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TP Bintledhras Veh Nos 360	24G	. MC(.)/Non-I	NC().		
Owner / Driver: (Tel:)	_
Policy No: () Perlo	d: ()	Cover Typ	o: (.)	======
Confirmed by 1 (Dalor,		lmar)	
Insured/Driver Liability: (%) [No	te-Use Sintus (1	NO): N: 0-2	0%; P: 21-7	9%. P: 80-1	001/1	
Year of Registration: () Wa	arranty: YES ()/NO(>			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

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.
- 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.

aforesald.	in matter sommere i i communicación de communicación reservo (AMA)
and martin or stand backfree on	ACCIDENT STATEMENT
Date Of Report	09/10/2020 17:53
Date Of Accident	08/10/2020 14:00
Exact Location Of Accident	ALONG LENTOR AVENUE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP2495A
Insured/Policyholder	
Name Of Registered Owner	CHAN MAY LAI
NRIC No	SXXXX038H
Email Address	CASSIDY2495@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84840559
Alternative Phone No	OTHERS-84840559
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	GETZ
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
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5024862543-12
Cover Note Number	
Driver	
Name of Driver	CHAN MAY LAI
NRIC No	SXXXX038H
Date Of Birth	02/08/1965
Occupation	INDOOR
Date Of Driving Pass	08/08/1997
Driving Experience	23 YEARS AND 2 MONTHS
Gender	FEMALE

(LOCAL) +65-84840559

CASSIDY2495@GMAIL.COM

OTHERS-84840559

Address

BLK 81 COMMONWEALTH CLOSE

#12-113

Postcode

140081

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

d OWNER

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) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

40

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

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

SGQ221G

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KELVIN TAN

NRIC/Passport Number

Contact Number

91555369

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 3. 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.
- 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. 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.
- 7. 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:
 - (i) 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:
 - (i) 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: 9/10/2020

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

Date & Time:

Regarding Centre Personnel's Signature AA

NRIC/FIN No.

SCHOOL CINCOMSTANCES OF THE ACCUSENT	
on lane 1. There is a road work wheat of me on the lane 1. I slowed down my vehicle, while my eyes was looking at the road work, I didn't aware of the car in front of m	e
on lane 1. There is a road work shead of me on the lane 1.	
I clowed down my which while my eyes was looking at	
the road work. I didn't aware of the car in front of m	e
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	_
	_
	_

DECLARATION

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

Policyholder's Signature

Policyholder's signes.

Date & Time: 9/10/2020
4pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 8 10 200 (DD/MM/YYY), TIME:(2-00 pm (HH:MM)
LOCATION: Along Lentor Ave	
1. DETAILS OF VEHICLE	4
GIVEHICLE NUMBER: SGP 2495 A	¥ %
b)INSURANCE COMPANY; INCOME	
CIPOLICY NUMBER: 502 4862543-12	
	D D A DEV FIDE AVIETY
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIR	DPARIT FIRE & THEFT
TITYPE SALOONY COUPE / MPV /VAN / LORRY / MOTO	DROVOLE (OTHERS)
g)VEHICLE CATEGORY (PRIVATE) COMMERCIAL / MO	
h)PURPOSE OF USING AT ACCIDENT TIME: Private	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING	
2. INSURED / POLICY HOLDER	
AINAME: Chan May Lai	_(MALE /(FEMALE)
binric/fin/passport: 5/699038/H Cont	ACT:
CIADDRESS: 8/18/ Commonwealth Close #12-	1/3
. 5 (140081)	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
Who of passanges, DRIVER Chan May Law	
() helistically of the state of	MALE FEMALEY
(1) b)NRIC/FIN/PASSPORT: 5/699038/H CONT	ACT: 848# 0559
C/ADDRESS; FIG.	
"d) DATE OF BIRTH: (02 / 08 / 1965)(DD/MM/YYYY	,
e)OCCUPATION: (INDOORY OUTDOOR)	
FIDATE OF DRIVING PASC PAUG 1997	
 WAS DRIVER AN EMPLOYER OF THE INSURED'S COM 	IPANY? (YES (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURI	ED: Owner
5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS_	
b)ROAD SURFACE (DRY) WET / OTHERS	
6. WAS ANYBODY INJURED (YES (NO)	* *
7. a) REPORTED TO POUCE (YES NO	
IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE	
He of passinger a) VEHICLE NUMBER: 560 221 6 MODEL	Honda Civic .
(Induding delete) B) DRIVER'S NAME Kelvin Tan	The state of the s
CONT.	ACT: 9/555369
9. THIRD PARTY VEHICLE	74
No of passanger of Denselle Number: . MODEL	<u> </u>
(Lad) DRIVER'S NAME.	
(Including abover) NRIC/FIN/PASSPORT:CONTA	CT:
Cassidy 2495	ognaill-com.
	.,,
: email = adeline channingeg	mail. com
VIDEO	31/1

Claim Handling

Accident MT/1106074

Policy No.	5024862543-12		Vehicle No.	SGP2495A		G51 R	egistrati
Certificate No.							
Policyholder Name	CHAN MAY LAI					Policyh	alder Ni
Product Code	PRIVATE CAR INSURANCE	CE	Cover Type	Third Party, Fire & Th	neft.	Loadin	9
Contact No.(Mobile)	NA		Contact No.(Office)			Contac	z No.(Hi
Email Address			Special Remark			eCode	
KPK	No Yes		TCA	No Yes		eCode	Reason
NCD Protection	Yes		NCD Entitlement(%)	50		Private	Hine
Accident Details							
Report Date	09/10/2020 12:53		Accident Report Within 34 hrs	Yes		Accide	nt Type
Date of Accident	08/10/2020		Time of Accident hh:mm	13:50		Countr	y of Acc
Reporting Centre			Orange Force			ICM N	0+
Accident Location	ALONG LENTOR AVENUE	6					
▼ Total Excess Applicable							
Excess Type	Per Accident		Windscreen Excess		0.00		
OD Standard Excess		0,00	TP Standard Excess		0.00		
VIED OD Excess			YIED TP Excess			Driver	is Cover
Additional Excess							
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
→ Benefits		to true	Lates 15 storage Library				
	ion						
GST Registered	No			GST Registro			
GST Registration No.				GST Status \	Verified		Yes
Modification History							
Policyholder Mailing Add	ress						
Address 1	BLK 81 #12-113		Address 2	COMMONWEALTH CL	.05E	Addre	ss 3
Address 4			Address Type	Singapore address		Post C	ode
Unit No.			Related Policy Number	5024862543-12			
Driver Name			Driver Type				
Unnamed driver Name			Driver NRIC			Driver	poe
Register Date of Driver License			Driver Age			Drivin	g Experi
Contact No.(Mobile)			Contact No.(Office)			Conta	ct No.(H
Address 1			Address 2			Addre	ss 3
Address 4			Address Type	Foreign address		Post 6	Code
Unit No.							
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.			Drive	r Insurer
Modification History Claim 002 New.							
Claim Type *					OD-MX	V Inst	ared o
Claim Type * Contact No.(Mobile)					OD-MX 84840559	Cor No.	ne contact (64
					- Leconomic	Con No. (Ho OI Veh	me) 64
Contact No.(Mobile)					- Leconomic	Nan Cor No. (Ho OI Veh Nur	me) 64
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Contact No.(Mobile) Email Address Claim Description Preferred Workshop Bentilet No. Yes Finalisation Date Registered Report Taken By	Proférened ▼ Repair	Li mily or i pour	GIA Bassius	d 🗸	SGP2495A / SGQ221G O	Nan Cort No., (Ho OI Ven Nur ON 8 Oct 202	me) 64 me) 64 me) 60 minde 50

MT/1106074 Claim No. Accident No. 002 Last Doc. Received Yes ○ No Upload Date 09/10/2020 18:18 Path * Confider Category * Choose File No file chosen Clear Please Select v 24(3) Choose File No file chosen ¥ Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Attachment List Attachment Uploaded By/Date Category Urgency NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:18 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 09 Oct 2020 18:18 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 09 Oct 2020 18:18 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:18 Photos Normal NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:17 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 09 Oct 2020 18:17 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:17 Normal Photos NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:17 Photos Normal NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:17 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 09 Oct 2020 18:17 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 09 Oct 2020 18:16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) n n 09 Oct 2020 18:16 Photos Normal NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:16 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:16 Photos Normal er ! But NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 18:16 NR3C/ Driving License Normal NRIC/ Driv ALC: STATE NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 9 SAS Normal n 09 Oct 2020 18:16 Ŷ Folder Date File Name Uploaded By/Date

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Certificate of Insurance				
WETCH VEHICLES (THIRD PARTY RISKS AND COMPENS WETCH VEHICLES (THIRD PARTY RISKS AND COMPENS WOAD TRANSPORT ACT, 1987 (MALAYSIA) WETCH TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) WETCH VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	SATION) RULES, 1960 SIA)			
Certificate Number: 5024862543-12	Cover : Third Party, Fire & Theft			
I. Index mark and Registration Number of Vehicle				
Chassis Number	SGP2495A			
2. Name of Policyholder	: KMHBU51DR6U501343 : CHAN MAY LAI			
3. Effective Date of Insurance	: 12 Dec 2019			
4. Expiry Date of Insurance	: 11 Dec 2020			
5. Persons or Classes of Persons entitled to drive#	1 44 254 6364			
(a) The Policyholder.				
(b) Any other person who is driving on the Policyh	loider's order or with his/her permission.			
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri	n accordance with the licensing or other laws or regulations to drive			
6. Limitations as to Use#				
This Policy does not cover	and in connection with the Policyholder's business or profession.			
(a) Use for hire or reward.				
(b) Use for racing, pace-making, reliability trial or s	speed-testing			
(c) Use for the carriage of goods (other than samp	oles) in connection with any trade or business			
 (a) Use for any purpose in connection with the Mo 	otor Trade.			
# Limitations rendered inoperative by Section 8 o	of the Motor Vehicle (Third Party Risks and Compensation)			
peagings and section 35 of the Road II	ransport Act, 1987 (Malaysia), are not to be included under these			
EXCESS (SECTION 1)	Thirty			
EXCESS (SECTION 2)	: N/A			
ADDITIONAL EXCESS	: N/A			
UNNAMED DRIVER EXCESS	: N/A : N/A			
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO NO			
INSURE WITH COE	: YES			
NCD PROTECTION	: YES (FREE)			
PRIMARY DRIVER	: CHAN MAY LAI			
NAMED DRIVER (1)	CASSIDY GOH KHING SONG			
NAMED DRIVER (2)	: N/A			
HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED				
SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS				
I/We hereby Certify that the Policy to which this Certific Vehicles (Third Party Risks and Compensation) Act (Cha Agency : LINUS WEE (00000534806) Date of Issue : 19 Nov 2019 21:01 hrs	cate relates is issued in accordance with the provisions of the Motor opter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)			
Countersigned By:	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED			
Authorised Office	er Chief Executive			