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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,
- 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 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.

aforesaid.	
AND RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	25/06/2020 17:04
Date Of Accident	24/06/2020 11:45
Exact Location Of Accident	OUTSIDE FUNAN SHOPPING CENTRE
Country/State of Loss	SINGAPORE
California de la companya del companya de la companya del companya de la companya	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM9999Z
Insured/Policyholder	
Name Of Registered Owner	PERENNIAL REAL ESTATE HOLDINGS LIMITED
Co Reg No	2XXXXX338M
Email Address	JAMES.LI@PERENNIALREALESTATE.COM.SG
Mobile Phone No	(LOCAL) +65-92713900
Alternative Phone No	OFFICE-66028605
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO :
Policy Number	5109970831-01

## Driver

Cover Note Number

Name of Driver LI WEIGUO, JAMES

 NRIC No
 SXXXX397G

 Date Of Birth
 11/06/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 13/11/2001

Driving Experience 18 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92713900

Fax Number

Contact Number OFFICE-66028605

EMail Address JAMES,LI@PERENNIALREALESTATE.COM.SG

Address

BLK 53 NEW UPPER CHANGI ROAD

#13-1478

Postcode

461053

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

NO

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

SKB9648B

Vehicle Make/Model/Colour

HONDA FIT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMAD SALEM BIN AHMAD

NRIC/Passport Number

SXXXX217G

Contact Number

84427078

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Veh A: SLW 9999 2 Veh B. Sky 9684B

# 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)

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 malling 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Enmuga) Date & Time: 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24 Jun 2020

NRIC/FIN No.:

SKETCH PLAN Veh A: SLM 9999 Z Veh B: SKB 9684 B Funan Shopping Mall Car Park Entrance Horth Bridge Rd DESCRIBE CIRCUMSTANCES OF THE ACCIDENT North Biridge going particulars are true in every respect. Policyholde Path Driver's Signature Date & Time: 22 Jun 20 (If driver is not the policyholder) Date & Time: 24 Jun 20 NRIC/FIN No.: 1615

\*Injured party: Yes (No

-I/Name:

-I/Name:

\*(ustomer Still in Consider to do Self Repair or Not !

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 June 2020 Time of Accide Junes Shopping Centre \*Time of Accident: \*Date of Accident: \*Accident Location: Vehicle Details \*Vehicle Number: SIM 9999Z \* Make & Model: Toyota / Well fine Insured / Policyholder \*Owner Name: Perennial Real Estate Holdings Limited +NRIC: 200210328 M \*Address: 8 Shenton Way #36-01 8:68811 \* HP: -\*Email: -\*Occupation: \_ \_ (Indoor / Outdoor) \* Tel /H /Other: 66027605 Driver ( ) same as above \*Driver Name: It Weigne James \*NRIC: 182153979 \*Address: 53 New Digger Change Road # 13-12-18 8 261053 \*Date of Birth: 11 Jun 82 \*Driving Pass Date: 13 Nov 2001 \*HP: 92713900 \*Email: James. 1. @ perennial real ertate. com of \*Gender: Male/female \*Occupation: TR measure (Indoor/Outdoor) \* Tel/H/Other: 92713900 \*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 \*Coverage: C / TPFT / TPO \* Policy No: \_\_\_ HTUC \*Insurer: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SFB5684B Vehicle No.: Make & Model: Handa / Fit Make & Model: Vehicle Category: Vehicle Category: Name of Driver: Mohamad Selem A Ahmad Name of Driver: NRIC : 204432179 NRIC HP : 84427078 HP No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only \*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) General Information of the accident \*Type of accident: Head-Bear / Side swipe / others: \_\_\_\_\_ \*Any video cam: Yes / No \*Weather conditions: Clear / Raining / others: \*Road Surface: Dry / Wet / others: \*Witness: Yes / No (Name: \_\_\_\_ NRIC: \*Accident reported to police: Yes /No \*Summon against whom:

\*No. of passengers (include driver):

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

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## THE SCHEDULE

# **Private Car Insurance Policy**

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number

5109970831-01

The Policyholder

: PERENNIAL REAL ESTATE HOLDINGS LIMITED

8 SHENTON WAY #36-01 AXA TOWER SINGAPORE 068811

Period of Insurance

: 08 Jun 2020 To 07 Jun 2021

Sum Insured

: Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss

Premium (inclusive GST)

: 5\$1,130.28

Interest Insured

Cover Type Primary Driver : drivo CLASSIC : Lee Seng Kee

Named Driver (1) Named Driver (2)

: N/A : N/A

Make/Model Registration Number

: TOYOTA/VELLFIRE : SLM9999Z

Capacity : 2500cc Registration Year : 2017 Off-peak Car · No

Chassis Number Repair at Owner's Preferred Workshop: No Excess (Section 1)

: AGH300124191

Insure with COE : No NCD Entitlement : 30%

t- No

: 5\$600 : N/A NCD Protection : S\$100

Windscreen Excess Additional Excess Unnamed Driver Excess

Excess (Section 2)

N/A : Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover

Transport Allowance Excess Waiver

. No

Memo A: N/A

Endorsement Operative : M3

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

: 02 Jun 2020 16:39 hrs

### **DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive