  Vehicle D No.  Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion  Camera Recorder  Email Address  PARTICULAR WORKSHOP	No, If Yes, Where?  SLS 5646 L. Any Passengers: 02 (IM) (IF)  Kenneth · Contact No.: 9829 4633.  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact: N-A.  Rear Partian  Yes (No.)  demy.cross.follow@gmail.com
Police Report  Vehicle B No.  Name of Driver  Vehicle C No.  Vehicle D No.  Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion  Camera Recorder  Email Address	No, If Yes, Where?  SLS 5646 L. Any Passengers: 02 (IM) (IF)  Kenneth · Contact No.: 9829 4633.  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact: N.A.  Rear Portion  Yes KNO  demy. cross · follow Egmail.com  Twicon  6842 0051 / 6744 0510
Police Report  Vehicle B No.  Name of Driver  Vehicle C No.  Vehicle D No.  Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion  Camera Recorder  Email Address  PARTICULAR WORKSHOP	No, If Yes, Where?  SLS 5646 L. Any Passengers: 02 (IM) (IF)  Kenneth · Contact No.: 9829 4633.  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact: N-A.  Rear Partian  Yes (No.)  demy.cross.follow@gmail.com

### 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: 5092250082-02

Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle

: SGJ3915E

Chassis Number

: ZNE100314593

2 Name of Policyholder

: HONG CHONG HUI

3. Effective Date of Insurance

: 10 Jul 2019

4. Expiry Date of Insurance

09 Jul 2020

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 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

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

N/A 55100

WINDSCREEN EXCESS ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

YES YES

INSURE WITH COE

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

**EXCESS WAIVER** 

: YES

PRIMARY DRIVER

: HONG CHONG HUI

NAMED DRIVER (1)

: JENNIFER TEO LAY HEONG

: HONG KAH JUN

NAMED DRIVER (2)

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)

Agency

: I INSURANCE AGENCY (00000572538)

Date of Issue

: 25 Jun 2019 18:01 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

eBaoTech										GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601				ICHICOMOODIN	and the particular to the part	+ Change	Language	• Chan	ge Password	→ Log Out	
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						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5092250082- 02		HONG CHONG HUI	52552923E	GPC	drivo PREMIUM	SG13915E	SGJ3915E	10/07/2019	09/07/2020	
						Continue						

Sequer	nce Date of Endorsem	ent	Endorsement	Туре		Endorsement	Status	Endorsement Content
□ Endors	sements							
> Insure	d Object: SGJ3915E	M1 50/01	2-1					
Jnit No.		Relate Numb	ed Policy er	50922500	82-02			
ddress 4		Addre	ss Type	Singapore	address		Post Code	429726
ddress 1	164 CEYLON ROAD	Addre	ss 2	SINGAPOR	E 429726		Address 3	
Policyh	nolder Mailing Address							
Certificate nfo								
open Policy Info								
nsurance lag	No							
to-		a second						
gent	I INSURANCE AGENCY	Agent Tel.	67026779			GST Flag	Y	
outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0				Young	/Inexperience Driver Excess
dditional xcess	0	OS Premium	0					
hird Party excess	0	Own damage Excess	0.0			Windscreen Excess	100	
xcess ype	Per Accident	All Claims Excess						
olicy ssue Date	25/06/2019	Effective Date	10/07/2019	00:00		Expiry Date	09/07/2020 23	:59
roduct lame	PRIVATE CAR INSURANCE	Plan				Group Policy Flag	N	
ddress	164 CEYLON ROAD SINGAPOR	E 429726						
ertificate								
olicy No.	5092250082-02	Policyholder Name	HONG CHOI	NG HUI		NRIC	S2552923E	

Claim Handling									
ccident MT/1060716						22.1			
olicy No.	5092250082-02		Vehicle No.	5G13915E		GST Registration No.			
ertificate No.									
olicyholder Name	HONG CHONG HUT					Policyholder NR3C		2552923	5
reduct Code	PRIVATE CAR INSURANCE	6	Cover Type	drivo PREMI	nw.	Loading			
ontact No.(Mobile)	96891877		Contact No.(Office)	0		Contact No.(Home)	0		
mail Address			Special Remark	E E		eCode	1	~	
×	® No ○ Yes		TCA	® No ○ Ye		eCode Reason	522		
D Protection	Yes		NCD Entitlement(%)	50		Private Hire	N	0	
Accident Details									
port Date	18/01/2020 11:35		Accident Report Within 24 hrs.	Yes		Academ Type	0	olision -	Heed to Rear
ite of Accident	17/01/2020		Time of Accident thomm	22:00		Country of Accident	5	ingapore	
porting Centre			Orange Force			ICM No.			
cident Location	PIE (TUAS) AFTER STEVE	EN RD EXST							
F Total Excess Applicable									
cess Type	Per Accident		Windscreen Excess		100.00				
Standard Excess		0.00	TP Standard Excess		0.00				
ED OD Excess		0.00	YIED TP Excess		0.00	Driver is Covered?	0	Covered	
ditional Excess		0							
(a) OD Excess Applicable		0.00	Total TP Excess Applicable		0.00				
Benefits									
verage				Sum	Insured				
cess Waiver				999	99999.99				
GST Registered Informa	rtion								
T Registered	No			GST	Registration Date				
FT Registration No.				GST	Status Verified	Tes			
diffication History									
Policyholder Mailing Ad	dress								
idress 1	164 CEYLON ROAD		Address 2	SINGAPORE	429726	Address 3			
			Address Type	Singapore a		Post Code	,	429726	
tdress 4			Related Policy Number	509225008					
Nt. No.			Kelateo Policy aumoer	203222000	4.00				
OI Driver Info	W-527 (2011)		100000000000000000000000000000000000000	and the second	200				
Iver Name	HONG KAH JUN		Driver Type	Named Driv 58922794A		Driver DDB	į	07/07/19	09
nnamed driver Name			Driver NRIC			Driving Experience		0	
gister Date of Driver License			Driver Age	30		Contact No.(Home)			
ontact No.(Mobile)	92215676		Contact No.(Office)	0	70000			*	
idresa I	164 CEYLON ROAD		Address 2	SINGAPORE		Address 3		unione.	
idress 4			Address Type	Singapore a	eddresis	Post Code		429726	
nit No.									
ses he own a Singapore registered car?	○ Yes  No		Driver Vehicle No.			Driver Insurer Comp	arty		
eclaration									
reathalyser or Blood Test eading?	0 mg		Any legury?	® Yes ○ F	WO .				
odification History  Claim 001 New									
W. 4 (8) (2)	Fac. in	Terl	forward house	HONG CHO	WG HIT	Insured NRIC	- 1	5255292	16
aim Type *	CO-MX	~	Insured Name		ring ITMs	Contact No.(Office)			
ontact No.(Motile)	96891877		Contact No. (Home)	63459047		TR Vehicle Number	0 9	8185646	e e
mail Address	HONGOH@IEEE.ORG	741	DI Venicle Number	SGJ3915E	ect V	TO VALUE NUMBER	į.	July Strate	
aimant Type Claimant Type *	Please Select	×	Type of Benefit *	Prease Sen	-				
aimant Name *		>>	Claimant NRIC *			1			
aimant Address						Name of Preferred V	Markshar		
aim Description	SG13915E / SLSS646L	ON 17 Jan 2020	a with the state of		-	wame or Preferred V	runcinop	2	
referred Workshop Contact b.			Insured Liability *	Not at Fau			- 2		
equire Finalisation	Yes	V	Preferend Repair Option	Preferred 1	Workshop, Name unknown	GIA report		Received	
ate Registered	18/01/2020 11:37		Claim Close Date			Date Received		18/01/20	20 00:00
sport Taken By	Jackson								
Print AK letter	, packages								
Attachment				Save Sut	Demot _				
•									
	ART IN PROCESS		Claim No.		001				
crident No.	MT/1080716				18/01/2020 11:36				
ast Doc. Received	(*) Yes ( ) No		Upload Date						- Francisco
		ach *	10/2010	1 between	Category *	Confidential	Urgency. Normal	-	Description
			Brows				participation of the last of t	V .	
			Brows	1 0000000			Normal-	0	
	1		Brows	ie Clear	Please Select	V   102 V	Normal	Y	
			Brows	a Per	Please Select	V 100 V	Normal	v	

