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Confirmed by : (Date:	Tlme:)	
Policy No: () Pario	d: (·	-)	Cover Type: ()	
Owner / Driver: (Tek)	97.1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

WO STATES	
	ACCIDENT STATEMENT
Date Of Report	06/10/2020 09:19
Date Of Accident	05/10/2020 15:45
Exact Location Of Accident	ALONG KAKI BUKIT AVE 3 TWDS KAKI BUKIT RD 4
Country/State of Loss	SINGAPORE
Bulletin and the second of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV1825Y
Insured/Policyholder	
Name Of Registered Owner	TOH LI HOON (ZHUO LIYUN)
NRIC No	SXXXX709B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97429885
Alternative Phone No	OFFICE-97429885
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096896619-02
Cover Note Number	
Driver	
Name of Driver	TOH KIM HOCK (ZHUO JINFU)
NRIC No	SXXXX477Z
Date Of Birth	14/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92477877
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 139 PETIR RD #03-460

Postcode

670139

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

YES

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)

2

Passenger 1

NAME:

: TOH LI NAH

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

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

PC3004P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

CHANDRASEGARAN SUBRAMANIAN

NRIC/Passport Number

Contact Number

97388571

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH KIM HOCK (ZHUO JINFU)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLV1825Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TOH LI NAH

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLV1825Y Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

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.
- 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

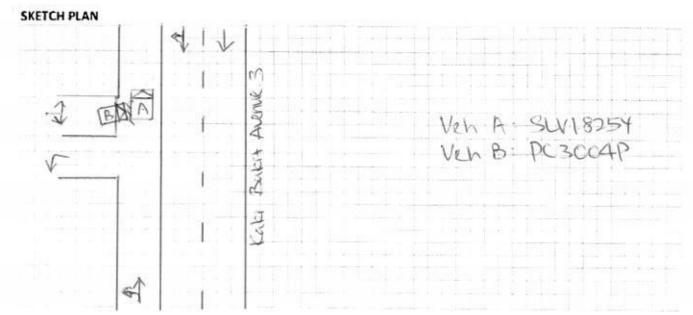
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A(SLV18257)
traveling along Kaki Bakit Arenue 3 touds Kaio Buicit Road 4 on single
lane, two way road. Somewhere at the entrance of Kaki Bukit
Recreation Center, vehicle B (PC 3004P) failed to stop at the
ctop line. As a result, the front portron of vehicle B colleded
onto the left portion of myvehicle.

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

e

Policyholder's Signature

Date & Time:

(111.)

Driver's Signature (If driver is not the policyholder)

Date & Time:

fret

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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: 5096896619-02 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SLV1825Y

Chassis Number : NHP1707105111

2. Name of Policyholder : TOH LI HOON (ZHUO LIYUN)

3. Effective Date of Insurance ; 22 Dec 2019 4. Expiry Date of Insurance ; 21 Dec 2020

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 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)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : TOH LI HOON

NAMED DRIVER (1) : TEO SIEW TECK

NAMED DRIVER (2) : TOH LI NAH

HIRE PURCHASE COMPANY : OCBC BANK LTD

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 : I INSURANCE AGENCY (00000572538)

Date of Issue : 11 Dec 2019 09:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

ehicle No.	SLV 18254 Model/Make Toyota Situte		
	5/10/2020		
Date of Accident	1545 HRS		
ime of Accident	Along Kuki Bukit Armue 3 trads Kaki Bukit Rd4		
ocation of Accident			
xact purpose use during accid			
Name of Owner	16 N = 1/00		
elephone No.	H/P: 97479885 Home: Office:		
NRIC	BASOFFOZES		
Address	BUK 7 St. Guorge's Laine #06-235 S (320007)		
laim type	OD THIRD PARTY REPORTING ONLY		
nsurance Company	NTUC		
ype of Coverage	Comprehensive Third Party Third Party / Fire / Theft		
Policy No.	5096896619-02		
Name of Driver	As Above If No, Joh Kim Hock		
VRIC	S75334772 Any Passengers: \(F)		
Date of birth	14/11/1975		
Occupation	Qutdoor / Indoor		
Driving License Pass Date	24 11 2000		
Gender	Male / Female		
Contact No.	H/P: 92471877 Home: Office:		
Address	BLK 139 Petir Regal #03-460 S(670139)		
Driver have any own vehicle	No If yes, Reg No.		
Relationship	Employee, If no, state Pelative		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
	No, If Yes, Who?		
Any Injuries	Toh Kim Hock 92477877		
Name And Contact No.	10.1		
Name And Contact No.	No. of the contract of the con		
Police Report	No. If Yes, Where?		
Vehicle B No.	PC 30 04P Any Passengers: 2 Chandrasogaran Contact No.: 9738 8471		
Name of Driver	Cities		
Vehicle C No.	Subramanian Any Passengers : Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Witness Contact :		
Witness Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Accident Portion	lett portron		
Camera Recorder	Yes / No		
Email Address	rytoh7579 (a gmail. com		
PARTICULAR WORKSHOP	Twincar Automotive Pte Utol		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	6741 0510		