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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.
 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.

- 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

三品种 () () () () () () () () () () () () ()	ACCIDENT STATEMENT
Date Of Report	17/02/2020 18:54
Date Of Accident	15/02/2020 11:25
Exact Location Of Accident	JURONG TOWN HALL ROAD TOWARDS BUKIT BATOK
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	EV323T
Insured/Policyholder	
Name Of Registered Owner	PONG SIT YONG
NRIC No	SXXXX548A
Email Address	SBL@SBL.COM:SG
Mobile Phone No	(LOCAL) +65-96300315
Alternative Phone No	OTHERS-96300315
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
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	REPORTING ONLY
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	5094667521-02
Cover Note Number	
Driver	

1 1001 1 1101	Wite-
Policy Number	5094667521-02
Cover Note Number	
Driver	
Name of Driver	PONG SIT YONG
NRIC No	SXXXX548A
Date Of Birth	10/12/1945
Occupation	INDOOR
Date Of Driving Pass	11/09/1968
Driving Experience	51 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96300315
Fax Number	
Contact Number	OTHERS-96300315
EMail Address	SBL@SBL.COM.SG

Address

BLK 1 JALAN BUKIT MERAH

#05-4536

Postcode

150001

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

Ţ

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

NAME OF THE PARTY OF THE PARTY

NO

Was any body injured in the Accident?

50165

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)

10

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

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

UNKNOWN

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)

DATE: 15/2700 TIME: 1125 am # 1140 am.

LOCATION: JULY /OUT +/All PURD +DUARD BUILT BADOK.

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SKETCH PLAN

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 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 :
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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D) (MEY	10UN CAR
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DECLARATION	
i/ we declare the foreg	oing particulars are true in every respect.
00 50 M 10	17/02/2020
Policyholder's Signature	Driver's Signature Reporting Centre Personnel (Signature) 1/19 HANS
Date & Time:	(If driver is not the policyholder) Name:
GIANNE Skitch PlanForm	Date & Time: NRIC/FIN No.:

. ACCIDENT STATEMENT

	ACCID	ENT	ATEIL 5	1521	2020	(DD/MM	am),	ilme:[_	11:-	25.1	HH:MM	4
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email: sblæsbl.com.sg

Claim Handling

Paricy No.					
Section Company	5094667521-03	Venicle No.	EY323T		GST Registration No.
Certificate No.					
holicyholder Name	PONG SIT YOUG				Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM		Loading
Contact No.(Mobile)	96300315	Contact No.(Office)			Contact No.(Home)
Email Address		Special Remark			eCode
KPK	+ No. Ves	TCA	+ No Yes		eCode Reason
NCO Protection	Yes	NCD Entitlement(%)	50		Private Hire
▼ Accident Details					
Report Date	17/02/2020 19:01	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	15/02/2020	Time of Accident his min	11:25		
Reporting Centre	37879990000	Orange Force	11:67		Country of Accident
Accident Location	JURIONG TOWN HALL ROAD TOWARD				ICM No.
Total Excess Applicable	Tambrid Tariri Time Read Telephone	2 BUNET DATUE			
Енсия Туре	Per Accident	1007.010.0000 protects			
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Additional Excess		TILLS IF EXCESS		0.00	Driver is Covered?
otal OD Excess Applicable	.0	C 25-22-14-23-23-5-5-6			
▼ Benafits	600.00	Total TP Excess Applicable		0.00	
	Aon				
ST Registered	No		GST Registratio		
ST Registration No.			SST Status Ver	rifled	Yes
Madification History					
→ Policyholder Mailing Add	ress				
Address 1	8LK 1 #05-4536	Address 2	JALAN BUKTT MERAH		Address 3
Address #		Address Type	Singapore address		Post Code
Jrit No.		Related Policy Number	5094667531-02		
♥ OI Driver Info					
Onver Name	PDMS SIT YOUG	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	52143546A		Driver DOB
Lagister Date of Oriver License	11/09/1968	Driver Age	74		Driving Experience
Contact No. (Mobile)	96300315	Contact No.(Office)	177		
Address 1	0LK:1 #05-4536	Address 2	The same of cores agent and		Contact No.(Home)
Address 4	Web. 9. 70 (20 (20 (20))		JALAN BURTT MERAN		Address 3
Unit No.		Address Type	Singapore address		Post Code
Does he own a Singapore					
Registered car?	Yes # No	Draver Vehicle No.	EV333T		Driver Imurer Company
Breathplyser or Blood Test	ā mg	Any Insury?	Yes a No		
Breathplyser or Blood Test	3 mg	Any injury?	Yes a No		
Breathalyser or Blood Test Reading?	3 mg	Any intery?	Yes - No		
Declaration Breathalyser or Blood Test Reading? Modification History	8 mg	Any interoit	Yes + No		
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	Uploaded By/Date	Folder Date		File Name		9	Enue
19	NAC_BURIT_MERAH_800KTG(NATI S (BURIT (HERAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19:12	SAS		formal		SAS 3020-2-17
(J. 12)	NAC_BUKIT_MERAH_800KF6(NATI S (SUKIT HICKAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19:12	NRIC/ Driving License	Ÿ	Normal	NRIC/ t	Oriving Ucense 2020-2-1
	NAC_BUKIT_MERAH_800076(NAT) 5 (BUKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 18 12	Photos		Normal		Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATI S (BUKIT MERAH))	DNAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19:12	Photos		Normal		Photos 2020-2-17
	NAC_BURIT_MERAH_BOOG/6(NATI 5 (BURIT MCHAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19:12	Photos		Normal		Photos 2020-2-17
	NAC_BUKIT_MERAH_B00676(NATI S (BUKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19-12	Photos		Normal		Photos 2020-2-17
	NAC_BUKIT_MERAH_B00070(NATI S (BUKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19:13	Photos		Numbal		Photos 2020-2-17
	NAC_BURIT_MERAH_BOOG76(NATE S (BURIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19:13	Photos		Normal		Photos 2030-2-17
1	NAC_BUKIT_MERAH_BOOK/6(NATI S (BUKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 Feb 2020 19:13	Photos		Normad		Photos 2020-3-17
Attachment		of By/Dary	Category	T.	Urgency		Description

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

Certificate Number: 5094667521-02

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle Chassis Number

: EV323T

2. Name of Policyholder

: JTEKB3GH20J000460

: PONG SIT YONG

3. Effective Date of Insurance

: 13 Oct 2019

4. Expiry Date of Insurance

: 12 Oct 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

EXCESS (SECTION 1) EXCESS (SECTION 2) : 55600 WINDSCREEN EXCESS : N/A : S\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF : YES

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION

7 YES : YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: PONG SIT YONG : N/A

NAMED DRIVER (1) NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY SUM INSURED

: HONG LEONG FINANCE LIMITED

: 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)

: UNION MOTOR TRADING CO PTE LTD (00000613853)

Date of Issue

: 03 Sep 2019 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive