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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 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. 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.	
Highway made to a local and the	ACCIDENT STATEMENT
Date Of Report	01/08/2020 17:06
Date Of Accident	31/07/2020 16:30
Exact Location Of Accident	KEONG SAIK ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT5230K
Insured/Policyholder	
Name Of Registered Owner	LIM YU QING
NRIC No	SXXXX107J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92374615
Alternative Phone No	OFFICE-92374615
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5 SR HID
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	REPORTING ONLY
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	5117998405
Cover Note Number	
Driver	
Name of Driver	LIM YU QING
NRIC No	SXXXX107J
Date Of Birth	07/10/1993
Occupation	INDOOR
Date Of Driving Pass	14/01/2020
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92374615
Fax Number	**************************************
Contact Number	OFFICE-92374615
EMail Address	NOEMAIL

BLK 511 JURONG WEST STREET 52 Address #14-84 Postcode 640511 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OWNER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident SIDE SWIPE 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? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : JOSCELIN GENDER: : FEMALE **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 NO Was there any video captured by Car Camera? Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMA4927R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Insurance Company Name Nature Of Damage

Address Postcode 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.
- 5. 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:
 - (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:

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

TWIC/FIR

Date of Accident	31/07/2-20
Accident Place	: 31 07 22 Accident Time: 161 (24-HR-FORMAT)
Accident Place	: KEONG SHIK STREET
Vehicle Reg. No (Car plate No.)	: SMT 5230K Vehicle Make/Model: VW Scires CCU
Insurance Company	: Nove Policy No. 5 (17998705
Name of Registered Owner	: Company / Individual LIM YU QUVG
ID of Registered Owner	: Co Reg No: Owner's NRIC No: 1933 7107 7
	: Co Contact No: Owner's Contact No: 9277 4613
DRIVER'S Name	DRIVER'S NRIC No:
DRIVER'S Date of Birth	DRIVER'S License Pass Date 19/01/2020
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 511 DURONG LEST STREET 52 714-84 S(640511)
DRIVER'S Contact No./ Alt No.	: 1)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	1
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Di Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was	ice? YES \NO)
9 Other	Party Driver's Particulars (if any)
Vehicle Reg No: SMA 48221	Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER	Name DRIVER;
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

"The contents of this document apply to vehicle damages only. All personal lighties and damages arising therefrom and excluded from the ambit and ... plication of this document."

WITHOUT PREJUDICE TO:

(a) Insurance Subrogated Claim and/er

(b) Any Claims

[Mote: This Notice supersedes any incombination:

found in this Bischarge Veucher]

Mutual Settlement Form

When involved in a motor accident, you can choose to enter into a private settlement with the OWNER of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor

Tel no.

Signature & Date

- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

it is	a legally binding	g agreement.			
1.	Details of the Ad Date (dd/mm/yy Location: _Kebri	ocident:- yy): 317222 g Saik Rd.	Time :	16-30 hrs	
2a.	Vehicle registrat (Name & Nric no	tion no. SMA4AD TR. b) and owned by GRAB RE	driven by	(201617200G)	(Name & Nric no).
2b.	Vehicle registrat (Name & Nric no	ion no. SMT5230K.	driven by Y_ &	Lin Yn Q	(Name & Nric no).
3.	The parties have	e agreed to settle this matte	r amicably as fo	ollows: *delete a c	r b as applicable.
	*b. Without any has paid a s compensation and costs in	ad as a result of the accident admission of liability,word of \$ _5/0 _00word on) hereby acknowledge recurred and/or to be incurred arrown as a second injuries to the under the current and the current arrown as a second injuries to the under the current arrown as a second injuries are a second injuri	hich www Ocelpt thereof in as a result of the	full and final settle the accident.	paying compensation)(owner receiving ement of all damages
5.		Vehicle A no. : SMAy	307R.	Vehicle B no. : S	M75230 K.
	Name	Chew Chee Tiona		Lim Y.	Qhy.
	NRIC no.	SXXXXX9G.			075.
	Address	TH KIAN TECK POIL	100 CO	511 Jums #14 84	my+ 5752 S640571



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	DENDUM	
A)		RSON MAKING THE AMEND	MENTS:	
	Original Report No :	MNA120064828	Vehicle Registration No:	SMT5230K
	Name(as shownin NRIC):	LIM YU QING	NRIC/FIN/Passport No:	SXXXX107J
	(*Vehicle Driver / Vel	nicle Owner) (*) Please dele	te as appropriate	
	Address :			Singapore(
	Contact (Tel) :		Mobile No.: 92374615	
	Email Address :			
	Date of Accident :	31/07/2020	Time of Accident : 16:3	0
	Place of Accident :	KEONG SAIK ST		
	Insurance Company:	NTUC Income Insurance	ce Co-operative Ltd	
	Add in priver	te settlement for	n	
	- Der		-	7/2
	Policyholder / Driver's	Contract of the Contract of th	Reporting Centre Pers	onpel's Signature

Date:



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: 5117998405 Cover : drivo CLASSIC

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.

5MT5230K

LIM YU QING

: 26 Jun 2020

: 25 Jun 2021

: WVWZZZ13ZDV002540

6. 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 headings.

EXCESS (SECTION 1) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 55100 : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS T 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 : LIM YU QING

NAMED DRIVER (1) : N/A : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

: 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)

: ASSURE (SINGAPORE) PTE. LTD. (00000615327) Date of Issue : 26 Jun 2020 16:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech		SEE					EX EX		Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					+ Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query									
Natice of Loss	Policy No. Vehicle No.(For Motor)	SMT52	30K			of Accident licate Number		31/07/2020 1	16:30	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5117998405		LIM YU QING	593371073	GPC	drivo CLASSIC	SMT5230K	SMT5230K	26/06/2020	25/06/2021
				1	Continue	1				

Police Police	y Informat	ion						
Policy No.	511799840	5	Policyholder Name	LIM YU QIN	G	Policyholder NRIC	S9337107J	
Certificate No.								
Address	BLK 511 #1	4-84 JURONG WEST	STREET 52 WE	ST WOOD O	OURT SINGAPORE	640511		
Product Name	PRIVATE CA	AR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/06/2020)	Effective Date	26/06/2020	00:00	Expiry Date	25/06/2021 23:	59
xcess Type	Per Acciden	t	All Claims Excess					
Third Party Excess	0		Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0		OS Premium	0				
Outside Singapore OD Excess	600		Outside Singapore TP Excess	0			Young/I	Inexperience Driver Excess
Agent	ASSURE (S	INGAPORE) PTE, LTC	Agent Tel.	68038751		GST Flag	Y	
Co- nsurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailir	ng Address						
Address 1	BLK	511 #14-84	Address	s 2	JURONG WEST STR	REET 52	Address 3	WEST WOOD COURT
Address 4	SING	GAPORE 640511	Address	Туре	Singapore address		Post Code	640511
Jnit No.	14-8	34	Related Number		5117998405			
lnsured	Object: Si	4T5230K						
□ Endorse	ements							
Sequenc		Date of Endorsement	F	ndorsement	Tune	Endorsement	Chartie	Endorsement Content

Address 4 SINGAPORE 640511 Address Type Singapore address Post Code 640511 Unit No. 14-84 Related Policy Number 5117998405 ***OT Driver Info ***Driver Name Unit Yu Qing Driver Name Driver MRIX \$93371,071 Driver DDS ***OFFICE OF Driver Located 14/03/2020 Oricer Age Contact No. (Office) 0 Contact No. (Office) 14-84 Unit No. 14-84 Unit No. 14-84 Oricer Qin No. Driver Vehicle No. Oricer No. ***Other Contact No. (Office) ***Other Contact No. (Office) ***Other Contact No. (Office) ***Other Contact No. (Office) ***Other No. No. No. (Office) ***Other No. (Office)	No. cate No. holder Name ct Code ct No.(Mobile) Address	FIM AN GINE	Venicle No.	SMT5230K	GST Registration No.	
Management Man	care No. holder Name ct Code ct No.(Mobile) Address	FIM AN GINE	Venicle No.	SMT5230K	GST Registration No.	
Michael Mark Mic	nolder Name ct Code ct No.(Mobile) Address	1.0				
March Mar	ct Code ct No.(Mobile) Address	1.0				
Contact And Options Sp224455 Contact And Options Contact	ct No.(Mobile) Address				Policyholder NR3C	593371071
Second Remark Second Remar	Address	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Comparison Set Press Total Set Press Total Set Press Press Press Total Set Press Press Total Set Press Press Total Set Press Press Set		92374615	Contact No.(Office)	0	Consact No. (Home)	0
Committed Com			Special Remark		eCode	TV V
No. Processe Free No.		® No ○ Yes	TCA	■ No ○ Yes	eCode Reason	
### Accident Potals						No
Specific Colors Specific Color Spe		No.	NCD Emillement(%)		Private Hire	NeD.
Tell Parkers Applicable						
Continue	Date	01/08/2020 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Table Excess Applicable	if Accident	31/07/2020	Time of Academ hhimm	16:30	Country of Accident	Singapore
Peter Pete	ting Centre		Orange Force		ICH No.	
	int Location	KEONG SAIK ST				
	fotal Excess Applicabl					
Standard Excess				100.00		
### CODE PACESS	1 Type	Per Accident	Windscreen axcess	100.00		
### CODE PACESS	andard Evoses	500.00	TD Shandard Excess	0.00		
All CO Descriptorials CO 00					Bellevie Personal	Particle
ACC Dicease Applicable COD Dicease Applicable COD Dicease Applicable COD Dicease COD D			YIED IF Excess	-0.00	Univer is Covered?	Covered
Cest Registered Information	onal Excess	0				
Registrand Information	DO Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Registred No OST Registration Date OST Status Venture Yes	Jenefits					
Policyholdes Mailing Address	iST Registered Inform	ation				
Registration No. GST Status Verified Yea	egistered.	No		GST Registration Date		
### Policyholder Malling Address drives 1				GST Status Verified	Yes	
### Agress 1	cation History					
### Agress 1						
### 1 ### 1 ### 2	Policyholder Mailing A	dress				
### April			Address 2	JURONG WEST STREET ST	Address 1	WEST WOOD COURT
Related Policy Number 5:17:999405 Tever Name Um Yu Qing Driver Type Main Driver Name Um Yu Qing Driver Name 1:4(01/2008 Driver Name 26 Driver DoB 07/10/1993 Orient Name 1:4(01/2008 Driver Name 26 Driver Name 0 D						
Five Name					Post Code	640911
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