NATTONAL Assessment Centre	CONTRICTOR	[2011.031.03]	MMA 1200560	42	
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TP Particulars: Veh No: SM	M 363/	a . INC(10.	
Owner / Driver: (14 26 3 /	1	Tel:	1	-
Policy No: () Períod	d: ()	Cover Type: (1	
Confirmed by : (Date:	Time:		-
Insured/Driver Liability: (%) [Not	tc-Est. Status		%; P: 21-79%. F: 80-1	100%7	
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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
- 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. 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

	to the disting of this report at the centre and to
TAYOUR NOTES AND SERVICE	to the archiving or this report at the centre and to copies of the report being made available
Date Of Report	ACCIDENT STATEMENT
Date Of Accident	01/07/2020 13:52
Exact Location Of Accident	30/06/2020 17:30
Country/State of Loss	34A WATTEN VIEW RESIDENTIAL CARPARK
WEATHER TO BE CHARLES AND THE	SINGAPORE
Vehicle Registration Number	DETAILS OF OWN VEHICLE
Insured/Policyholder	SLM6421T
Name Of Registered Owner	
Co Reg No	KIRALY PRIVATE LIMITED
Email Address	2XXXXX081C
Mobile Phone No	NOEMAIL
Alternative Phone No	
	OFFICE-64921785
Vehicle Particulars	
Manufacturer	AUDI
Model	Q5
Exact Purpose for which vehicle was being time of accident	FARRED
Are you claiming under your own insurance for repair to your vehicle?	policy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INCURANCE OF THE
Type Of Coverage	NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE
Fleet Policy	NO NO
Policy Number	5113097961
Cover Note Number	0110097901
Driver	
Name of Driver	I HAMEN ON THE STREET,
NRIC No	LIM WEN CAI ROBERT
Date Of Birth	SXXXX476C
Occupation	13/08/1990
Date Of Driving Pass	OUTDOOR
Priving Experience	28/11/2008
Sender	11 YEARS AND 7 MONTHS
fobile Number	MALE
ax Number	(LOCAL) +65-91900214
ontact Number	
Mail Address	
Mail Addiess	NOEMAIL

Address

BLK 412 WOODLANDS ST 41 #01-57

Postcode

730412

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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

REFER TO STATEMENT.

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

SMN363A

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)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)
 - 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.

KIRALY PTE LTD

Policyholder's Signature '

Date & Time:

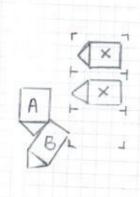
Low L

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



A= SLM 6421T B = SMN 363A 34A Watten View Residential Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to attached
	to the ched
/	
ECLARATION	

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

KIRALY PTE LTD

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 .:

On 30.06.2020 at about 17:30 hours, I parked my vehicle (A) at 34A Watten View Residential Carpark.

After about 3 minutes later, when I was standing behind of my vehicle (A), suddenly I heard a loud bang. I then realised vehicle (B) had collided onto front left hand side portion of my vehicle (A) while reversing.

Vehicle (A): SLM 6421T

Vehicle (B): SMN 363A

KIRALY PTE LTD

SINGAPORE ACCIDENT STATEMENT

Accident Date: 30 66 202 0 Time: 17-30	(hh:mm) 24 hr form
Location 34A Watten View Residentia	Con Conta
	· Carpork
Vehicle Number SLM 64217	
Insured Name Kiraly Private Limited.	
NRIC/FIN 2014 1250 16	
Make Audi Model OF	
Are you claiming under your own insurance notice of	www.li.1.0
I filled Party () Domest	ing venicle?
Insurance Company NTUC	ing
Type of Policy (V) Comphensive () Third Post Files	Tt. O
Policy Number 511309 7961	Theft () TP Only
Name of Driver Lim Wen Cai, Robert	
Em Wen (a), Kobest	()Same as Insured
AIDIC (FD:	990
NRIC / FIN S9030476C Contact Numb	
Date of Birth 13/06/1990	11: (00214.
Driving Pass Date >8/11/2008.	
Occupation () Indoor () Outdoor	
Gender (✓) Male () Female	
Email Address robertlimuc @gmail.com	The second second
Address of Driver BLK 412 Woodlands Street.	()NO EMAIL
HILLER SUMMING THEFT	
Was driver an employee of the I	
1 100, Relationship of the Driver with the	/) No
Owner () Spouse () E:	(v) Hirer,
Joes the Driver Own Any Other Waling B	uildren () Sibling
f Yes , Vehicle Registration Number of Driver's Own Vehicle	
nsurance Company of Driver's Own Vehicle	
Veather Conditions (1/) Class	
Road Surface () D	
Vas any foreign vehicle involved in the	
vas anybody injured in the against 12	V)No
yes, injured detail () Yes (✓) No
as there any video cantured by Car Carray 2	AND AND ADDRESS OF THE PARTY OF
as the Accident reported to the D. I.	
ETAILS OF 3 rd party Name / Nric	o If yes attach police report
eh B SMN 3 63 A	Contact
eh C	
eh D	
eh E	
eh F	



Certificate of Insurance

: SLM6421T

: 08 Oct 2019

: 09 Oct 2020

Cover : drivo CLASSIC

: WAUZZZ8R2AA011305

: KIRALY PRIVATE LIMITED

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: 5113097961

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 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

: TECK WEI CREDIT 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

: TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

: 09 Oct 2019 09:57 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Co. Reg. No. 200512300K 210 Turf Club Road

The Grandsland, Lot A8 Singapore 287995

Tel: 6465 0020 Pax: 6465 0017

Claim Handling

Accident MT/1095804				
Policy No.	5113097961			
Certificate No.	2443037301	Vehicle No.	SLM6421T	CONTRACTOR OF THE PARTY OF THE
Policyholder Name	KIRALY PRIVATE LIMITED		50 CARROS TO 0	GST Registr
Product Code	PRIVATE CAR INSURANCE			56600
Contact No.(Mobile)	64921785	Cover Type	drivo CLASSIC	Policyholder
Email Address		Contact No.(Office)		Loading
KFK	No Yes	Special Remark		Contact No.(
NCD Protection	No	TCA	No Yes	eCode
▼ Accident Details	NO	NCD Entitlement(%)	0	eCode Reaso
Report Date				Private Hire
Date of Accident	01/07/2020 14:30	Accident Report Within 24 hrs	Yes	
Reporting Centre	30/06/2020	Time of Accident hh:mm		Accident Type
Accident Location		Orange Force	17:30	Country of Ac
	34A WATTEN VIEW RESIDENTIAL CARPARK			ICM No.
▼ Total Excess Applicab Figure 7 Total Excess Applicab Tota	ie			
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess			100.00	
YIED OD Excess	2,000.00	TP Standard Excess		
Additional Excess	0.00	YIED TP Excess	1,500,00	
Total OD Excess Applicable	o		0.00	Driver is Cove
▼ Benefits	2000.00	Total TP Excess Applicable		
			1,500.00	
▼ GST Registered Inform GST Registered	ation			
GST Registration No.	No		110011	
Modification History			GST Registration Date	
- Tourication Plistory	01/07/2020 14:33:02 System	n changed GST Status Verified from No	GST Status Verified	Yes
Policyholder Mailing Ad			to hes	
Address 1				
Address 4	8 KAKI BUKIT AVENUE 4	Address 2	WO S WAR	
Unit No.		Address Type	#06-43 PREMIER @ KAKI BUKI	Address 3
	06-43	Related Policy Number	Singapore address	Post Code
♥ OI Driver Info		The state of the s	5109607940-01	
Driver Name	Unnamed Driver	Driver Type		
Unnamed driver Name	LIM WEN CAI ROBERT	Driver NRIC	Unnamed Driver	
Register Date of Driver License	28/11/2008	Driver Age	59030476C	Driver DOB
Contact No.(Mobile)	91900214	Contact No.(Office)	29	Driving Experie
Address 1	BLK 412 #01-57	Address 2		Contact No.(Hr
Address 4		Address Type	WOODLANDS STREET 41	Address 3
Unit No.	01-57	Abbress Type	Singapore address	Post Code
Does he own a Singapore Registered car?	Yes No	Debaga Architectura		
		Driver Vehicle No.		Driver Insurer
Declaration				3,754,07
Breathalyser or Blood Test Reading?	0 mg			
Reduings	o nig	Any injury?	○ Yes ⊕ No	
			0.75	
Modification History				
Claim 001 New				
Claim 001 New				
Claim Type •		2		
			OD-MX	Inches a
Contact No.(Mobile)			OD-MX	V Insured KIF
				Contact No.
Email Address				(Home)
2/07/2014/60			andrew90034096@gmail	I.com Vehicle SLI
Claim Description			02	Number
Preferred			SLM6421T / SMN363A O	N 30 Jun 2020
Vorkshop Sequest No. von	Proferered Liability Not at Fault			
inalisation Yes	Preferred Workshop, Name u	nknown V GIA Received	27	
ate Registered	W. P. Charles	report Received	<u> </u>	Claim
eport Taken By			01/07/2020 14:34	Claim
			LIEW SHAN HUI	Date
Print AK Jetter				
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