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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 willful 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	17/03/2020 17:35
Date Of Accident	15/03/2020 14:15
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT25E
Insured/Policyholder	
Name Of Registered Owner	CHENG POH GOCK
NRIC No	SXXXX085I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96381029
Alternative Phone No	OTHERS-92300103
Vehicle Particulars	
Manufacturer	BMW
Model	3181
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	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	5113391660
Cover Note Number	
Driver	
Name of Driver	WEE MUN SHUEN
NRIC No	SXXXX195B
Date Of Birth	10/12/1994
Occupation	INDOOR
Date Of Driving Pass	14/01/2016
Driving Experience	4 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96381029

OTHERS-92300103

NOEMAIL

Address

25 JALAN REMAJA

Postcode

668685

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

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

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

GBB5104S

Vehicle Make/Model/Colour

FIAT

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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)

Lunderstand, 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
- (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,

Palicyholder's Signature

Date & Time

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time:

Briver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN NO.:

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 15/3/20 Time: / 41/5 (24 hr format)
Exact Location of Accident *	Aug W bio way Aug 1
INSURED / POLICY HOLDER / VEHICLE PARTICUL	ARS / DETAILS OF OWN VEHICLE
Vehicle Registration Number *	SJT 256 Make & Type *:
Name of Registered Owner *	CHEACH POH GOLL
NRIC / FIN / Passport /Co Regn No. *	92300193
Contact Number *	9638 1029 Email/Fax No:
Exact <u>Purpose</u> for which vehicle	☐ Private Usage / ☐ Commercial or Company's Usage
was being used at Time of Accident	
Are you daiming under your own	Yes / ZNo If No, Please state action to be taken
insurance policy for repair to your vehicle?* INSURANCE COMPANY (OWN VEHICLE)	Third Party Claim (SYH / Other workshop?) / Reporting Only
Name of Insurance Company.*	China / EQ / Etiga / MSIG / Toxlo Marine/ Great American
Type of Policy*	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No. DRIVER	5713391660
Name of Driver*	WE MAN SHUEN Gender Male /Female)
NRIC / FIN / Passport Number *	594461953
Date of Birth *	10 / 12 / 1994 (dd/mm/yyyy)
Occupation *	□ Indoor / □ Outdoor
Date of Driving Pass (Pass Date) *	14/1/2016
Contact Number *	92300/03
Address	25 Jln Remaja (6) 668 685
Email Address / Fax Number *	Email: Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: Desplay
Does Driver Own any Vehicle, if YES pls indicate	Veh No: 1) 2) 3)
Vehicle Number & Insurance Company * GENERAL INFORMATION OF THE ACCIDENT	Ins Co: 1) 2) 3)
Type of Collision	Chain Collision / Side-Swipe / Front to Redul Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface * OTHER INFORMATION	Wet / Ory / Others:
Was anybody Injured in the accident? *	EINo / DYes (Police Report required)
Was any injured conveyed to hospital by ambulance?	DHO7 DYes
Was any foreign vehicle involved in this accident? *	☑No / □Yes Veh No: Veh Category:
Number of vehicles involved in the accident	(2-)
Was there any witness?	₽No / □Yes
Was any other VEHICLE / Property involve /damage?*	□No / ÆYes
Was there any video captured by Car Camera?	DHO/ DYes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	☑No / □Yes If Yes, Please state which Police Station
Was Notice of Intended Presecution given? *	No / Dres If Yes, against whom?
Number of Passengers (including DRIVER)?*	
Passengers	Name: Name:
NICH-WAY WEST	Gender : Male / Female Gender : Male / Female
Have you been approached by unknown pers	son(s) soliciting/offering accident claims assistance? Yes/ No

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DETAILS OF OTHER VEHICLE(S) / PROP	ERTIES		
Vehicle Registration Number *	1)	GBB 57045	2)
Vehicle Make / Model / Colour		FIAT	
Damage to Vehicle/Property? Vehicle Category *		C Statut	
Name of Driver			
NRIC/Passport Number			
Contact Number			
Address			
Insurance Company Name			
DETAILS OF WITNESS			
Name			
Contact No. / Email Address			

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Claim Handling(accident reporting. Claim Task)	3	NAC AURIT MERAN BOOGNEY NEWS	ATTOWN, ASSESSMENT CENTRE SERVICE Force 17 Mar 2022 17:48				Holist 2020-3-47	16



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT ICHAPTER 1891 MOTOR VEHICLES (THIRD PARTY BISAS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT, 2018 (MALAYSIA)

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

Certificate Number: 5113381660

Index mark and Asgistration Number of Vehicle

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

05 Nov 2019 11 Nov J020

SITZSE

Cover 1 drive CEASSIC

WBAP#72030A794034

CHENG POH GOCK

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 it 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.

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) : 5\$600 EXCESS (SECTION 2) N/A WINDSCREEN EXCESS 55100 ADDITIONAL EXCESS N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO + NO TRANSPORT ALLOWANCE

EXCESS WAIVER · NO : CHENG POH GOCK PRIMARY DRIVER NAMED DRIVER (1) : WEE MUN SHUEN

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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

DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 15 Oct 2019 15:05 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive