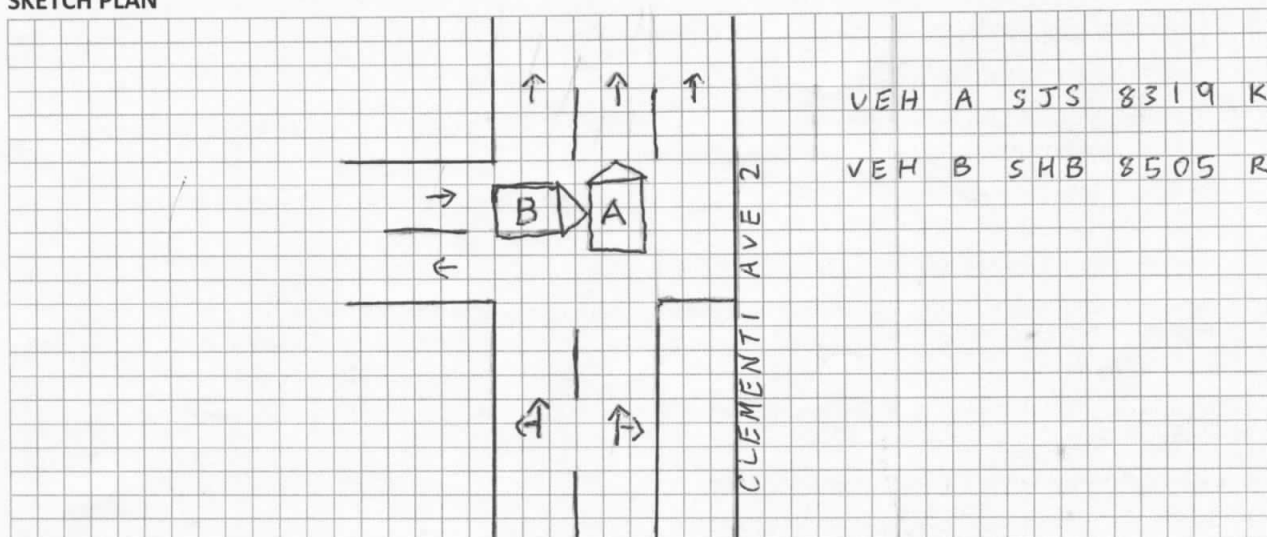


ACCIDENT STATEMENT

Date	29/2/2020
Time	1:45pm
Location	Clementi Ave 2 Toward AYE (Opposite Blk 330)
VEHICLE (A)	SJS 8319K Make & Model: Toyota Corolla Altis
Name of owner	Yong Moon Seong
NRIC / Company Registration No.	S8082719I
Email	HP: 9746 6268 Tel: Fax:
Contact	Own Damaged / <input checked="" type="checkbox"/> Third Party / Reporting Only
Type of claim	<input checked="" type="checkbox"/> Private Commercial / <input checked="" type="checkbox"/> Hire & Reward
Purpose of use	
Insurance Company	NTUC Income
Type of Policy	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party, Fire & Theft / <input type="checkbox"/> Third Party Only
Policy number	5113870693
Name of driver	As above If No: Any Passenger: 0
NRIC no	12 Aug 1980
Date of birth	Private Hire Driver Indoor <input checked="" type="checkbox"/> Outdoor
Occupation	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Gender	S8082719I
Contact	Blk 78 Lorong Liman #23-81 (S) 320078
Address	12 Mar 2009
Driving Passed date	
Email	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Children / <input type="checkbox"/> Spouse / <input type="checkbox"/> Employee / <input type="checkbox"/> Others:
Relationship with the Insured	No / If Yes - Vehicle no: Ins. Co:
Does the driver own any other vehicle	
Type of Collision	Front to Left
Weather conditions / Road surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Dry <input type="checkbox"/> Wet / Others:
Any Police Report lodged	No / Yes / Where? Clementi Police Division
Notice of Intended Prosecution Given?	<input checked="" type="checkbox"/> No / Yes / Against who?
Anybody injured in the accident?	No / Yes / Who / Vehicle no? Driver / SJS 8319K
Any other material or property damaged?	No / Yes
Any foreign vehicle involved?	<input checked="" type="checkbox"/> No / Yes / Vehicle no:
Any video captured by car camera?	<input checked="" type="checkbox"/> No / Yes
VEHICLE (B) - THIRD PARTY	SH 8505 R
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Insurance Company	
Details of Witness	HP:
Other Vehicles	(C) Any Passenger: (D) Any Passenger: (E) Any Passenger:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the 29/2/2020 at 1:45pm. When I was driving my Vehicle A (SJS 8319 K) along Clementi Ave 2 Lane 1. I heard a loud bang and felt an impact from the left of my vehicle. I got out my vehicle and realised my vehicle had been hit by a taxi Vehicle B (SH 8505 R), Which is coming out from the carpark (Blk 356-367) The Taxi did not stop behind the white line to check incoming vehicle but continue to accelerate forward.


After the accident I was given 7 days MC from Advance Clinic & Surgery pte Ltd MC 000081793

DECLARATION

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


 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.:

SKETCH PLAN

IMPORTANT NOTICE

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 withholding 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. 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.
7. 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:
 - (i) 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.:



**SINGAPORE
POLICE FORCE**



D/20200303/7011

1 of 2

POLICE REPORT (NP299)

Report No. D/20200303/7011

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 03/03/2020 09:50	Vide Report No.	Station Diary No.		
Name Of Informant YONG MOON SEONG	Address APT BLK 78 LORONG LIMAU #23-81 SINGAPORE 320078			
ID Type / ID No. NRIC NO / S8082719I	Contact No. Home/Office:	Mobile: 97466268		
Nationality SINGAPORE CITIZEN	Email Address ymoons@hotmail.sg			
Occupation Private Hire Driver	Sex Male	Age 39	Date of Birth 12/08/1980	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 29/02/2020 13:45 - 29/02/2020 14:15	Location Of Incident CLEMENTI AVENUE 2			

Brief details.

On the 29/2/2020 at 1:45pm When i was driving my Vehicle A (SJS 8319 K) along Clementi Ave 2 Lane 1. I heard a loud bang and felt an impact from the left of my vehicle. I get out of my vehicle and realized my vehicle had been hit by a Taxi Vehicle B (SH 8505 R). Which is coming out from the carpark (Blk 356 - 367). The Taxi did not stop behind the white line to check for incoming vehicle but continue to accelerate forward

After the accident I was given 7 days MC from Advance Clinic & Surgery Pte Ltd (MC 0000081793)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2020 09:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



D/20200303/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200303/7011

Subjects Involved			
Victim			
Person Name	YONG MOON SEONG		
ID Type	NRIC NO	ID No	S8082719I
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Private Hire Driver	Address Type	
Address	APT BLK 78 LORONG LIMAU #23-81 SINGAPORE 320078		Mobile No
Is Informant A Victim?	Yes		
Person Name	YONG MOON SEONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2020 09:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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: 5113870693

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJ58319K

Chassis Number

: MR053ZEE106154758

2. Name of Policyholder

: YONG MOON SEONG

3. Effective Date of Insurance

: 06 Nov 2019

4. Expiry Date of Insurance

: 05 Nov 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 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) : S\$2,000

EXCESS (SECTION 2) : S\$1,500

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 : NO

TRANSPORT ALLOWANCE : NO

EXCESS WAIVER : NO

PRIMARY DRIVER : YONG MOON SEONG

NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : POWER FINANCE PTE LTD

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 : KHC HOLDINGS PTE LTD (00000613934)

Date of Issue : 05 Nov 2019 16:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

KHC HOLDINGS PTE LTD
389A BALEGATE ROAD, SINGAPORE 329751
TEL: 62550200 FAX: 62550787

Countersigned By:

Authorised Officer

Chief Executive