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Owner / Driver: (0 11363.		Tel:)	
Policy No: () Perio	d: (.) (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WC): N: 0-20%	6; P: 21-79%. P: 80	-100%]	
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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.
- 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

AND THE RESERVE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	25/08/2020 15:04
Date Of Accident	24/08/2020 14:45
Exact Location Of Accident	BEDOK RESERVOIR RD JUNC WITH EUNOS LINK
Country/State of Loss	SINGAPORE
高速。产业以上是一次直接的企业	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS6656M
Insured/Policyholder	
Name Of Registered Owner	NG CHIANG KWEE
NRIC No	SXXXX932A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96805621
Alternative Phone No	OFFICE-96805621
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
Exact Purpose for which vehicle was being used a time of accident	t LEARNING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5106893891-01
Cover Note Number	
Driver	
Name of Driver	ESTHER CHIANG
NRIC No	TXXXX800F
Date Of Birth	20/07/2001
Occupation	INDOOR
Date Of Driving Pass	19/03/2020
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94502098
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 63 BOURNEMOUTH RD Postcode 439705 Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured OTHER - LEARNER 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) 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: : NG CHIANG KWEE GENDER: : MALE **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? YES Remarks/ Reasons: WITH DRIVER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBC7756S** Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Vehicle Category

NRIC/Passport Number

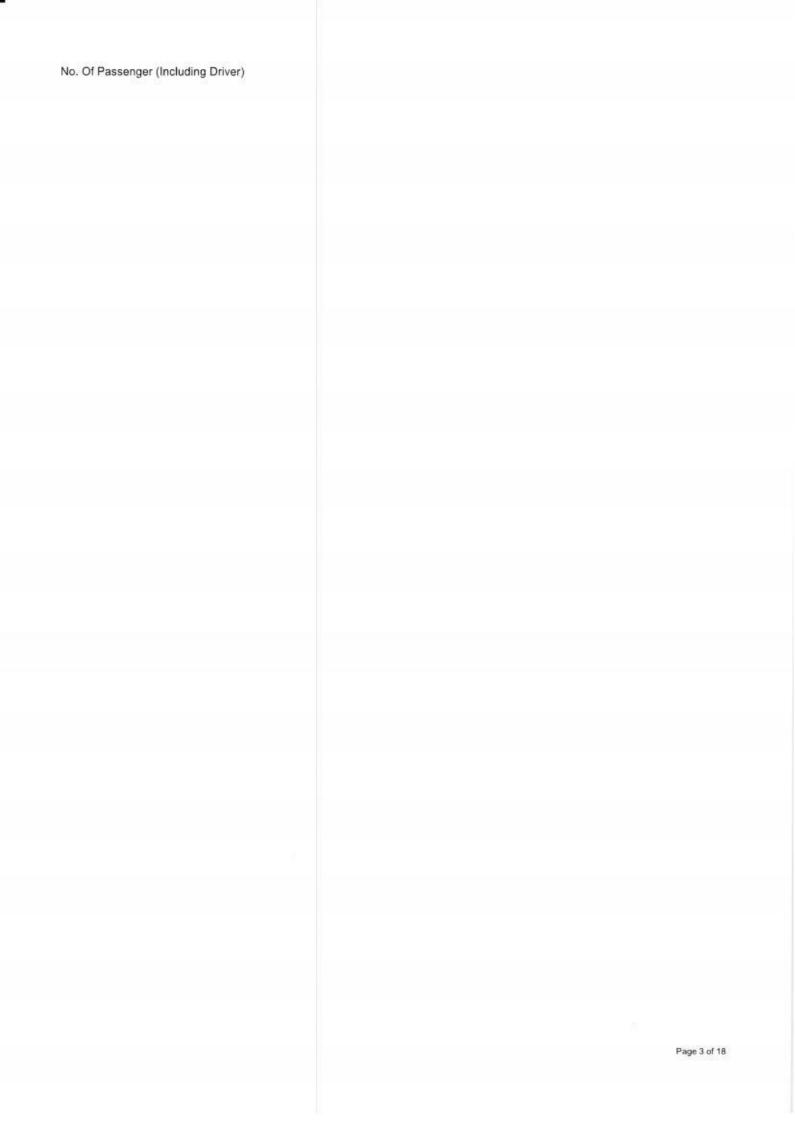
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage



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:
 - 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

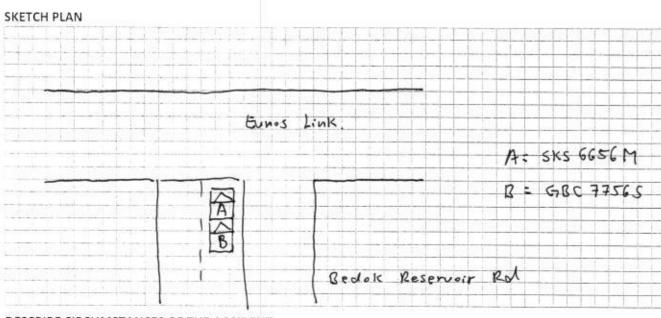
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

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.:

ACCIDENT STATEMENT

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fax = Yes.



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: 5106893891-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicles

: SKS6656M

Chassis Number

: MR2B23F3501156656

2. Name of Policyholder

3. Effective Date of Insurance

: NG CHIANG KWEE

: 11 Jan 2020

4. Expiry Date of Insurance

: 10 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 other than for driving test and tuition purpose only.

(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) \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : \$\$1,000 UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

INSURE WITH COE : YES NCD PROTECTION : YES (FREE) : NO

TRANSPORT ALLOWANCE **EXCESS WAIVER** PRIMARY DRIVER

NAMED DRIVER (1) NAMED DRIVER (2)

HIRE PURCHASE COMPANY SUM INSURED

: NG CHIANG KWEE : N/A

: N/A

: NO

: HONG LEONG FINANCE 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)

Agency

: CHENG HOE ENTERPRISE (00000614784)

Date of Issue

: 18 Dec 2019 12:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Rainbow

Chief Executive