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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.
- 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.

Date Of Accident 30/10/2020 11:15 Exact Location Of Accident ALONG CHURCH STREET SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SGP5646L Insured/Policyholder Name Of Registered Owner THNG HONG PING NRIC No SXXXX953F Email Address TAT.NO@HOTMAIL.COM (LOCAL) +65-96770977 Vehicle Particulars Manufacturer HONDA Model EDIX-1.7 (A) Exact Purpose for which vehicle was being used at time of accident time of accident to be taken PRIVATE CAR 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 COMPREHENSIVE Fleet Policy NO Policy Number 5114999544 Cover Note Number Driver Name of Driver THNG HONG PING NXXX953F Date Of Diring Pass THNG HONG PING Date Of Diring Pass Driving Experience In Years And 11 MONTHS Date Of Diring Pass Driving Experience In Years And In MONTHS MALE	The less between the second section in the second	ACCIDENT STATEMENT	
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No SXXXX953F SEmail Address TAT.NO@HOTMAIL.COM Mobile Phone No (LOCAL) +65-96770977 Alternative Phone No OFFICE-98770977 Vehicle Particulars Manufacturer HONDA EDIX-1.7 (A) Ezact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Unisurance Company Name of Insurance Company Type Of Coverage Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name	Date Of Report	02/11/2020 15:25	
Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SGP5846L Insured/Policyholder Name Of Registered Owner THNG HONG PING NRIC No SXXXX953F Email Address TAT.NO@HOTMAIL.COM (LOCAL) +65-96770977 Alternative Phone No (LOCAL) +65-96770977 Vehicle Particulars Manufacturer HONDA Model EDIX-1.7 (A) Exact Purpose for which vehicle was being used at time of accident 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 COVER POLICY NO POLICY Number COMPREHENSIVE NO POLICY Number S114999544 Cover Note Number Driver NAME OF BITH ON ON Date Of Birth ON ON Date Of Birth ON ON Driving Experience MALE MALE	Date Of Accident	30/10/2020 11:15	
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Occupation INDOOR Date Of Driving Pass 17/11/2000 Driving Experience 19 YEARS AND 11 MONTHS Gender MALE	NRIC No	SXXXX953F	
Date Of Driving Pass 17/11/2000 Driving Experience 19 YEARS AND 11 MONTHS Gender MALE	Date Of Birth	09/10/1967	
Driving Experience 19 YEARS AND 11 MONTHS Gender MALE	Occupation	INDOOR	
Gender MALE	Date Of Driving Pass	17/11/2000	
Gender MALE	Driving Experience	19 YEARS AND 11 MONTHS	
Mobile Number (LOCAL) +65-96770977	Gender		
	Mobile Number		

OFFICE-96770977

TAT.NO@HOTMAIL.COM

Address

BLK 55 HAVELOCK ROAD

#08-138

Postcode

161055

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

10000

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 ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

10

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 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

SLQ7430P

Vehicle Make/Model/Colour

LEXUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

AGARWAL ADITYA ASHOKKUMAR

NRIC/Passport Number

SXXXX359C 81181004

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.
- 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.
- 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

30-11-20

Date & Time:

1548

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

Name: NRIC/FIN No.:

I was drivering along upp pickering ST Church ST
It was traffic slow suddent de felt a bump four behind
I was drivering along upp pickering ST Church ST It was traffic slow suddent de felt a bump four behind bang me. If stop and check it was a con SLQ 7430P
Boung me. from behind.

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

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 1 0 2020 (DD/MM/YYY), TIME: 11: 15)(HH:MI
LOCATION: along CHURCH STREET
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SGP 56464
DINSURANCE COMPANY: INCOME
CIPOLICY NUMBER: 5114999544
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT
BIMAKE & MODEL: HONDA L 1.7
FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESANO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: THUG HONE PING (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: S1785959 E CONTACT: 9677097
CIADDRESS: TOTAL 155 HAUBLOCK ROAD #08-138
: 5(161051)
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
Who of passanges DRIVER
(MALE / FEMALE)
CONTACT:
c)ADDRESS:
*d) DATE OF BIRTH: (09/10/1967) (DD/MM/YYY)
e)OCCUPATION: (INDOOR) OUTDOOR)
FIDERE OF DRIVING PASC LT ANY 2000
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS
b)ROAD SURFACE: DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES /NO)
7. a) REPORTED TO POLICE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8 THIP PARTY VEHICLE
He of passenger a) VEHICLE NUMBER: SLQ 7430P MODEL: LEXANS.
Including driver) B) DRIVER'S NAME: AGARWAL ADITYA ASHOKKUMAK
(,) " c) NRIC/FIN/PASSPORT: \$7161359C CONTACT: 81181004
7. INICOPACT VEHICLE
No of passanger d) VEHICLE NUMBER:MODEL:
Induction disease.
NRIC/FIN/PASSPORT: CONTACT:

email = tat. no @ Hotmail. com / ryanteo 82 VIDEO Cyahow. com. sq

Claim Handling Accident MT/1108784

Palicy No.	5114999544	Venicle No.	SGPS646L		THE RESERVE OF THE PARTY OF THE
Certificate No.			and advoc		GST Registration No
Policyholder Name	THNO HONG PING				
Product Code	PRIVATE CAR INSURANCE	Cover Type	ANTONIO POR LO MANDO DE O		Policyhilder NR1C
Contact No.(Motive)	96770939	Contect to (Colice)	Minus CLASSIC		Loading
Email Address		Special Remark			Contact No./Hume)
KFK	feo Yes	TEA	100442 14700		eCode
NCO Protection	No		No Yes		eCode Heason
Accident Details	1761	NCD Entitlement(%)	50		Private Fore
Report Date	WASAL BANKER OWN THE	MATERIAL PROPERTY OF THE PROPE			
Date of Accident	03/11/2006 0G 5g	Accident Report Within 24 hrs	Tes		Accident Type
Reporting Center	30/10/2620	Time of Accident in Jimin	33125		Country of Accident
Accident Location		Orange Force			ICM No.
	ALONG CHURCH STREET				
Total Excess Applicable					
Escrea Type	Per Accident	Windscheen Excess		100,00	
OD Standard Excess	1022115221	ESS N SE			
YIED OD Excess	600,00	TP Standard Excess		0.00	
Additional Excess	0.00	YJED TP Excess		0.00	Driver is Cavereid?
Total OD Excess Applicable	0				
■ Benefits	600,00	Total TP Excess Applicable		0.00	
GST Registered Informa	ition				
GST Registered	No.		G5T Regis	tration Date	
GST Registration No.			GST Statu	s Verified	Veta
Modification History					
Policyholder Mailing Ado	dress				
Address 1	BLK 55 #08-138	Address 2	HAVELOCK ROAD		Address 3
Address 4		Address Type	Singapore accress		Past Code
Unit No.	OH-130	Related Policy Number	\$114999544		Pascapas
OI Driver Info		MASSIMEN STORMEN SAME	WHAT WAS A SHARE		
Driver Name	THNG HONG PING	Driver Type	Main Orsept		
Unnamed driver Name		Driver NRIC	517919531		Territoris sciencis
Register Date of Driver License	01/01/2002	Driver Age	- 53		Driver DOB
Contact No. (Mobile)	90.770977	Contact No.(Office)			Driving Experience
Address 1	BC# 55 #09-138	Address 2	THE RESERVE OF THE PARTY OF THE		Contact No.(Horne)
Address 4		Address Type	HAVELOCK ROAD		Address 3
Unit No.	(18-128	Address Type	Singapore address		Post Code
Does he own a Singapore	Yes No	SELVENA I CHARLEST UNITS			
Registered car?	100	Driver Vehicle No.	SGP5646L		Driver Insurer Comp
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury:	Yes No		
Madification (March					
Modification History					
Claim 001 Nox					
Claim Type *				120 100	thered Insuran
Contact No (Mobile)				OD-MX	Name THNG-HC
				96770937	No. (Home)
Email Address					OI Vehicle SGPS646
Claim Description				CODERAGO A FORTANCIO CO	Number
Preferred	Francisco Consider			SGP5646L / SLQ7430P OI	y 30 Oct 2020
Preferred Workshop Spauke No. Van	Preferred Liability Rot at Fault	♥ GIA		201-3040L 7 SCQ7430F U	y 39 Oct 2020
Preferred	Insured Liability Not at Fault Preferred Workshop, Nan	The state of the s	*	320°3040, 1 34Q74301 (II	Com

ROSLI WARAD

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Video List

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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)

Ce	rtificate Number: 5114999544	Cover : drivo CLASS
1.	Index mark and Registration Number of Vehicle	: SGP5646L
	Chassis Number	: BE11103042
2.	Name of Policyholder	: THNG HONG PING
3.	Effective Date of Insurance	: 19 Dec 2019
4.	Expiry Date of Insurance	- 18 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 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 headings.

EXCESS (SECTION 1)	: 5\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$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	: THNG HONG PING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	TOKYO CENTURY LEASING (SINGAPORE) PTE 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 : THIS MARKETING INSURANCE AGENCY (00000572208)

Date of Issue : 18 Dec 2019 10:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive