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SINGAPORE ACCIDENT STATEMENT

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 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.
- 7. By the ladgement of this report to the locurers, you be

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/03/2020 11:39
Date Of Accident	27/02/2020 10:00
Exact Location Of Accident	ALONG GRANGE ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV3345B
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBILE TYRE PTE. LTD.
Co Reg No	2XXXXX569R
Email Address	CLIVEZ8328@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97928328

OFFICE-97993268

Alternative Phone No Vehicle Particulars

Manufacturer HONDA Model CIVIC

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY COMMERCIAL VEHICLE

Vehicle Category

Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5111945142

Cover Note Number

Driver

Name of Driver CHOW CHIN LOON JEFFREY

NRIC No SXXXX542A Date Of Birth 17/01/1973 Occupation INDOOR Date Of Driving Pass 26/11/2008

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97928328

Fax Number

Contact Number OTHERS-97993268

EMail Address CHOWJEFF@HOTMAIL.COM Address.

BLK 333 KANG CHING ROAD

#03-268

Postcode

610333

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

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)

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

SJM5503X

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)

GeneralClaim eBaoTech Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password My Desktop Policy Query Notice of Loss Date of Accident 27/02/2020 12:08 Policy No. 5111945142 Vehicle No.(For Motor) SJV33458 Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Expry Date Product Cover Type Select Policy No. AUTOMOBILE TYRE PTE. LTD. 5111945142-000007 drivo CLASSIC SJV33458 SJV33458 17/G1/2020 15/08/2020 5111945142 201835569R GFM Continue

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.
- 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)

l 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
- 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)

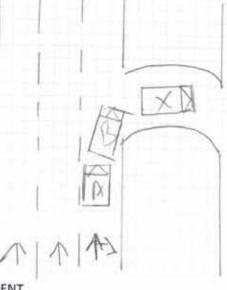
Date & Time: 10-53-7422

12.06

perporting Centre Personnel's Signature Hard

NRIC/FIN No .:

CRONGER ROAD NOW MROS BRUTARD



A) SJJ 3255R B)841 83084

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

Policyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: (0) 0 > 1 200 (2:07)

Reporting Centre Persons

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (24) 02 200 (DD/MM	/YYYY), TIME: (10 : 00) (HH:MM)
LOCATION: Comque Road CA	
C)POLICY NUMBER: 51,194514	1 -000007
DIPOLICY TYPE: (COMPREHENSIVE / THIRE B) MAKE & MODEL: HOLD WAN / LE STATE (SALOON / COUPE / MPV /VAN / LE SIVENICATE / COMM DIPURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUP OWN IF NO. PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER A) NAME: AU DOMOBILE TYRE D) NRIC/FIN/PASSPORT:	INSURANCE (YES/NO) X
c)ADDRESS:	CONIACI:
*d)DATE OF BIRTH: () / (?+) (D) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASC 2() 4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W 5. d)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)	[MALE / PEMALE] CONTACT: 979912(8) CONTACT: 979912(8) CONTACT: 979912(8) CONTACT: 979912(8) CONTACT: 979912(8) CONTACT: 979912(8) CONTACT: 979912(8)
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() NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE VEHICLE NUMBER:	CONTACT:
(Including driver) f) DRIVER'S NAME:	CONTACT::-

email = chowjett@hutmail.com

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- Video List

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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: 5111945142-000007

5JV33458

 Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

: JHMFD36209S206287

: AUTOMOBILE TYRE PTE. LTD.

Cover : drivo CLASSIC

3. Effective Date of Insurance

: 17 Jan 2020

4. Expiry Date of Insurance

: 16 Jan 2021

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) : 5\$2,000 EXCESS (SECTION 2) : 551,500 WINDSCREEN EXCESS : 5\$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 : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) = N/A

HIRE PURCHASE COMPANY : REVO FINANCIAL 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)

: KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 15 Aug 2019 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive