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Confirmed by i (		Dates,	Tlines	)	
Insured/Driver Liability: ( %)	[Note-Est Status (W	O): N: 0-20	%; P: 21-79%. F:	80-100%]	
Year of Registration: ( )	Warrunty: YES (	)/NO(	)		
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	03/02/2020 14:43
Date Of Accident	31/01/2020 22:20
Exact Location Of Accident	ALONG CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE
AC 10 10 10 10 10 10 10 10 10 10 10 10 10	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN9637A
Insured/Policyholder	
Name Of Registered Owner	TAN SALAN
NRIC No	SXXXX263B
Email Address	LENARDCHUA85@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98357923
Alternative Phone No	OTHERS-98357923
Vehicle Particulars	
Manufacturer	BMW
Model	523
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No. Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107737221
Cover Note Number	
Driver	
Name of Driver	CHUA JIA HONG
A SECULAR DE LA CONTRACTOR DE LA CONTRAC	( TO ) - TO ( ) - TO ( ) TO ( TO ( )

NRIC No SXXXX670D Date Of Birth 02/05/1985 Occupation INDOOR Date Of Driving Pass 09/10/2013

Driving Experience 6 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98357923

Fax Number

Contact Number OTHERS-98357923

EMail Address LENARDCHUA85@GMAIL.COM Address

92B YUK TONG AVENUE

Postcode

596438

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - SON IN LAW

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

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

SJM4105T

Vehicle Make/Model/Colour

MAZDA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

KHOO LI JIE

NRIC/Passport Number

SXXXX392G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SLB8514D

Vehicle Make/Model/Colour Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR SEE TEIKM YEOW SXXXX241Z

## SKETCH PLAN

Veh A: SKN 9637A Veh B: SJM 4105 T

Veh C: SLB 8514D

### 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 <u>truthful</u> and accurate as <u>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.
- 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.
- 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.

" I AM AWARED THAT MY NISURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM LINDER MY OWN POLICY FWILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

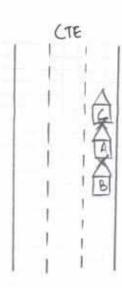
Date & Time: 01 - 02 - 101 0

Reporting Centre Personny's S

Name:

NRIC/FIN No.:

SKETCH PLAN Veh A: SEN 9637 A Veh B: SJM 4105T Veh C: SLB 8514 D



### DESCRIBE CIRCUMSTANCES OF THE ACCID

While i travelling along CTE, Vehicle in front of me	make e-brake to
Complete Stop, i followed. However Vehicle B behind	me Can't Stop in
ime and collided to my vehicle and my vehicle and my vehicle collided to vehicle c.	e moved boward to

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

Policyholder's Signature Date & Time:

Driver' Signature

(If driver is not the policyholder)

Date & Time: 01-02-2020

# Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Insured / Policyholder *Owner Name: TAN SAI AN *Address: B/K 450 JURONA NET ST 4 *Email: *Occupation: (Indoor / Outdoor)  Driver () same as above *Driver Name: CHMA JIA HONA *Address: 92 B YUK TONA AVE S(596438) *Date of Birth: 02 05 1985 *Driving Pass Date: 09 *Email: Lenard chua 85 agma, I - com *Occupation: (Indoor / Outdoor) *Driver an employee: Yes No(*If no, what is relationship with Passengers Details *P/Name: (Male/Female) *	* HP:
*Accident Location: CTE  Vehicle Details  *Vehicle Number: SKN 9637 A * Mall  Insured / Policyholder  *Owner Name: TAN SAI AN  *Address: BIK 450 JURONA NES 57 4  *Email: -  *Occupation: (Indoor / Outdoor)  Driver () same as above  *Driver Name: CHMA JIA HOLF  *Address: 92 B YUK 7006 AVE S (596438)  *Date of Birth: 02 05 1985 * Driving Pass Date: 09  *Email: Lenard chus 85 @gmail - Lom  *Occupation: (Indoor / Outdoor)  *Driver an employee: Yes No(*If no, what is relationship with  Passengers Details  *P/Name: (Male/Female) * P/N  Insurance Company  *Insurer: *Coverage: C / TP	**NRIC: \$2168265 B  **NRIC: \$2168265 B  **1 # 06-50 \$ (640450)  **HP: 98357923  **Tel/H/Other:  **NRIC: \$8513670 D  **Open
*Vehicle Number: SKN 9637 A * Male/Female) * P/N  *Vehicle Number: SKN 9637 A * Male/Female Policyholder  *Owner Name: TAN SAI AN  *Address: B/K 450 JURONA NET ST 4  *Email:	*NRIC: \$2168265 B *1 # 06-50 \$ (640450) * HP: 98357923 * Tel/H/Other: *NRIC: \$8513670 D *O 2013 * HP: 98357923 *Gender: Male / Femate * Tel/H/Other: h the policyholder: \$00 -  N - LAW
Insured / Policyholder  *Owner Name: TAN SAI AN  *Address: B/K 450 JURONA NET ST 4  *Email:	*NRIC: \$2168265 B *1 # 06-50 \$ (640450) * HP: 98357923 * Tel/H/Other: *NRIC: \$8513670 D *O 2013 * HP: 98357923 *Gender: Male / Femate * Tel/H/Other: h the policyholder: \$00 -  N - LAW
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*Occupation: (Indoor / Outdoor)  Driver ( ) same as above *Driver Name: CHMA JIA HOLF  *Address: 92 B Yuk 7006 AVE S (596438) *Date of Birth: 02 05 1985 *Driving Pass Date: 09 *Email: Lenard chug 85 agmail - Lom  *Occupation: (Indoor / Outdoor) *Driver an employee: Yes (No) *If no, what is relationship with  Passengers Details *P/Name: (Male/Female) *P/Name: (Male/	* Tel /H /Other:  *NRIC: \$8\$13670 D  10 2013 * HP: 98357923  *Gender: Male / Female  * Tel /H /Other:  h the policyholder: \$\infty n -  N - LAW  Name:  (Male/Fema
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*Driver Name: CHMA JIA HOLF  *Address: 92 B Yuk 7006 AVE S (596438)  *Date of Birth: 02 05 1985 *Driving Pass Date: 09  *Email: Lenard chua 85 a gma, I - com  *Occupation: (Indoor / Outdoor)  *Driver an employee: Yes No(*If no, what is relationship with the company (Male/Female) *P/Name: (Male/Fem	* Tel /H /Other:
*Email: Lenard chua 85 a gmail - Lom  *Occupation:	* Tel /H /Other:
*Email: Lenard chua 85 a gmail - Lom  *Occupation:	* Tel /H /Other:
*Occupation: (Indoor / Outdoor)  *Driver an employee: Yes No (*If no, what is relationship with the same of	*Gender: Male / Female  * Tel /H /Other:
*Occupation: (Indoor / Outdoor)  *Driver an employee: Yes No (*If no, what is relationship with the same of	*Gender: Male / Female  * Tel /H /Other:
*Driver an employee: Yes No (*If no, what is relationship with Passengers Details  *P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:	* Tel /H /Other:
Passengers Details  * P/Name: (Male/Female) * P/Name:	Name:(Male/Fema
Passengers Details  * P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:(Male/Female) * P/Name:*  Insurance Company  *Insurer: *Coverage: C / TP	Name:(Male/Fema
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Detail of other vehicle / Property 1	PFT / TPO *Policy No:
Detail of other vehicle / Property 1	100
Vehicle No.: SJM 4105 T	Detail of other vehicle / Property 2
Make & Model: MALDA	Vehicle No.: SLB 8514 D
Vehicle Category:	Make & Model:
Name of Driver: KHOO LI JIE	Vehicle Category:
NRIC : 59346391 G	Name of Driver: SEE TEIK YEON
HP :	NRIC : 574712412
No. of Passengers (Including Driver):	HP :
vo. or rassengers (including priver):	No. of Passengers (Including Driver):
For Official Use Only	
*Claiming against Own Ins.: Yes / 66 (If No, Reporting Only / T	
	(P Claims)
General Information of the accident	
Type of accident: Head-Rear / Side swipe / others: Chan	
Weather conditions: Gear / Raining / others:	*Any video cam: Yes / 🐶
Road Surface: @rý / Wet / others:	, , , , , , , , , , , , , , , , , , , ,
Witness. res / Wo (Name:	NRIC : HP:
Summon against wh	nom:
*No. of passe	engers (include driver):
*Fasten seat	belt: Yes / No *Conveyed by Ambulance: Yes / N belt: Yes / No *Conveyed by Ambulance: Yes / N

### Claim Handling Accident MT/1082637

Policy No.  Certificate No.  Policyholder Name Product Code  Contact No.(Mobile)  Email Address	5107737221			
Policyholder Name Product Code Contact No.(Mobile)		Vervice No.	\$KN9637A	GST Registration No.
Product Code Contact No.(Mobile)				
Contact No.(Mobile)	TAN SALAN			Pulicyholder MICIC
	PRIVATE CAR INSURANCE	Cover Type	tirtive CLASSIC	Loading
Empli Adeleses	90357923	Contact No.(Office)		Contact No (Home)
- I - III CHAN DES		Special Remark		eCode
KEK	« No Yes	TCA	+ No : Yes	
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason
▼ Accident Details			770	Private Hire
Report Date	03/02/2020 14:59	A STATE OF THE STA		
Date of Accident		Accident Report Within 24 hrs	Yes	Accident Type
	31/01/2020	Time of Accident his men	22:26	Country of Accident
Reporting Centre		Orange Force		ICH No.
Accident Location	ALONG CENTRAL EXPRESSIWAY			
▽ Total Excess Applicable				
Гасова Туре	Per Accident	Windscreen Excess	106.00	
DD Standard Excess	400,00	TP Standard Excess		
VIED OD Excess			0.00	
Additional fixcess	300.00	YIED TP Excess	0.00	Driver is Covered?
Total OG Excess Applicable	٩			
	1100.00	Total TP Excess Applicable	0.00	
▼ Benefits				
□ GST Registered Informat	Son			
451 Registered	No		GST Registration Date	
35T Registration No.			GST Status Verified	Y96
Modification History				
₩ Policyholder Mailing Add	ress .			
Address I	BLK 450 #06-50	Address 2	h money was a	
Address 4			JURONG WEST STREET 42	Address 3
anit fee.	06-50	Address Type	Singapore address	Post Code
▼ OI Driver Info	390.84	Related Policy Number	5107737221	
Driver Name	400000000000000000000000000000000000000			
Innamed driver Name	Unnamed Driver	Driver Type	Unnamed Oriver	
	CHUA JIA HONG	Driver NRIC	5XXXX6700	Driver DOB
Register Date of Oriver License	09/10/2013	Driver Age	24	Driving Experience
Contact No.(Mobile)	98357923	Contact No.(Office)		Contact No.(Home)
Address 1	926 # YUK TONG AVENUE	Address 2	SINGAPORE 596438	Address 3
Address 4		Address Type	Foreign address	
Jolt No.		Transfer and Control of the No. 1	Portugit wateress	Post Code
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.	5XN9637A	Driver Insurer Company
Peclaration				
Breathalyser or Slood Test	0 mg	Any Insury?		
THE RESERVE OF THE PERSON OF T			Yes + No	
Reading*  fodification History  Claim 001 New				
odification History  Claim 001 New				
odification History  Claim 901 New			CO-MX	Insured TAN SAI AN
Claim 901 New			CO-MX	Contact
Claim 901 New			CO-MX	Contact No.
Claim 901 New New Type * contact No.(Mobile)			OD-MX	Contact No. (Hame)
Claim 991 New  New Type * contact No.(Mobile)  mail Address			CO-MX	Contact No. (Home)
Claim 991 New  New Type * contact No.(Mobile)  mail Address				Contact No. (Home) Of Vehicle Skarse37A Number
Claim 991 New  New Type * contact No.(Mobile)  mail Address  laim Description	p.c.com reposite		GD-MX SKN9837A / 53H4105T	Contact No. (Home) Of Vehicle Skarse37A Number
Claim 991 New  New Type * contact No.(Mobile)  mail Address  laim Description  referred forisalog	Insured Liability Not at F	aut.		Contact No. (Home) Of Vehicle Skarse37A Number
Claim 001 New  Claim 001 New  Inorthype *  contact No.(Mobile)  mail Address  Inim Description  referred  orkshop  orksh	Brefere'ed  Regair Preferred Workshop Option			Contact No. (Home) Of Vehicle Number ON 31 Jan 2020
Claim 001 New  Claim 001 New  Inorthype *  contact No.(Mobile)  mail Address  Inim Description  referred  orkshop  orksh	Repair Preferred Workshop	Name unknown . GIA	SKN9837A / S3H4105T (	Contact No. (Home) Of Vehicle Skinse37A Number Of 31 Jan 2020 Claim Cose
Claim 901 New  With Type *  contact No. (Mobile)  mail Address  laim Description  referred  orkahed  orkahed  No. New  Yes  hat Registered	Repair Preferred Workshop	Name unknown . GIA	SKN9837A / SJM4105T (	Contact No. (Home) Of Vehicle Skinse37A Number ON 32 Jan 2020
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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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107737221

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SKN9637A

Chassis Number

: WBAFP32040C866932

2. Name of Policyholder

: TAN SALAN

3. Effective Date of Insurance

: 27 Feb 2019

4. Expiry Date of Insurance

: 14 Jun 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 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) EXCESS (SECTION 2) WINDSCREEN EXCESS

: 5\$600

: N/A : \$\$100

ADDITIONAL EXCESS

: N/A : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COF

: NO : YES

NCD PROTECTION TRANSPORT ALLOWANCE

: NO : NO

**EXCESS WAIVER** 

: NO : TAN SALAN

PRIMARY DRIVER NAMED DRIVER (1)

: N/A : N/A

NAMED DRIVER (2)

: HL BANK

HIRE PURCHASE COMPANY 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

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

: 27 Feb 2019 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive