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Owner / Driver: (Tel:
Policy No: () Period: () Cover Type: ().
Confirmed by r (Dater, Timer) (WO): N: 0-20%; P: 21-79%. P: 80-100%]
Insured/Driver Liability: (%) [Note-Est Status Year of Registration: () Warranty: YES	
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	NO(); Towing Co: (· · ·)
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) Apply for Transport Allowance ()/ Courtesy Car ()
2) QC Check / Post Repair Inspection (1)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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

Control of the Association of the	ACCIDENT STATEMENT
Date Of Report	27/07/2020 18:51
Date Of Accident	27/07/2020 12:00
Exact Location Of Accident	GUTHRIE HOUSE NO.1 FIFTH AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6751X
Insured/Policyholder	
Name Of Registered Owner	VISUAL PRODUCTS TECHNICAL SERVICES
Co Reg No	5XXXX127J
Email Address	LIM@VISPRO.COM.SG
Mobile Phone No	(LOCAL) +65-96211608
Alternative Phone No	OFFICE-96211608
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being u time of accident	sed at FINDING PARKING LOT
Are you claiming under your own insurance particles for repair to your vehicle?	policy 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	5115106427
Cover Note Number	
Driver	
Name of Driver	LIM LIAN KOK
NRIC No	SXXXX563Z
Date Of Birth	21/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96211608
Fax Number	
Contact Number	OTHERS-96211608
	LIVELUCEDRO COM SC

LIM@VISPRO.COM.SG

Address

BLK 8 KIM TIAN PLACE

#10-55

Postcode

163008

Was driver an employee of the Insured's Company YES

ras oriver an employee of the matrices company TE

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

RAINING

Road Surface

WET

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?

YES

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

Lo

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

SLZ6857B

Vehicle Make/Model/Colour

WOLKSWAGEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANTHONY LIM

NRIC/Passport Number

Contact Number

98629066

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.
- 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) of:
 - 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:
 - 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)

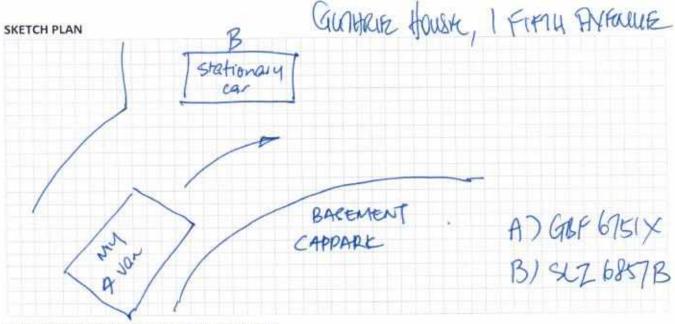
Date & Time:

1635

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NL FG NC	LY 2020 at 12 pm I was driving in to 1 Fifth Ave
Guthrie H	once to look for a parking lot at the basement
carpark.	
while rea	iching a corner, my van skidded and bong into a
Stationar	y cor.
My van p	iont ugut was damaged
The other	party car 2 doors and side mirror was also
damaged	from the impact
It was a	raining day and the carpark gloor was wet.

DECLARATION

Date & Time:

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

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

2000

Date & Time: 1635

Reporting Centre Personijel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (27, 07, 2000) (DD/MM/	YYYY), TIME:(12	: 00)(HH:MM)
(A)	4 AVE	
DETAILS OF VEHICLE GIVEHICLE NUMBER: GBF 6751 BJINSURANCE COMPANY: VISUAL PRO GIPOLICY NUMBER: 5115106437	X DUCTS TECHNICAT	L SERVICES
d)POLICY TYPE: (COMPREHENSIVE / THIRD e)MAKE & MODEL: TOYOTA HACE f)TYPE: (SALOON / COUPE / MPV /VAN / LO	ORRY / MOTORCY	CLE./ OTHERS)
9) VEHICLE CATEGORY: (PRIVATE / COMM h) PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAIM	PINGING PAIL	D TOP
AJNAME: LIM LIA KOK		LE / FEMALE)_
c) ADDRESS: DATE BUC 8 KIM WAN	CONTACT:	96×1608)
CONTINUE TO 3.4 IF DRIVER ALSO POLICE	Y HOLDER	· · · · · ·
Clucluding driver) DRIVER CINCHICAL Products Technical	10.000	LE / FEMALE)
(1) GIADDRESS: BIK 1090, LOWER DELIGI	CONTACT:	
#06-01 (8169201)		
e)OCCUPATION; (INDOOR / OUTDOOR)		
1) DATE OF DRIVING PASS 16 SEP 4. WAS DRIVER AN EMPLOYEE OF THE INS		Y? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER A		
5. a) WEATHER CONDITION: (CLEAR / RAINING	OTHERS	
b)ROAD SURFACE: (DRY /(WED) OTHERS_	* *	
6. WAS ANYBODY INJURED (YES / (O)		
 a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATI 	ON:	
		EWAGEN
the of passinger a) VEHICLE NUMBER: SCC 6951 B	MODEL:	
Including driver) b) DRIVER'S NAME: Anthony LIM	N.V. Northerina	0.7
(N)) C) NRIC/FIN/PASSPORT:	CONTACT:	9862 9066
7. TIME TAKET VEHICLE	MODEL -	9
d) VEHICLE NUMBER:	MODEL:	
Including driver) NRIC/FIN/PASSPORT:	CONTACT:	
()		

email = lim @vispro-com-sg

cy ha.	3113106423	Vishide Nil.	gerers:x		GST Registration No.	
State Ne.					Poszyholder NKIC	529001271
	VISUAL PRODUCTS TECHNICAL SERVICES	Caver Type	Comprehensive		Inading	ii .
	COMMERCIAL VEHICLE INGLIKA	Contact No.(Office)	Completening		Contact No.(Hume)	
cast No.(Notile)	96251608	Special Remark			eCode	(%), 🛩
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D Profestion	No :	NCD Extraord(%)	29		integer Hire	No
Accident Details	775					
out Date	27/01/2020 18:52	Accelerat Report Within 24 hrs	(Yes)		Accident Type	Collided into Parked Valuda
e of Accident	27/07/2620	Time of Accident filt.non	12:00		Country of Account.	Singapore
porting Centre	and will be designed.	Dramge Portis			10M No.	
odent Location	DUTHKUE HOUSE NO.1 FIFTH AVENUE					
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ness Type	Per Accident	Windstreen fixtees		100.00		
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Policyholder Hailing Addr	1990 LOWER DELTA ROAD	Address 2	#06-01		Address 3	SPHCAPORE LEGICS
ndress 3	1990 TOWER CELLS SCHOOL	Address Type	Singapore address		Pest Code	189201
didresia 4	Castan	Related Policy Number	5115186427			
na No. = Of Driver Info.	06-61					
	Consmet Driver	Driver Type	Unnamed Driver			
Inver Name Invaried driver Name	LIM LIAN HUK	Driver NRIC	560355632		Driver DOB	21/10/1968
legister Data of Driver License	19/09/1997	Driver Age	51		Driving Experience	22
Contact No.(Mobile)	96211608	Contact No.(Office)			Contact No. (mome)	
Adulrens 1	MK 8 #10-55	Address 2	KIM TIAN PLACE		scoress 3	SINGAPORE 16300E
Address #		Andress Type	Foreign andress		Past Code	163006
init No.	10.65					
Does he own a Singapore	Yes No	Driver Vehicle No.	Q8F6751X		Driver Insurer Company	NTUC
Registered car?	77-7-					
lectaration.						
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bleatholyser of Bliod Text. Reading?	0 mg	Any injury?	THE STATE			
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List								
3	NAC_BUNCT_MERAH_BOSS/26(NAT S (BURCT MERAH)	TOWAL ASSESSMENT CENTRE SERVICE) on 27 Au 2000 E9-26	\$45		Normal	5	S 2020-7-27	
	NAC_BURIT_MERAH_800616(NATIONAL ASSESSMENT CENTRE BEHVICE S (BRIRIT MERAH)) IN 27 Jul 2020 19 36		NRIC! Driving Userse	٧	Normal	MRSE/ Dev	ing Literae 2026-7-27	
1	NAC_BURIT_MERAIN_BODISTIS; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAIN) on 27 Jul 2020 15:26		Phylos		Normal	Prio	nos 2020-7-27	
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	NAC BURIT MERAN, 8006761 (NATIONAL ASSESSMENT CENTRE REPUICE S (BURIT MERAN)) IN 27 TH 2020 14-18		Photos		Normal	Pho	ton 2020-7-27	
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8	NAC_BURIT_MERAH_000(76) NAT B (BURIT RENAH)	TONAL ASSESSMENT CENTRE SERVICE I HR 27 JUL 2020 19:26	Photos			Photos 2020-7-27		
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1	NAC_BUKIT_MERAH_SODS75(NAT S (BUKIT MERAH)	TONAL ASSESSMENT CENTRE GREVICE 5 on 27 Jul 2020 19:27	Prome		Morrisal	Pic	tos 2020-7-27	
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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.

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5115106427

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

GBF6751X

Chassis Number

KDH2015024924

2. Name of Policyholder

3. Effective Date of Insurance

: VISUAL PRODUCTS TECHNICAL SERVICES

: 31 Jan 2020

4. Expiry Date of Insurance

: 30 Jan 2021

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.

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

YES:

HIRE PURCHASE COMPANY

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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)

ABWIN PTE LTD (00000614234)

Date of Issue

: 23 Dec 2019 10:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive