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SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance companies to repudiate policy fiability.
- 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 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

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Date Of Report 13/03/2020 09:54 Date Of Accident

12/03/2020 09:30 Exact Location Of Accident ALONG BALESTIER ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU3647L

Insured/Policyholder

Name Of Registered Owner HOON DAI CHUN

NRIC No SXXXX326Z

Email Address HOONDC@BBGR.COM.SG Mobile Phone No (LOCAL) +65-94501169 Alternative Phone No OFFICE-64537527

Vehicle Particulars

Manufacturer BMW Model 5201

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

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 5105564793-01

Cover Note Number

Driver

Name of Driver HOON DAI CHUN NRIC No SXXXX326Z

Date Of Birth 29/07/1954 Occupation INDOOR Date Of Driving Pass 11/12/2008

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94501169

Fax Number

Contact Number OFFICE-64537527

EMail Address HOONDC@BBGR.COM.SG Address

39B BARTLEY ROAD

Postcode

539778

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

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)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

SKK2342L

Vehicle Make/Model/Colour

TOYOTA FORTUNER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YAP KAR (YAP JIA)

NRIC/Passport Number

SXXXX022B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Veh A: SLU 3647 L Veh B: SKK 2342L

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 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
- 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNICER MY DOUD FOUND FOR MY POLICY FOR MORE DETAILS

Policyholder | Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

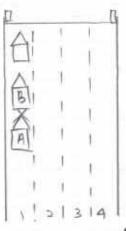
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NRIC/FIN No.

SKETCH PLAN

Veh A: SLU 3647L

Veh B: 8kk 2342L



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DECLARATION

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

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Wame:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report 9.30am *Date of Accident: *Time of Accident: *Accident Location: Vehicle Details *Vehicle Number: Insured / Policyholder *Owner Name: *Address: Atract (Indoor / Outdoor) *Occupation: Driver () same as above *Driver Name: *NRIC: *Address: *Driving Pass Date: +9 *Date of Birth: 29/1/ *Email: *Occupation: (Indoor / Outdoor) * Tel /H /Other: *Driver an employee: Yes No (*If no, what is relationship with the policyholder :_____ Passengers Details * P/Name: (Male/Female) * P/Name: (Male/Female) * P/Name: (Male/Female) * P/Name: (Male/Female) Insurance Company NTUC *Insurer: *Coverage: C / TPFT / TPO *Policy No: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SAX 23 Vehicle No.: Make & Model: Make & Model: Vehicle Category: Vehicle Category: __ Name of Driver: Name of Driver: NRIC NRIC HP HP No. of Passengers (Including Driver): No. of Passengers (Including Driver):_ For Official Use Only *Claiming against Own Ins.: Ves / No. (If No, Reporting Only / TP Claims) General Information of the accident *Type of accident: (Head-Rear / Side swipe / others: *Weather conditions: Clear / Raining / others: *Any video cam: Yes / No *Road Surface: Ory / Wet / others: _____ *Witness: Yes / No (Name: ____ NRIC: *Accident reported to police: Yes Accident reported to police: Yes *Injured party: Yes LNO *No. of passengers (include driver): -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

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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 FOAD TRANSPORT ACT, 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY FISKS) PULES 1955 (MALAYSIA)

Certificate Number \$125555792-51

Cover

ALL THE RESERVE

3. Despite of Capper of Philippe (1992) (2012)

ia Tie Foliogiower.

(b). Any other person who is driving on the Pallayholder's proper 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 disquelified by order of a Court of Law or by reason of any enectment 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)

: N/A : N/A

WINDSCREEN EXCESS ADDITIONAL EXCESS

: 55100 - N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: YES : NO

NCD PROTECTION

: NO : NO

TRANSPORT ALLOWANCE EXCESS WAIVER

: YES : HOON DAI CHUN

PRIMARY DRIVER

: JUNE KHOO PUAY TUAN

NAMED DRIVER (1) NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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

: 09 Dec 2019 10:30 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive