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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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/09/2020 13:55
Date Of Accident	06/09/2020 16:40
Exact Location Of Accident	833 MOUNTBATTEN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC15L
Insured/Policyholder	
Name Of Registered Owner	LOOKZ PTE LTD
Co Reg No	2XXXX959R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62528208
Vehicle Particulars	
Manufacturer	BMW
Model	523
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?	YES
If No, Please state action to be taken	
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 5114588461

Cover Note Number

Driver

 Name of Driver
 SUI DONGJIE

 NRIC No
 SXXXX332G

 Date Of Birth
 30/04/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 26/10/2004

Driving Experience 15 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93899616

Fax Number

Contact Number

EMail Address NOEMAIL

Address

833 MOUNTBATTEN RD #01-01

Postcode

437826

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) involved in the accident

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

...

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

REFER TO STATEMENT.

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

Vehicle Make/Model/Colour

PILLAR & WALL

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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.
- 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.

Palicyholders Signature
Date & Time: 0 11 12000

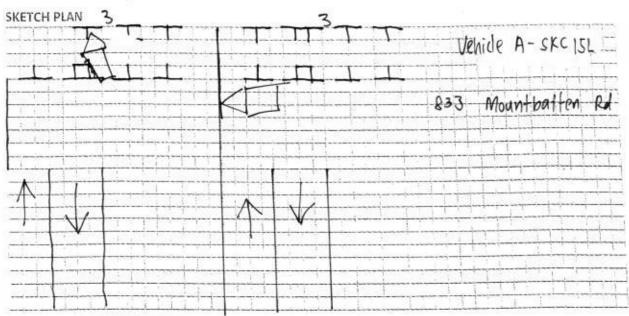
Driver's Signature

(If driver is not the policyholder)

Date & Time of 09 wo

Reporting Centre Personnel's Signature Name:

NRIC/FIN No :



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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1)												

DECLARATION

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

Policyholder's Signature.

Date & Time 08/09 | 2000

Driver's Signature

(Indriver is not the policyholder)

Date & Time of 109 rone

M

Reporting Centre Personnal's Signature Name:

NRIC/FIN No :



Certificate of Insurance

SKC15L

Cover : drive PREMIUM

WBAXG32040C593563

LOOKZ PTE LTD

12 Jan 2021

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) HULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES [THIRD PARTY RISAS] BIJLES, 1959 [MALAYSIA]

Certificate Number: 5114588461

1. Index mark and Registration Number of Vehicle

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.

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) 55600 **EXCESS** (SECTION 2) N/A WINDSCREEN EXCESS 55100 ADDITIONAL EXCESS N/A

PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP YES INSURE WITH COE YES NCD PROTECTION YES TRANSPORT ALLOWANCE NO NO EXCESS WAIVER PRIMARY DRIVER SU DONG JIE N/A NAMED DRIVER (1) NAMED DRIVER (2)

UNITED OVERSEAS BANK LIMITED HIRE PURCHASE COMPANY

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

SUNNY HENG CHIANG HUAT (00000432319) Date of Issue

14 Dec 2019 22:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Date of Accident	:06 08 20 Accident Time: 1640 (24-168-FORMAT)
Accident Place	:833 Mountbatten Rd
Vehicla Reg. No (Car plate No.)	SKC15L Vehicle Make/Migdel: 8mW 523
Insurance Company	NTUC Policy No. 5(14588461
Name of Registered Owner	: Company/Individual LOOKZ P/L
D of Registered Owner	: Co Reg No: 2003 959R Owner's NRIC No
	: Co Contact No: 625282080 wher's Coutact No
DRIVER'S Name	SUI DONG JIE DRIVER'S NRIG NO: 5 73793326
DRIVER'S Date of Birth	:30 Apr 1974BRIVER'S License Pass Date 26 Oct 2004
Relationship bet. Owner & Drive	r : Spousé Parents Childrent Sibling Emgleyeet O@rs: Ower
DRIVER'S Address	: 833 Mountbatten Rol#01-01 S(437826)
DRIVER'S Contact No. / Alt No	0 0 0 0 0
DRIVER'S Occupation	: INDOOR VOUTDOOR (eg: working inside or outside of an ofe)
Email Address	: WWW. lookZ. Com. Sq
Weather & Road Surface	: CLEAR DRY \ RAINEVO & WET VAFTER RAIN & WET
Reporting Type .	: Reporting Only \ Claim Other Party \ Claim On Insurance
Number of Passengers (including Was the accident reported to the Was there any video Captured b	police? YES \ NO Passenger Name: Gender: M/F police? YES \ NO Any Injuries: YES \ NO Injured Name:
Exact purpose for which vehicle	e was being used at the time of accident; Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Kehlets MakelMadel:	Vehiole Make Madel:
Name DRIVER:	Namé DBIVER:
ic no driver:	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
	Other Party Driver's Particulars (if any)
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Vehicle MakelModel:	Velgiole MalesiModel:
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CNO DRIVER	
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LKK Paya Ubi

From:

LKK Paya Ubi <rspu@lkkauto.com>

Sent:

Tuesday, 8 September 2020 3:31 PM

To:

'ODsupport'

Subject:

SKC 15L MT/1102717-001 OD-DRIVO PREMIUM

Attachments:

SKC15L_06082020.PDF

Hi

Dear All,

Name of Registered

: LOOKZ PTE LTD

NRIC No

: 200311959R

Name of Driver

: SUI DONGJIE

NRIC

: S7379332G

Mobile No

: 93899616

Own Damage Excess

: \$600

Unnamed Driver Excess

: N/A

Name of Workshop

: JWG INTERNATIONAL PTE LTD

Contact No

: 82996103

Remarks

: N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)