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Owner / Driver: (Tel:)	
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Confirmed by : (• 1	Dates.	7	(11101)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 flability.
- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	13/10/2020 15:02
Date Of Accident	06/10/2020 22:15
Exact Location Of Accident	ALONG CLAYMORE ROAD
Country/State of Loss	SINGAPORE
Control of the Contro	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ9612T
Insured/Policyholder	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	5XXXX119L
Email Address	ACESS281085@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81122508
Alternative Phone No	OFFICE-81122508
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	NOAH HYBRID-1.8 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108614334-01
Cover Note Number	
Driver	
Name of Driver	NG KIM SIONG
NRIC No	SXXXX434Z
Date Of Birth	28/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81122508
Fax Number	

OTHERS-81122508

ACESS281085@GMAIL.COM

Address

BLK 506 JURONG WEST STREET 52

#04-186

Postcode

640506

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PEDESTRIAN

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 NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201007/2065

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH POLICE OFFICER

Was there any audio recorded?

NO

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 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.
- 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.

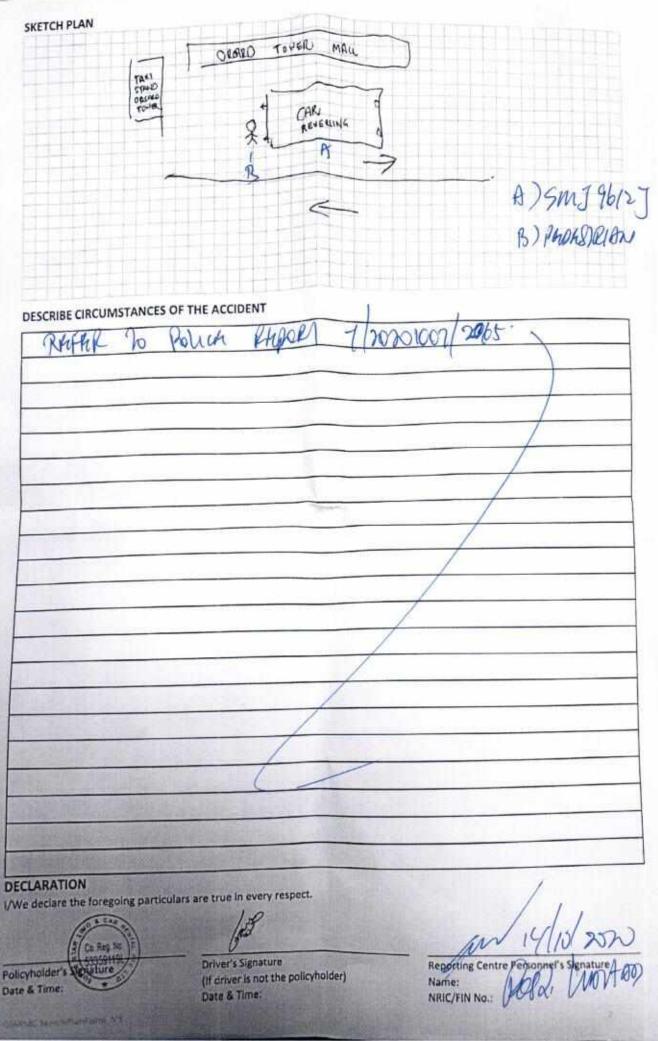
Date & Time:

Co. Reg No.) F 53359119L 3

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Nam

NRIC/FIN No.







Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

1 of 3 Report No. T/20201007/2065

REPORT OF A TRAFFIC ACCIDENT

	te/Time Report Made: 10/2020 15:12		Vide Report No.: G/20201006/0153	Station Diary No.: 12
Informa	nt's Partic	ulars		DATA STATE OF THE
Name of NG KIM	f Informant: SIONG		Address: APT BLK 506 JURONG WES SINGAPORE 640506	ST STREET 52 #04-186
	/ ID No.: O / S85344	34Z	Contact No.: Home/Office:	Mobile: 81122508
National SINGAP	ity: ORE CITIZ	ŒN	Email:	
Sex: Male	Age: 34	Date of Birth: 28/10/1985	Type of Informant: Driver	
Race: Chinese		F	Language:	Institution / School Name:
Occupation: FULL TIME GRAB DRIVER		DRIVER	Driving Licence Information: Class: 3	Date of Expiry

General Infor	ation of the Accident	Salara de la constitución de la		
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/10/2020 22:15	Type of Location: Straight Road
CLAYMORE I	ROAD	Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Moving Vehic	ion: le Against - Pedestrian			Anyone conveyed by ambulance:

Details of Vahicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMJ9612T	Car	ТОУОТА	NOAH HYBRID 7- SEATER 1.8X CVT	White	No Damage	0

Datails of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing; NA





2 of 3

Report No. T/20201007/2065

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

CONTINUATION OF REPORT

Driver		SHIP PARTY		ID No		S8534434Z
Name	NG KIM SIONG			ID No.		303344342
Related Vehicle	SMJ9612T (Car)			Conta	ct No.	81122508
Hospital/Clinic	NIL			Class Driving Licent	g ce &	Class: 3 Date of Expiry: NIL
E			D . Di.	Expiry	NIL	
Date Treatment	NIL		Date Disc	The second secon		
No. of Days granted Medical Leave NIL			Degree o	rinjury	NIL	

Brief Details.

I am the driver of a white in colour Toyota Noah Hybrid bearing vehicle plate number (SMJ9612T).

On the 06/10/2020 at about 2215hrs to 2220hrs, I was driving my vehicle (SMJ9612T) along Claymore Rd and was stationary near to the taxi stand of Orchard Towers. I was waiting for my Grab passenger. When I received a Grab passenger notification which shows the passenger, further behind from my vehicle (SMJ9612T). As such to indicate to the passenger that my vehicle (SMJ9612T) was where it was, I intended to reverse slightly (about 1 to 2 meters).

I checked my blind spot and saw that it was clear to which I began reversing. I then heard a bump to the rear of my vehicle (SMJ9612T) and immediately stopped. A male subject walked towards my driver side window and spoke with me. The male subject informed me that I had "knocked into his elbow" and he called the Traffic Police. I verified with my rear in car camera that I did bump into the male subject and apologized to him.

I wish to state that I do have a front and rear in car camera in my vehicle (SMJ9612T). There are no damages to my vehicle (SMJ9612T).

There was attendance by Traffic Police and Ambulance. The Traffic Police officers secured my in car camera SD card and issued an acknowledgment slip to me. I do not know whether the male subject was conveyed to hospital by the ambulance.

The Traffic Police Investigation officer in charge of my case is an IO Syakir, Tel: 65476236.





3 of 3

Report No. T/20201007/2065

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

CONTINUATION OF REPORT

Clen	inh	D	217
Ske	LGH		CALL

NP158

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2020 15:12
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 Authentication Stamp	





SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: I	Report No: 6 20201006 0153
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from	NG KIM SYONG, 385344342
	(Name, NRIC or Passport No. / Rank and No.)
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	6/10/2020 (Address / Police Station / NPC / NPP)
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	TP 10 IN-CHONOR COSE: - 70 SUARIK
	1 O SHIELK
	TEL: 65476236
	LODGE ACCIDENT REPORT

ACCIDENT'STATEM	
ACCIDENT DATE: 6 10 -2020 (DD)MM/YYY)	22. (
ACCIDENT DATE: 6 10 MMMYYYY)	, TIME: (AND : 15)(HIEMM)
LOCATION: GRAND TOVEL	
1. DETAILS OF VEHICLE SMI_ 9612. T	
GIVEHICLE NUMBER: NTUC	
BINSURANCE COMPANIA 1986/4334-01-	202023
GIPOLICY NUMBER: JOHN THIRD PAR	TY / THISD PARTY FIRE &THEFT)
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	//MOTORCYCLE/OTHERS)
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LINES OF USING AT ACCIDENT TIME	(AD)
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IF NO. PLEASE STATE (THIRD PARTY CLAIM / RE	PORTING ONLY)
2. INSURED / POLICY HOLDER AJNAME SUPER STAR LIMO + CAR RENTH	
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CIADDRESS: 33 SIN MING CONE # 06	76, MIDVIEW CITY
SINGAPORE 173969	
. CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER
Huo of passonge, DRIVER	
GINAME NG KIM STONG	(MALE / FEMALE)
(Including driver)	CONTACT: 81/22508
- LIANDECCE. APT BIK SDE JUNONG WES	UN TO C
*d)DATE OF BIRTH: (38/ 10) 1981 100	(MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	
DAGE 9 104 4	· 0[a
THE DERVED AN EMPLOYER OF THE INSU	RED'S COMPANY? (YES! NO)
TE NO. RELATIONSHIP OF THE DRIVER WI	IN INSURCO.
5. GIWEATHER CONDITION: (CLEAR / RAINING /	OTHERS
bJROAD SURFACE: (DRY / WET / OTHERS	···
WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (YES / NO) \ IF YES, PLEASE STATE WHICH POUCE STATION	N: JOO CHIAT NIT
B. THIRD PARTY VEHICLE	
He of passinger a) VEHICLE NUMBER:	MODEL:
THE POST (FOR MIANIS)	
CI NRIC/FIN/PASSPORT:	CONTACT:
() 9. THIRD PARTY VEHICLE	
N VEHICLE NUMBER:	MODEL:
No of passanger el DRIVER'S NAME:	AND
Induding driver) 1 NRIC/FIN/PASSPORT:	CONTACT::
, Julian Managara	
: email =	
· VIDGO	A STATE OF THE STA

Claim Handling

Accident MT/1106603				
Policy No.	5108614334-01	Vehicle No.	SM39612T	GST Registrati
Certificate No.	5108614334-01-000002		3,35,422	our negocial
Policyholder Name	SUPER STAR LIMD & CAR RENTAL			
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Policyholder NI
Contact No.(Mobile)	96233308	Contact No.(Office)	UTVO CLASSIC	Loading
Email Address	DESCRIPTION.	Special Remark		Contact No.(Hi
KFK	= No Yes	TCA	ave: Twice	eCode
NCD Protection	No		No Yes	eCode Reason
	NO	NCD Entitlement(%)	0	Private Hire
	(15.050000000000000000000000000000000000	WAY IN WEST CONTROL (\$1500)	Avela	
Report Date	14/10/2020 18:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/10/2020	Time of Accident hhamm	22:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CLAYMORE ROAD			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1/500/00	
YIED OD Excess	0.00	YIED TP Excess	1,500,00	GHANNA AND AND AND AND AND AND AND AND AND
Additional Excess	9	NEW IF EXCESS	0.00	Driver is Cover
Total OD Excess Applicable		Water the Harrison and decouples	response	
▼ Benefits	2000.00	Total TP Excess Applicable	1,500.00	
♥ GST Registered Informat	No.			
GST Registered	500			
GST Registration No.	No		GST Registration Date GST Status Verified	940
Modification History	14/10/2020 18:11:43 Sy	stem changed GST Status Verified from No		Yes
The rest of the second				
♥ Policyholder Mailing Add	ress			
Address 1	BLK 576 #12-500	Address 2	WOODLANDS DRIVE 16	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-500	Related Policy Number	5105614334-01	
♥ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG KIM SIONG	Driver NRIC	58534434Z	Driver DOB
Register Date of Driver License	09/02/2010	Oriver Age	34	Driving Experis
Contact No.(Mobile)	81122508	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 506 #04-196	Address 2	JURONG WEST STREET 52	Address 3
Address 4	SINGAPORE 640506	Address Type	Foreign address	Post Code
Unit No.	04-186		1 100000 100000000000000000000000000000	
Does he own a Singapore	Yes No	Driver Vehicle No.	SM19612T	200
Registered car?	763 110	Driver venicle no.	29/130751	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes » Na	
linconni ni				
Modification History				
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Claim 001 New				
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ALTERNATION NOT			-	Contact ,
Contact No. (Mobile)				No. NTI
Email Address				OI Vehicle SM
ATTUCK ON THE COLUMN TO THE CO				Number SM
Claim Description			SM19612T / PEDE	STRIAN ON 6 Oct 2020
Drafarrad				
Preferred Workshop	Profesered Liability Fully at	Fault		
Bequies No. Finalisation Yes	Repair Preferred Workshop	p, Name unknown GIA Receive	d 🔻	Claim
Date Registered	TO KNOWN		14/10/2020 18:1	8 Close
Report Taken By			ROSLI WAHAB	Date
ANNAROD SEFERIA			RUDLI WARIAD	
Print AK letter				
Print AK letter				

Save Submit

Attachment

Accident No. MT/1106603 Claim No. 601 Last Doc. Received ● Yes ○ No Upload Date 14/10/2020 18:18 Path = Category * Confider Choose File No file chosen Clear Please Select Y NO Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear Please Select ٠ EUC) Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Pigase Select ~ NO Attachment List Attachment Uploaded By/Date P Category Urgency NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:18 Photos Normal Phic NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:18 Photos Normal Pho NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:18 Photos Normal Phic NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:18 Photos Normal Phi NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:18 Photos Normal Pho NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 18:18 Photos Normal NAC_PAYA_UBI_BOD601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Phi n 14 Oct 2020 18:18

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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language + Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 06/10/2020 18:04 Vehicle No.(For Motor) SMJ9612T Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Commence Date Select Policy No. Insured Product Cover Type Expiry Date No. Object SUPER STAR LIMO & CAR RENTAL 5108614334-01 5108614334-01-000002 drivo CLASSIC 53359119L GFM SMJ9612T SMJ9612T 12/04/2020 11/04/2021 Continue