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Policy No: (	Period: (	Tel:	
Confirmed by ; (		) Cover Type: (	
Insured/Driver Liability: (	%) [Note-Est Sinius (WO): N: 0	77mer	)
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#### SINGAPORE ACCIDENT STATEMENT

SECTION SECTION SECTION

### 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.
- 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.

<ol><li>By the lodgement of this report to the insurers, you hereby co- aforesaid.</li></ol>	nsent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	05/08/2020 12:42				
Date Of Accident	04/08/2020 12:10				
Exact Location Of Accident	JUNCTION CIRCUIT ROAD TOWARDS PIE SINGAPORE				
Country/State of Loss					
<b>发展的影响的影响</b>	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMH809M				
Insured/Policyholder					
Name Of Registered Owner	KENNETH DONAVAN TAY				
NRIC No	SXXXX450A				
Email Address	KEN@BLACKBOXPHOTO.NET				
Mobile Phone No	(LOCAL) +65-94889045				
Alternative Phone No	OTHERS-94889045				
Vehicle Particulars	The second of th				
Manufacturer	HONDA				
Model	JAZZ				
Exact Purpose for which vehicle was being used at time of accident					
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	C-C-10-10-10-10-10-10-10-10-10-10-10-10-10-				
Name of Insurance Company	NTUC INCOME INISTIBANCE CO OPERATO -				
Type Of Coverage	NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE				
Fleet Policy	NO NO				

Policy Number 5115348792

Cover Note Number

Driver

Name of Driver KENNETH DONAVAN TAY

NRIC No SXXXX450A Date Of Birth 28/12/1973 Occupation INDOOR Date Of Driving Pass 27/07/2016

Driving Experience 4 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94889045

Fax Number

Contact Number OTHERS-94889045

EMail Address KEN@BLACKBOXPHOTO.NET Address

BLK 17B CIRCUIT ROAD

#06-214

Postcode

372017

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

COLLISION - HEAD TO REAR

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?

NO

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)

Passenger 1

NAME:

: WIFE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

YES

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJC5390G

Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

SIM BOON HUI JOSEPH

NRIC/Passport Number

SXXXX982A

Contact Number

96379697

Address

Postcode

Insurance Company Name

Nature Of Damage

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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) 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: 1(:1000

5 Aug 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Signature

Name

NRIC/FIN NO

# ACCIDENT STATEMENT

A	CCIDENT DATE:	04/A02/26	20 JODINUM	OVI TRABLE \$1:1	3.7M
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(_ )	) f) NRIC/FIN/PA	SSPORT:		CONTACT:	
	5.40			· 6	
ft.		emarl =	ken@bla	ckboxphot	o-net

VIDEO











Thank you



Ken, give me some time to get back on this. Tx

> I just called Kim and sent him the photo. He will reply soon.



Ok. Must spray whole bumper and not just touch up.

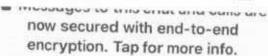
Quoted amount is \$150

3:21 PM W

Yes... normally whole bumber to







My father in law workshop. Alan

Defu Lane 3

My friend workshop Kim Ubi road 1, 3023a Unit 01-59

Hi Joseph.

As spoken. Above are the address of the 2 mechanics.

We also spoke about a transfer payment of \$120 to close the matter.

Do let me know which works best for you.

Thank you

Ken, give me some time to get back on this. Tx





3:05 PM-77















Accident MT/1098993		Claim Hand			
Policy No.					
Destificate ser-	313534090	THETHER, No.	SHI-WORK		
Philopholder Name	TIPS AND THE WAY WAY TO SEE THE SECOND SECON			GST Reguleston No.	
Product Code	KEWNETH DONAVAN TAY				
Contact No.(Mobile)	PRIVATE CAR INDURANCE	Street Tours	White Classifier	Policyholder NRSC	577464500
Email Address	PASHSHAY.	Emitact No (Othor)		Elletting.	
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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: 5115348792

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

**SMH809M** 

Chassis Number

: JHMGK3850K5200151

2. Name of Policyholder

3. Effective Date of Insurance

: KENNETH DONAVAN TAY

: 10 Jan 2020

4. Expiry Date of Insurance

: 09 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.

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

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : KENNETH DONAVAN TAY

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

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED 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

: LIM TAI SIN (00000573846)

Date of Issue

: 06 Jan 2020 13:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive