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TP Phidiculars: (Veh No: SM	C-264B.	. INC(.)/Non-INC().	
Owner / Driver: (2201-		Tel:)
Policy No: () Perio	od: ()	Cover Type: (.).
Confirmed by ; (Dates,	Timar) .
Insured/Driver Liability: (%) [No	ote-Est Slatus (1	VO): N: 0-20	%; P: 21-79%.	P: 80-100	<u>/4]</u>
Year of Registration: () W	arranty: YES ()/NO(>		
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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.	
美国基础的	ACCIDENT STATEMENT
Date Of Report	09/09/2020 17:37
Date Of Accident	25/08/2020 12:00
Exact Location Of Accident	BLK 354 CLEMENTI AVENUE 2CARPARK
Country/State of Loss	SINGAPORE
· 在18年2月日本18日本18日本18日本18日本18日本18日本18日本18日本18日本18	DETAILS OF OWN VEHICLE
Vehicle Registration Number	ET883D
Insured/Policyholder	
Name Of Registered Owner	LEONG HEE JYE
NRIC No	SXXXX636I
Email Address	NOEMAIL

(LOCAL) +65-96613921

OTHERS-96613921

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer MINI Model COOPER

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

COMPREHENSIVE Type Of Coverage

NO. Fleet Policy

Policy Number 5117671338

Cover Note Number

Driver

Name of Driver LEONG HEE JYE NRIC No SXXXX6361 Date Of Birth 15/03/1960 INDOOR Occupation 11/05/1981 Date Of Driving Pass

39 YEARS AND 3 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-96613921

Fax Number

Contact Number OTHERS-96613921

EMail Address NOEMAIL Address

26 HIGHLAND WALK

Postcode

549060

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

NO COLLISION

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? Was any injured conveyed to hospital by NO

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)

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 (TYPE OF COLLISION IS REAR TO REAR)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES NO.

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMS264B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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 <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 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)

(If driver is not the policyholder)

N

Date & Time:

N

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

A) ET 8830 B) SMS 264B			BOTH PAUARSK	Ora CHYC	
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We declare the foregoing particul	ars are true in every resp	pect.	an	09/09/20	20
licyholder's Signature te & Time:	Driver's Signature (If driver is not the p			entre Personnell's Sign	nature /
		Company of the Compan	Name:	1 1 1	1 . 4 -/ []/

-5		STATEMENT	
	ACCIDENT DATE: 18,00,000 (DD)	90300000000000000000000000000000000000	2
	ACCIDENT DATE: 100/	MM/YYY), TIME: ([!!	-(HH:MM)
	LOCATION: BIK 354 CLAMP	- n. Au > Ca	20000
	COCATION: 17110 194 CAMPA	MII HUM 2 COO	YMGC
	1. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: ET 843!		
	DINSURANCE COMPANY: 47	117	
	CIPOLICY NUMBER:	uc_	
			40
	d)POLICY TYPE: (COMPREHENSIVE / T B)MAKE & MODEL: VM I MU	HIRD PARTY / THIRD PARTY	FIRE &THEFT)
			10.000 A 10.000 A 10.000
	FITYPE: (SALOON / COUPE / MPV /VAI	N/LORRY/MOTORCYCLE	(OTHERS)
	GIVEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL LMOTORCYC	LEL/
	h)PURPOSE OF USING AT ACCIDENT TO	IME: PRIVATION	UM.
	I) ARE YOU CLAIMING UNDER YOUR O	WN INSURANCE (YES/NO)	
	IF NO. PLEASE STATE ITHIRD PARTY CI	AIM / REPORTING ONLY)	**
	2. INSURED / POLICY HOLDER	A	
	b)NRIC/FIN/PASSPORT:		FEMALES GO /
	c) ADDRESS:	CONTACT:	766/5/21
84			
100 W	* CONTINUE TO 3.d IF DRIVER ALSO PO	NOVIOLEE .	
AND of	PRISONGE DRIVER ALSO PO	JUCY HOLDER	*:
Ch. J. J.	a) NAME: AC BBIVA		
Cincinan	ing diver) DINRIC/FIN/PASSPORT:		FEMALE)
C) c/ADDRESS:	CONTACT:	
			
	"d) DATE OF BIRTH:	J(DD/MM/YYY)	
	eloccupation, likippop / ourpool	DI.	
	FIDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE		
	4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO
	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED:	OTTALAN
	5. G) WEATHER CONDITION: (CLEAR / RAIN	NING / OTHERS	
	b) ROAD SURFACE: (DRY) / WET / OTHER	S	
200	6. WAS ANYBODY INJURED (YES / NO)	AN THE CONTRACT OF VIOLENCE AND A SECOND OF THE PARTY OF	## 10
	7. a) REPORTED TO POUCE (YES / NO)		
	IF YES, PLEASE STATE WHICH POLICE ST	'ATION:	
At his all me	8. THIRD PARTY VEHICLE	0	•
4 Ho of pas	ssenger a) VEHICLE NUMBER: SMS 2641	2MODEL:	3
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()	C) NRIC/FIN/PASSPORT:	CONTACT:	
M. L. A	9. THIRD PARTY VEHICLE CONTROL OF VEHICLE NUMBER:	LIBBE.	
A No of pa	SSENGER OF DRIVER'S NAME:	MODEL:	
(Including	g. diriver) f) NRIC/FIN/PASSPORT:	CONTACTO	
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email =

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	Name and the				Policyholder	- NOTE	214	366361	
okcyholder Name	DEONG HEE JYE	NAME OF THE PARTY				14410		300361	
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ACD Protection	Yien	NCD Entitlement(%)	50		Private Hire		No		
Accident Details									
eport Date	E1000000000000000000000000000000000000	Acodest Report Within 24 hrs	Yes		Accident Ty			sion - Major Mi	nor Road
lake of Accident		Time of Accident hin.mm	12-00		Country of	Accident	Sing	agore	
leporting Centre		Grange Force			ICM No.				
scident Location	DLK 354 CLEMENT) AVE 2 CARPARK								
Total Excess Applicable									
Excess Type	Per Accident.	Windscreen Excess		100.00					
00 Standard Excess	600.00	TP Standard Excess		6.00					
TED OD Excess		YIED TP Excess			Driver is Co	meres?	Not	Applicable	
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fodification History									
Policyholder Mailing Add	ress								
Address 1	26 HIGHLAND WALK	Address 2	HIGHLAND COTTA	CES	Address 3		511	GAPORE 5490	50
Address 4		Address Type	Singapore address		Post Code		541	060	
Unit No.		Retated Policy Number	5117671338						
→ O1 Oriver Info									
Driver Name		Driver Type							
Unnamed driver Name		Driver NRIC			Driver DOS				
Register Date of Driver License		Driver Age			Driving Exp	porience -			
Concact No.(Mobile)		Contact No.(Office)			Contact No	(Home)			
Address 1		Address 2			Address 3				
Address 4		Address Type	Foreign address		Post Code				
Unit No.									
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insc	uner Compa	ny:		
Claim 002 New									
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				00-MX	Insured Name Contact		te ave	Insured NRJC Contact	5143003nI
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Email Address				96262683	Contact No. (Home) OI Vehicle Number	NIL	DE JYE	NRIC Contact No. (Office) TP Vehicle Number	SMS2648
Email Address Claim Description Preferred	Insured Liability Tour at Equit			96262683 admin@bmwurkshop.com.sg	Contact No. (Home) OI Vehicle Number	NIL	DE JYE	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	SMS2648
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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: 5117671338

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: ET883D

Chassis Number

: WMWSU32070TY89063

2. Name of Policyholder

: LEONG HEE JYE

3. Effective Date of Insurance

: 01 Jun 2020

4. Expiry Date of Insurance

: 31 May 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 headings.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

: LEONG HEE JYE PRIMARY DRIVER NAMED DRIVER (1) : NEO SAW LIAN

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

: ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue

: 29 May 2020 18:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive