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SKA 7195P	E-mail (seldin Sins, AC 2)		
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	I-Motor W/O (Within O	D Thes, TP 4brs)	
(11) - OP ! Reporting Only	I-Photo Uplonded		
	Assessment/Survey Rep	ort	
TP Insurer;	Ass't Report by Fax / II	and to Owner/Wkan	
Professed Wissp/ MC Assign Wissp/ QW: (		Tol:	F404; )
TP Particulars: Veh No: S	MJ 4177 R. IN	C( , )/Non-INC( )	
Owner / Driver: (		Tcl:	)
Policy No: ( ) Parie	nd: (	) Cover Type: (	
Confirmed by : (	Dates	Time:	1509/7
		0-20%; P: 21-79%. F: 80	-100%]
	arranty: YES ( )/NO	( )	
Excess: (\$ ) Loading: \$1,000	0 ( ) / \$2,000 ( )	77 5 5 5 5 7 7 7 1 1 5 5 5 7 5 5 7 5 7 5	71277
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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.

LOSS CHICKENS WAS TO BE SHOULD BE	ACCIDENT STATEMENT
Date Of Report	24/01/2020 08:52
Date Of Accident	23/01/2020 16:30
Exact Location Of Accident	YISHUN AVE 5 TWDS SEMBAWANG
Country/State of Loss	SINGAPORE
A STATE OF THE PROPERTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA7195P
Insured/Policyholder	
Name Of Registered Owner	KK TRANSPORT SERVICES
Co Reg No	5XXXX096K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90664988
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088532375-02
Cover Note Number	
Driver	
Name of Driver	TAN KOCK KIONG
NRIC No	SXXXX978G
Date Of Birth	10/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1985
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90664988
Fax Number	
Contact Number	

NOEMAIL

Address BLK 286B TOH GUAN RD #03-32

Postcode 602286

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) 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

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

SMJ4177R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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 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
- (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:

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

Time:

Jung

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

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

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

Vehicle No.	SKA 7195P Model/Make towta wish				
Date of Accident	23/01/2020				
Time of Accident	163.0 HRS				
Location of Accident	Yishun Are 5 toward Sembanton				
Exact purpose use during acc					
Name of Owner	KK Transport Bervices				
Telephone No.	H/P: 906 6 498 Home: Office:				
NRIC	17. 0004 Bolome. Onice.				
Address	BIK 288, Toh Guan Rd #03-02 56027				
Claim type	OD (THIRD PARTY) REPORTING ONLY				
Insurance Company	OD THIRD PARTY REPORTING ONLY				
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft				
Policy No.	5088532375-02				
Folicy No.	3080332373-02				
Name of Driver	As Above If No, Tan Kock KLORD				
NRIC	S 1823978G Any Passengers: 0				
Date of birth	10-11-1967				
Occupation (	Outdoor / Indoor				
Driving License Pass Date	02 April 1986				
Gender (	Male / Female				
Contact No.	H/P:90664988 Home: Office:				
Address	BK 288. 70 n Chuan Rd # 03-02 5 60228				
Driver have any own vehicle	(No, ) If 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.	ine, in res, time.				
Name And Contact No.					
Police Report	No, If Yes, Where?				
Vehicle B No.	SMJ 4177R Any Passengers: 1				
Name of Driver	Contact No.: 91008738 Dari				
Vehicle C No.	Any Passengers :				
Vehicle D No.	Any Passengers :				
Vehicle E no.	Any Passengers :				
Vehicle F No.	Any Passengers :				
Vehicle G No.	Any Passengers :				
Witness Name	Witness Contact :				
Accident Portion	11,11,132 32,11341				
Camera Recorder	Yes / No				
Email Address	TKK8389@ Jahoo. Com. 39.				
Email Address	THE STOTE OF LEGIT ST				
PARTICULAR WORKSHOP	TWINEAR Antomotive PIL				
CONTACT NO.	6842 0051 / 6744 0510				
	6842 0051 / 6744 0510 Cone (1)				



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	BULES 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY DISKS) DULLES 1000 JAMALAVO	Lav

ч	rtificate Number: 5088532375-02	Cover : drivo CLASSIC
1.	Index mark and Registration Number of Vehicle	: SKA7195P
	Chassis Number	JTDGG20W405001682
2,	Name of Policyholder	: KK TRANSPORT SERVICES
3,	Effective Date of Insurance	: 28 Mar 2019

- Persons or Classes of Persons entitled to drive#
  - (a) The Policyholder.

4. Expiry Date of Insurance

(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.

: 27 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)	552,000
EXCESS (SECTION 2)	SS1,500
WINDSCREEN EXCESS	S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	TAN KOCK KIONG
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)

: CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068) Agency Date of Issue

: 26 Feb 2019 10:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Martin   M	Claim Handling					26-29 50	
Schools	Accident MT/1081639						
Marchael		5088532375-02	Vehicle No.	SKA7195P		GST Registration No.	
Marche							
Martin   M	Policyholder Name	KK TRANSPORT SERVICES				Policyholder NR1C	#3000mm
Carrier No. 1992   Septiment Process   Septime		PREVATE CAR INSURANCE	Cover Type	drivo CLASSI	ic.		
Marche   March   Mar		90564988	Contact No.(Office)	303.04-048			
Section   Sect	Email Address		Special Remark				
## Address   100	KFK	<ul> <li>No Yes</li> </ul>		w No Ver			No *
# Make	NCD Protection	Yes	NCD Entitlement(%)		*		
Marches   Marc	Accident Details		man amorement (se)	50		Private Hire	Yes
Third Process   1919	Report Date	24/01/2020 09:01	A section 2 Was true Manager and A 1971				
Margane   Marg	Date of Accident			Yes		Accident Type	Collision - Head to Re
Control   Cont		# N 0 D 2020		16:30		Country of Accident	Singapore
## Market   2,000 00			Orange Force			JCM No.	
Mathematic Review   1,000.00		YISHON AVE S TWOS SEMBAWANG					
Marchane		CNSCALO					
March Part   Location   Locatio		2,000.00		0		Windscreen Excess	100.00
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## PROPRIESS		1,500,00	Outside Singapore TP Excess		1,500,00		
Tris personner   Tris							
Column   C	GST Registered Informa	tion					
## Control Statistics Note Sta	SST Registered	No		GST	Repistration Date		
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## 10   10   10   10   10   10   10   10			Address Type	Singapore add	iress		
## STATE FOR TABLE   Driver Type   Main Driver   Driver Dos   Driver D		03-32	Related Policy Number				444600
March Paper   March Paper   March Diver Pape							
STATE   STAT		TAN KOCK KIONS	Driver Type	Main Driver			
Section   Sect			Driver NRIC	51823978G		Driver DOS	10/11/2006
Contract No.Offices		23/04/1985	Driver Age	52			
Address 7 TOH COLAN RADO Address 7 SINGAPORE 602284 PAS COLE 6	ontact No.(Mobile)	90664988	Contact No.(Office)				34
Address Type: Sugestore and rest.  Address Type: Sugestore and rest.  Find 16.	ddress 1	BLK 296B #03-32	Address 2	TOH GUAN RO	AD		
in file. O1-32	ddress 4		Address Type				
Driver   Vertical No.   Driver   Driver   Vertical No.   Driver   Driv	na No.	03-32				Post Code	602286
Claim Got   Name   Property   Professed   Profess	oes he own a Singapore	Yes - No	Perform State Late No.				
Any reguest of Bood Test O mg Any rejury? Yes = No  Any rejury? Yes = No  OPER	cyclined care		Driver venical No.			Driver Insurer Company	
Any paper   Page   Any paper   Page	eclaration						
Claim 691 Nate  Am Type *  OD-ME   Insured   K: TRANSPORT SERVICES   Insured   M: TransPORT SERVICES   M: TransPORT	Insathalyser or Blood Test						
Take No. (Mobile)  miles N	eading?	0 mg	Any injury?	Yes - No			
Take No. (Mobile)  miles N							
mind Type *    CO-MX   Instance   Notice   Notic	odification History						
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Attachment List    Seve   Submit	eferred				Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C 04 53 380 5050	Workshop
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	ne negotered				24/01/2020 09:03	Close	Date Received 24/0
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Attachment    Save   Submit					CICH STORE NO		
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