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Owner / Driver: (		Tel: ·	)			
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Insured/Driver Liability: ( %) [Note-	-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]			
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- 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.

<b>在新国际中国的基本企业</b>	ACCIDENT STATEMENT
Date Of Report	10/09/2020 17:35
Date Of Accident	09/09/2020 16:50
Exact Location Of Accident	PASIR PANJANG WHOLESALE CENTRE EXIT NO 3 GANTRY
Country/State of Loss	SINGAPORE
THE RESIDENCE OF THE STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCP5668X
Insured/Policyholder	
Name Of Registered Owner	LIM BOON TIONG
NRIC No	SXXXX210I
Email Address	LIMBOONTIONG5668@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96625601
Alternative Phone No	OTHERS-96625601
Vehicle Particulars	
Manufacturer	MAZDA
Model	5
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	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	5108133969-01
Cover Note Number	
Driver	
Name of Driver	LIM BOON TIONG
NRIC No	SXXXX210I
Date Of Birth	13/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1977
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96625601
EN	

OTHERS-96625601

LIMBOONTIONG5668@GMAIL.COM

Address

BLK 487C TAMPINES STREET 45

#10-113

Postcode

522487

OWNER

Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

YN1195U

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

XU LU QUAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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:

10/9/20 D Stohn

401

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

POSIR PONTONE WADER SOUR CIR. SKETCH PLAN NO3 EXIT | NO 2 EXIT , NO 1 EXIT A) SCP 5668X B) YN 11954 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 04/09/2020 A7 ABOUT 16:58HRS AT PASIR PANJANG I WAS WHOSESALE OR NO:3 EXIT IN FROM? OF ME WAS A LORRY SUDDENLY RAWHER DUE TO THE BARRIER DID PORTION OF MY OUR SCP 5668 DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature

10/9/20 @ 151 hrs

(If driver is not the policyholder)

10/9/20 @ 150 hos

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (05/09/2020) (DD/MM/YYYY), TIME: (16:53) (HH:MM)
LOCATION: Pasir Panjang Wholesode Centre · No. 3 EXIT
DETAILS OF VEHICLE SCP 1668X  ON VEHICLE NUMBER:  DINSURANCE COMPANY: INTU C  OPOLICY NUMBER: 5108/33969-0/  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
F)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) MPV  9) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE / COMMERCIAL / MOTORCYCLE)  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE OF THE PRIVATE / COMMERCIAL / MOTORCYCLE)
2. INSURED / POLICY HOLDER  A) NAME: LIM BOON TIONG (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 5/34220 CONTACT: (622)  c) ADDRESS: 4 B/K 497-c, Tampings Street 4 E # 10-1/3
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  Chicloding driver) CINAME: (MALE / FEMALE)  CINCOLOGING DRIVER  CINCOLOGING DRIVER  CINCOLOGING DRIVER  CONTACT: CONTACT:
d) DATE OF BIRTH:
IF YES, PLEASE STATE WHICH POLICE STATION:  B. THIRD PARTY VEHICLE  A) VEHICLE NUMBER: YN 1954 MODEL: L. BOX VAN LORRY  ( Including driver) B) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT: W/Permt 072/ CONTACT:  ( ) VEHICLE NUMBER: YN 1954 MODEL: BOX VAN LORING  ( Including driver) F) NRIC/FIN/PASSPORT: W/Permt ND 072/ CONTACT:  ( ) NRIC/FIN/PASSPORT: W/Permt ND 072/ CONTACT:

email = Pim borntions 1668@gmail.com

Claim Handling

Accident MT/1103002								
Policy No.	SHIRLKERINGS		Version for	9099660		227 - 277 - 277		
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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: 5108133969-01

1. Index mark and Registration Number of Vehicle

Cover : drivo PREMILIM

: 5CP5668X

Chassis Number

2. Name of Policyholder

: JM6CW1071F0121018

3. Effective Date of Insurance

: LIM BOON TIONG

: 31 Mar 2020

4. Expiry Date of Insurance

: 30 Mar 2021

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 or Hirer's business.

### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)

: \$\$2,000

EXCESS (SECTION 2)

: 5\$1,500

WINDSCREEN EXCESS

1 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 (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

PRIMARY DRIVER

NAMED DRIVER (1)

: LIM BOON TIONS : LIM BOON LEONG

: N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: N/A

**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

: TELESALES-DIRECT MARKETING (D0000601661)

Date of Issue

: 20 Mar 2020 13:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive