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 <u>truthful and accurate</u> 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

aforesaid.							
	ACCIDENT STATEMENT						
Date Of Report	16/10/2020 14:20						
Date Of Accident	16/10/2020 11:20						
Exact Location Of Accident	CHOA CHU KANG RD						
Country/State of Loss	SINGAPORE						
DETAILS OF OWN VEHICLE							
Vehicle Registration Number	SMP9076J						
Insured/Policyholder							
Name Of Registered Owner	YONG DUN JIE JAMES						
NRIC No	SXXXX840F						
Email Address	JAMESYONGDJ@GMAIL.COM						
Mobile Phone No	(LOCAL) +65-81882747						
Alternative Phone No	OFFICE-NOPHONE						
Vehicle Particulars							
Manufacturer	HYUNDAI						
Model	AD AVANTE 1.6 GLS (A)						
Exact Purpose for which vehicle was being used at time of accident							
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	5113349013						
Cover Note Number							
Dulivan							

Driver

Name of Driver YONG DUN JIE JAMES

NRIC No SXXXX840F
Date Of Birth 28/10/1989
Occupation INDOOR
Date Of Driving Pass 11/07/2009

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number +65-81882747

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address JAMESYONGDJ@GMAIL.COM

Address 5 JURONG LAKE LINK

#04-22

Postcode 648162

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 Vegistration Number of Briver's Own

_

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

4

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

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 SHD8536C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLT7664R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96584853

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMT6056R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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.

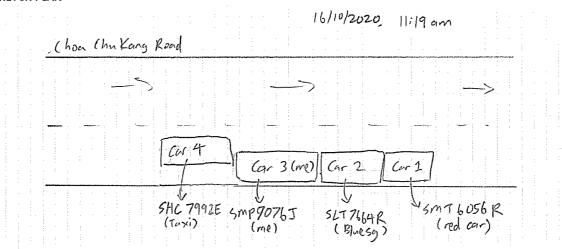
Policyholder's Signature

Date & Time: 16/10/2020 1929/45

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	smp90765		ACCIDENT DATE & TIME: 16 Oct	2020, 11:19am
CONTACT NUMBE	R: 8188274	7	E-MAIL ADDRESS: JAMES YON	GDJ @GMAIL.com
LOCATION: Alor	ng Chon Chu l	Kang Road, near	Junetrum 10, before junet	son with upper Bulcit Timalifed
I was driving	y along Chon (thn Kung Road n	then the cars in front came	to a gudden halt,
Despite hard	braleing, all a	ears impacted one	then the cars in front came another in a 4-car chain	accordent.
		,		
NOTE: PLE	EASE NOTE THA	T YOUR INSURER MAY	/ HAVE 14 DAYS TIME FRAME FOR	R YOU TO SUBMIT AN
OWN DAMAG	GE CLAIM UNDER	R YOUR OWN POLICY.	PLEASE CHECK YOUR POLICY F	OR MORE INFORMATION
Please state:				
() Claim O	wn Policy (Claim Third Party	() Claim OD/TP at other workshop	() Reporting Only

DECLARATION

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

Jus.

Policyholder's Signature
Date & Time: 16/10/2020 1424W3-

Driver's Signature (If driver is not the policyholder) Date & Time: 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 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113349013

1. Index mark and Registration Number of Vehicle

Cover : drivo PREMIUM : SMP9076J

2. Name of Policyholder : KMHD841CMKU938802 3. Effective Date of Insurance : YONG DUN JIE JAMES

4. Expiry Date of Insurance : 22 Oct 2019 5. Persons or Classes of Persons entitled to drive# : 21 Oct 2020

(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 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

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

REPAIR AT OWNER'S PREFERRED WORKSHOP : PLEASE REFER OVERLEAF

INSURE WITH COE : YES NCD PROTECTION : YFS TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : NO

NAMED DRIVER (1) : YONG DUN JIE JAMES

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED : N/A

: 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)

: KOMOCO TRADING PTE LTD (00000614810) Date of Issue

: 23 Oct 2019 14:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

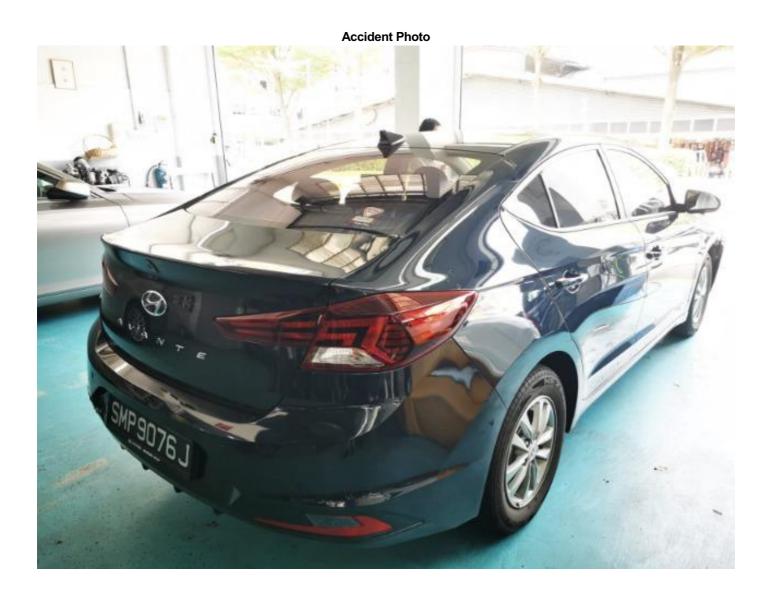
Chief Executive



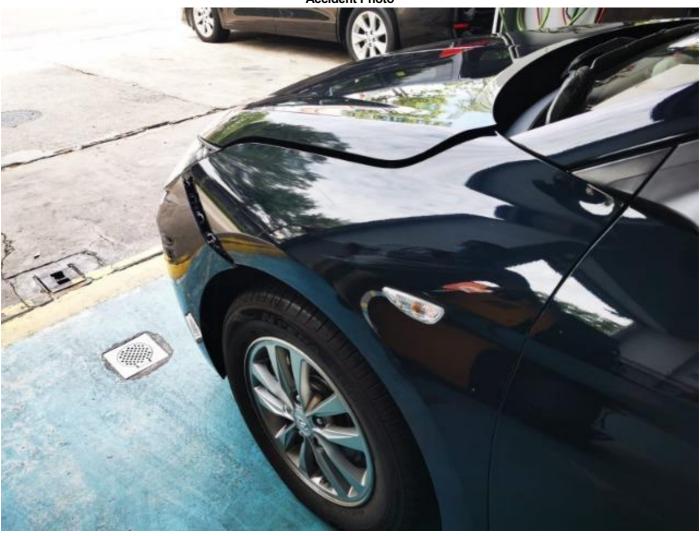








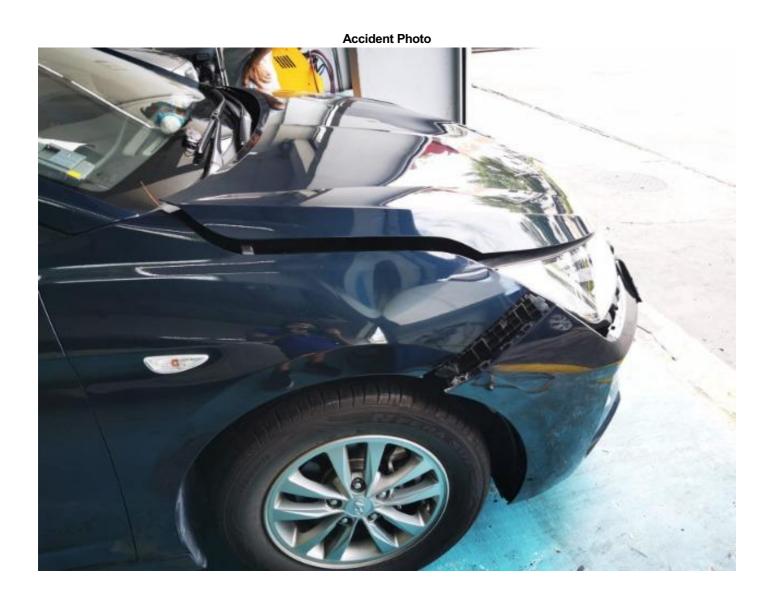




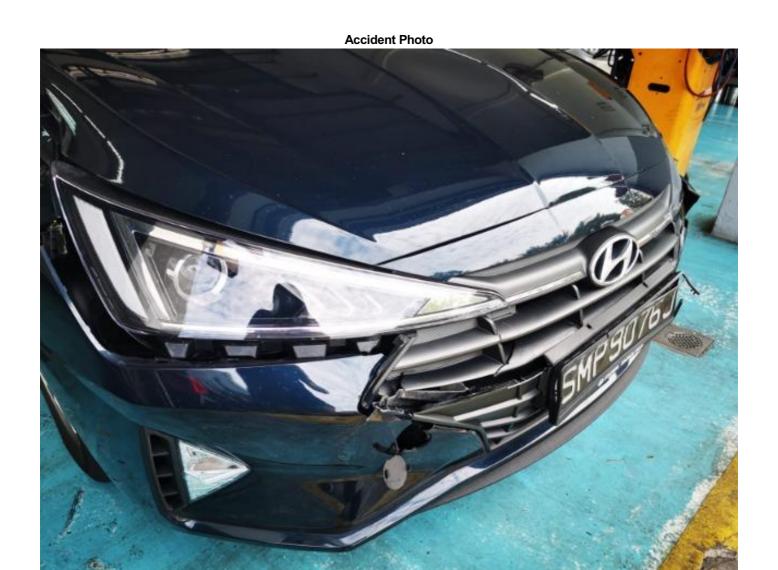






















Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 5 Pailles Quay #18-00 Singapore 048560
Tel165: 5224 0010 | Tax 1651 6224 003;
Operating Hours | Manday to Suday, 89-00 - 17 or
UEN, 5665500206 / GST Reg. No. | M40001773;

Origina Name (*Vehic Addres Contac Email A Date of	ADDENDUM					
Name is (*Vehic) Addres Contac Email A Date of Place of insurar (B) ADDITI I have n make t	CULARSOFPE	RSONMAKINGTHEAMENDMI	ENTS:			
Name is (*Vehic) Addres Contac Email A Date of Place of insurar (B) ADDITI I have n make t	al Report No		Vehicle Registration No-	5MP9076J		
(*Vehice Addressing Contact Email Addressing Place of Insurant (B) ADDITITE I have not make to the Addressing			NRIC/FIN/Passport No			
Contac Email A Date of Place o Insurar (B) ADDITI I have n make t		hicle Owner) (*) Please delete				
Email A Date of Place of Insurar (B) ADDITI I have n make t	\$\$	5 Juring Lake Link	404-22	Singaporei 5461 62		
Date of Place of Insurar (B) ADDITI I have n make t	ct (Tei)		Mobile No.: <u>_81882</u> 743			
Place o Insurar (8) AOOITI I have n make t	Address	Jamesyongej@gmail.com				
Place o Insurar (8) AOOITI I have n make t	of Accident	[6]10 2020	Time of Accident : 11:2	.0		
(8) AODITI I have n make t						
(8) AODITI I have n make t	ance Company	V				
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				IA Jo		
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² olicyh	holder / Drive	r's Signature	Reporting Centre Per	sonnel's Signature		

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