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Owner / Driver: (	4N 1841E	, mor	Tel:	)
	erlod: (	)	Cover Type: (	7.
Confirmed by a (		Dater.	Times	)
	[Note-Est Status (W	O): N: 0-20	%; P: 21-79%. P: 8	0-100%]
Year of Registration: ( )	Warranty: YES (	)/NO(	)	7
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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 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.

是我们是是这个人的。 第一个人	ACCIDENT STATEMENT			
Date Of Report	09/07/2020 14:38			
Date Of Accident	06/07/2020 13:00			
Exact Location Of Accident	PLAZA SINGAPURA CARPARK LOT 4-05 LEVEL 4			
Country/State of Loss	SINGAPORE			
<b>心自然与外界等员公司</b>	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKV6582B			
Insured/Policyholder				
Name Of Registered Owner	ASIABRIDGE PTE LTD			
Co Reg No	1XXXXX662R			
Email Address	NANA@OCEANPARADISE.COM.SG			
Mobile Phone No	(LOCAL) +65-96757077			
Alternative Phone No	OFFICE-96757077			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	HARREIR			
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED			
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	5113250299			
Cover Note Number				
Driver				
Name of Driver	DORA NANA OKADA			
NRIC No	SXXXX426H			
Date Of Birth	23/07/1968			
Occupation	INDOOR			
Date Of Driving Pass	09/09/1998			
Driving Experience	21 YEARS AND 9 MONTHS			
Gender	FEMALE			
Mobile Number	(LOCAL) +65-96757077			
Fax Number				
Contact Number	OTHERS-96757077			
EMail Address	NANA@OCEANPARADISE.COM.SG			

Address

BLK 45 MOUNT SINAI RISE

#07-02

Postcode

276958

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

- 0

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

NO

ambulance?

Carener

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)

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

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

SGQ7847E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

SXXXX514D

Contact Number

93857466

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.
- 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.
- 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 aforesald.
- 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
- (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.
- 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: 09 July 202

Reporting Centre Per Name

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I packed my can on the date and time,

I 10	asked my can on the date and tin	~
who	I came to my can I saw a	
ryo Tr	saying that my can was knocked	
0110	ask me to contact her.	
CLUS	COSC MO TO CONSTRUCT	
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		_

## DECLARATION

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

Policyholder's Signatur Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 9 July 2020

1335 Lug

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

4	ACCIDENT DATE: (16107) 2020 (DD/MM/YYYY), TIME: (13:00)(HH:MM)
Ţ	OCATION: Plaza Singapura Carparki cot4-0
	1. DETAILS OF VEHICLE SKV 65828
	DINSURANCE COMPANY: NTUC
	DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY CITE ATTICKT
	OMINICA MODEL:
	DITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	DARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	" " CASE STATE THIRD PARTY CLAIM / PERCENTING OF HAD
	2. INSURED / POLICY HOLDER  A) NAME: AS (ARRING T. PTE LTD (MALE / FEMALE)
	CONTACT:
8 9	o) ADDRESS:CONTACT:
o of pristang	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER
duding drive	J GINAME: DORA NANA OLADA
()	b) NRIC/FIN/PASSPORT: CONTACT: 96 75 70 7 7
	e)OCCUPATION: (INDOOR / OUTDOOR)
si	DOUTE OF DRIVING PACE OF COD LOGE
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5	b)ROAD SURFACE: (DRY / WET / OTHERS
6.	WAS ANYBODY IN HIRED LYES AND IN
7.	DIREPORTED TO POUCE (YES / NO)
8.	IF YES, PLEASE STATE WHICH POLICE STATION:
rding dviver)	d) VEHICLE NUMBER: SGQ 7847E MODEL:
100 C 100	G) NRIC/FIN/PASSBORT, STEP
_) ,	THEO PARTY VIEWS 13 603 14 D CONTACT: 9385 7466
passumer	d) VEHICLE NUMBER: SCHOLTS TO MODEL:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: \$7580514 D CONTACT: 93857466  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:
_) 9. of passunger unling_obliver	THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME: CONTACT:  f) NRIC/FIN/PASSPORT: CONTACT:

email = nana@oceanparodice.com-so

Dear Sir/Madam

I'm terribby Sony

for knocking your Car

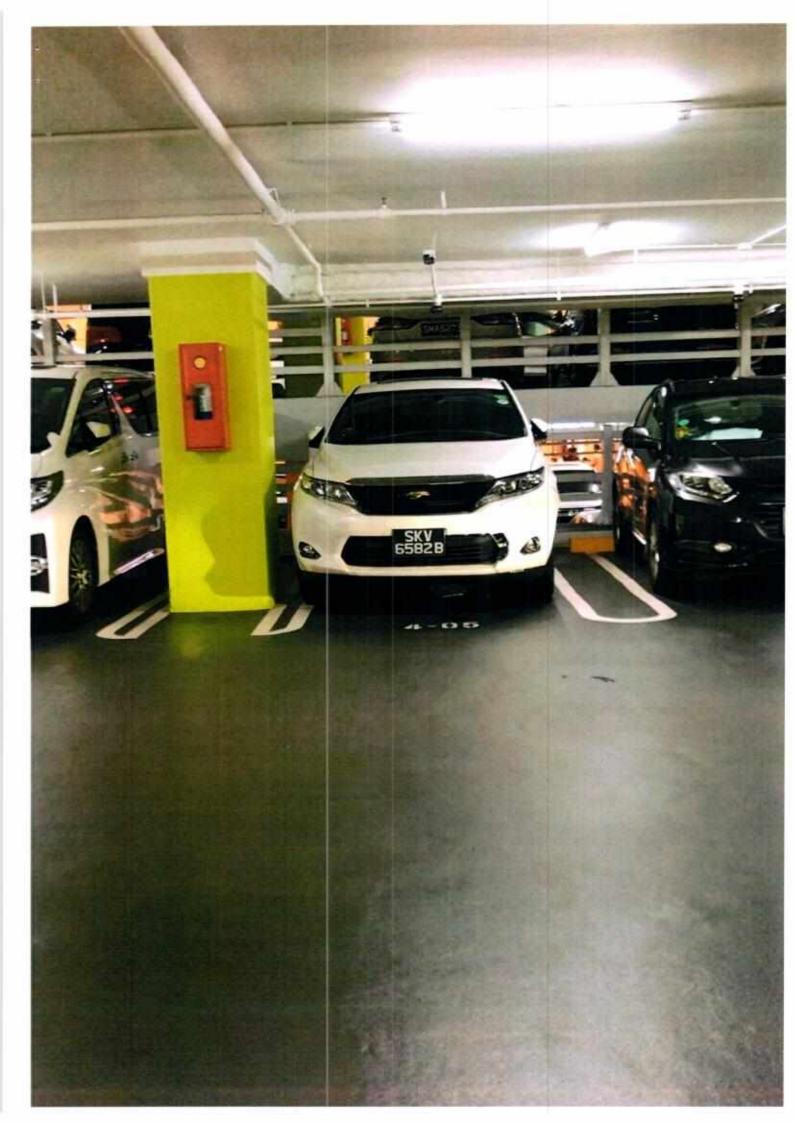
my contact number

93857466

please Contact me.

Fang Fang

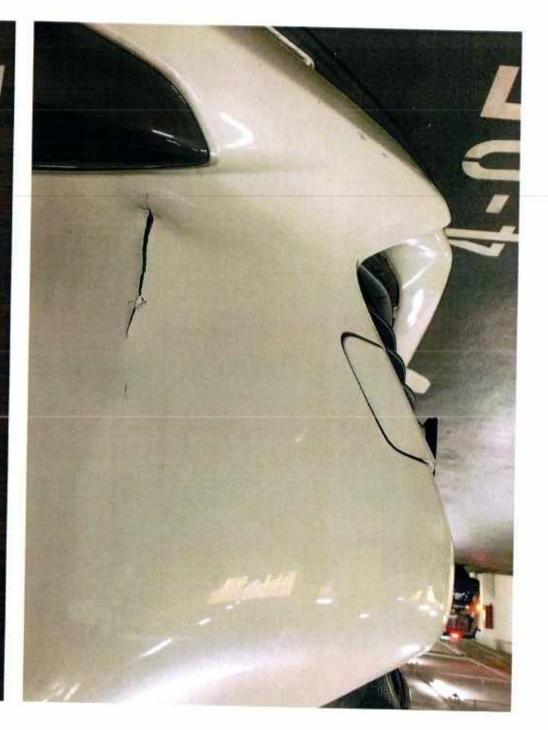








Dear Sir/ Madam I'm terriby sony for knocking your car. my contact number 93857466 please Contact me.



Accident MT/1086479 Policy No.							
	5113350299	Vehicle No.	5KV43826		GST Registration No.	1994	
Contribute No	2112000000	X40004 900	38.949020		NOT RESISTANCE PRE	. 194	
Policyholder Name	ASIABAIDGE PTE LTD				Policyholder NR3C	1989006428	
Product Code	PRIVATE CAR INSURANCE	Cover Type :	drive CLASSIC		Loading	0	
Contact No.(Micble)	96757077	Contact No.(Office)			Contact No.(Home)		
Email Address	nana@oceanparados.com.ag	Spicial Romark			eCode	201 00	
KIK	No. Yes	TEA	No. Yes		ACONE TERRITOR		
NED Protection	Yes	NCD Entitlement(%)	758		Private Here	No	
▼ Accident Details							
Report Detail	89/87/2020 14:58	Accident Report Within 24 hrs	791		Accident Type	Damaged writing pa	rkmti
Date of Accident	16/07/2025	Tens of Academt filti min	\$3:00		Country of Accident	Singapore	
Reporting Cantre		Ovange Fires			DOM NO.		
Accident Location	PLAZA SINGAPURA CARPARK LOT 4-05 LEVEL	(4)					
Total Excess Applicable Technic Type	Per Assidore	2022/03/11/20240					
ENGINE TERM	Per Alboent.	Windscreen Excess		100.00			
OD Statelard Excess	600.00	TF Standard Excess		6.00			
TIEI7 DD Excess	9.00	YIED TV Excess		0.00	Driver is Construct?	Covered	
Additional focuse	10						
Total OD Excess Applicable	600,00	Tutal TP Excess Applicable		0.00			
→ Benefits							
⇒ SST Registered Informat	NAME .						
GST Registered GST Registration No.	1980000628		EST Registr		36/07/1999		
Modification History		ts changed GST Repititupion No. from N	GST Status 64 to 1999/06628		Yes		
	09/07/2020 15 01 06 System 08/07/2020 15 07 06 System	In changed GST Registration No. from N in changed GST Registration Date from in changed GST Status Verified from No.	21/02/1989 to 26/07/1 to Yes	later)			
- Policyholder Mailing Add		30					
Altimes 1	1 Crowents rook	Address 2	*03-01		Address 3	SINGAPORE 12980	OR .
Address 4		Address Type	Singapore address		Post Cade	129908	
Unit No.	69-01	Related Policy Number	5113250299				
- OI Driver Into							
Driver Name	DORA NANA OKADA	Driver Type	Named Driver		2000222		
Unnamed Stiver Name		Driver NATC	56822426H		Driver DOS	23/01/1966	
Register Date of Driver License Contact tro.(Mostle)	01/01/1999 96757877	Contact No.(Office)	32		Critical No.(Home)	31	
Address 1	2012/11/2	Address 2			Address 3		
Aggress 4		Address Type	Poreign podress		Past Code		
Unit No.		D SECRETARY TO	designative water		970141ES		
Does by own a Singapore	Yes No	Driver Venicle No.	5KV65828		Driver Simular Company	MTUE	
Registered car?		The second secon			and a second		
Declaration							
Breathphyser or Brood Test Reading?	0 mg	Any Injury?	Yes a Ne				
13771041							
Medification History							
reduction: restory							
Claim 001 New							
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Claim Type •				[ор-мк	Cuntect	NRGC Contact	
				[рр-мк	Curtect (	NRJC Contact No. (Office)	198900662R
Contact No.(Mobile)				[00-нк	Contact   No. (Pierret)   Ol   Vehicle   Sevi6582B	NRIC Contact No.	
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	NAC BURIT MERAH, BOOKTSE NATIONAL ASSESSMENT CENTRE SERVICE S (BLAIT MERAH)) on 09 3/1 2/2/0 15:03	Protos		Normal	Photos 2020-7-9
ica	NAC_BURIT_MERAH_R00676( NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAH)) 0x 09 Jul 2020 (3:07	Histor		Normal	Photos 2020-7-8
4	NAC_BUXIT_MEXAM, MUIGTA, NATIONAL ASSESSMENT CENTRE SERVICE IS (BUXIT MEXAM)) on DV 3rd 2020 15:03	Photos		Normal	Frotus 2020-F-9
O.	NAC_SUKIT_MERAH_BOD676(_NATIONAL_ASSESSMENT_CENTRE_SERVICE S_BUNIT MERAH() on ON_JULJO20 13-03	Photos		Normal	Photos 2570-7-9
162	NAC_BLIKTT_MERAN_BOOG76( NATIONAL ASSESSMENT CENTRE SERVICE S (BLIKT MERAH)) on QN JLE 2020 15:00	Photos		Norma	Minister 2010-9-9
	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (NIKIT MERAH)) on 07 Jul 2020 13:03	Protes		Normal	Phones 2020-7-8
21/	NAC_BUNIT_HERAH_BOXE29( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUNIT MERAH)) on 09 3/2 2020 13:03	Photog		Normal	Photos 2029-7-9
	NAC_BURIT_REBAH_ADDRING NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 08 Jul 2020 15:03	Photos		Normal	Photos 2020-7-9
01	NAC_BURST_HERAH_BD0076( NATIONAL ASSESSMENT CENTRE SERVICE S (BURST HERAH)) in 00 3al 2020 15:03	Photos		Normal	Photos 3826-7-4
	NAC_BUKIT_MERAH_BOOSFO( NATIONAL ASSESSMENT CENTRE SERVICE S (MLRIT MERAH)) on 09 Jul 2020 15:02	Photos		Normal	Photos 2020-7-9
2	NAC_BURIT, HERAH_BODGZOL NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT HERAH)) as 90 Jul 2020 13:02	Protection		Norma	Please 2020-7-9
5	NAC_BURIT_MERAN_RIGHTS; NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAN)) on 89 3/1 2020 15:02	Program.		Physical	Phones 2020-7-9
	NAC_MUNIT_MERINH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERINH) on 09 Jul 2020 15:02	Photos		Normal	Photos 3020-7-9
F - C	RAC_BURIT_MERAH_BODG/6( NATYONA), ABSEBSWENT CENTRE SERVICE 5 (BURIT MERAH)) on 09 3st 2020 15:62	NRIC/ Driving Ucense	¥)	Normal	NHSE/ Driving Liveren 3020-7-9
75	NAC_RURIT_MERAH_800676; NATIONAL ASSESSMENT CRINTRE SENVICE 8 (BURCT MERAH)  on DP Jul 2028 15:02	545		Normal	845-2020-7-W
W Video List					

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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 renawal 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
- 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

: 5113250299

The Policyholder

: ASIABRIDGE PTE LTD

1 CLEMENTI LOOP

#03-01

SINGAPORE 129808

Period of Insurance

: 14 Oct 2019 To 13 Oct 2020

Sum Insured

NO

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 55994.48

Interest Insured

Cover Type

: driva CLASSIC

Primary Driver

: • ZMITSUHIRO OKADA

Named Driver (1)

: DORA NANA OKADA

Named Driver (2)

: N/A

Make/Model

: TOYOTA/HARRIER

Capacity

: 2000cc

Registration Number

: SKV65828

Registration Year : 2015

Chassis Number

: ZSU600050368

Off-peak Car

; No

Excess (Section 1)

Repair at Owner's Preferred Workshop : No \$ 55600

Insure with COE : Yes NCD Entitlement : 50%

Excess (Section 2)

N/A

NCO Protection

Windscreen Excess

: 5\$100

Additional Excess

Unnamed Driver Excess

: N/A

Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover

Transport Allowance

: No

Excess Waiver

: No

Memo A: N/A

Endorsement Operative : M4

Agency

: L C H LOCKTON PTE, LTD. (00000691147)

Date of Issue

: 14 Oct 2019 17:29 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