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	i-Photo Uploaded				
TP Insurer:	Assessment/Survey I				
Professed When LINC Assign When LOW.		/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax	:	
TP Particulars: Veh No: Veh No:	97939.	INC( )/Non-INC	C( ).		
	Desir 3 (	Tel:			
Policy No: ( )	Period: (	) Cover Type:		)	
Confirmed by : (	Date	e: Tim	ie:	)	
Insured/Driver Liability: ( %	Note-Est. Status (WO):	N: 0-20%; P: 21-799	%. P: 80-100	%]	
Year of Registration: ( )	Warranty: YES ( )/N	10()			
Excess: (\$ ) Loading: \$					
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General Remarks:-		Markett of the President	A Land	* *	
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#### 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 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

WEST-WAY	
<b>建设是实际的外部通过的联系的影响。</b>	ACCIDENT STATEMENT
Date Of Report	13/11/2020 10:15
Date Of Accident	12/11/2020 10:30
Exact Location Of Accident	BEDOK NORTH AVE 3 TWDS BEDOK NORTH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT861J
Insured/Policyholder	
Name Of Registered Owner	LOKE YOKE LENG ELSIE
NRIC No	SXXXX255F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97107838
Alternative Phone No	OFFICE-97107838
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE 1.2 CVT
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 CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0001784_02
Cover Note Number	
Driver	

Name of Driver LEONG SIEW KIEN NRIC No SXXXX187F Date Of Birth 05/10/1963 Occupation INDOOR Date Of Driving Pass 16/06/1981 **Driving Experience** 39 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-84983409

Fax Number

Contact Number OFFICE-84983409

EMail Address NOEMAIL

BLK 632 CHOA CHU KANG NORTH 6 Address

#06-213

Postcode 680632

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

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

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

2

NO

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

YP793P

Vehicle Make/Model/Colour

ISUZU

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 15

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEONG SIEW KIEN

**NECK & BACK** 

SLT861J

YES

NO

#### SKETCH PLAN

#### 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.
- 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-
- 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.
- 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 insurers(s) who have insured vehicle(s) involved in this accident (all insurers) 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, involces, 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Complete and submit this form to the individual insurance authorised reporting centre.

  Please report correctly on the details of the accident to speed up the claim process.

  This form must be filled up by the policy holder and/or authorised driver.

  Information provided must be as fruitful 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 traffic police department for investigation.

## **Accident details**

Date and time of accident	Date: (2 /11/2020 · (DD/MM/YY) Time: 10:30 ·	(HH:MM)
Exact location of accident	Bedole North and towards Bedok North &	201.

#### Details of vehicle

Vehicle registration number	SLT 861J.				
Vehicle make and model	MISSAN	NOTE			
Type of vehicle	Saloon D	MPV 🗆	CRV D Moto	Var	Others:
Vehicle category	Private 🗹	Comm		Motorcy	/cle 🗆
Purpose of using at said time	PRIVATE	5			
Are you claiming under your own insurance company?	Yes a Third part cla	No 🗆	if no, plea		

## Insurance information

Insurance company	INDIA .		
Policy number			
Type of policy	Comprehensive 🗸	Third party fire & theft	TP only 🗆

# Insured / Policy holder

Name	LOKE YOKE LENG , FLSIE Male 0	Female o
NRIC / Fin / Passport number	\$2568255F	
Contact	9710 7838.	
Address	APT BLK 185 JELEBN ROAD # 24 - 24	SINGAPERE 670185.

## Driver

## Same as insured above (skip to D.O.B)

Name	LEON & SIEW KIEN . Male D'	Female 🗆
NRIC / Fin / Passport number	51619187F	
Contact	8498 3409.	
Address	APT BLE 632 CHORCHU EANE NORTH 6	
Email address	leans constien what mail . c. am	
Date of birth	05-100-1963.	
Occupation	Indoor Outdoor D	
Driving date pass	16061981	. 10 20 20 2

# General information of the accident

Was driver an employee of the insured's company?	Yes 🗆 If no, rela	No <b>∠</b> etionship of the	driver and insur	red: FRIEND-
Accident captured by camera?	Yes &	No 🗆		
Weather condition	Clear	Raining	Others:	
Road surface	Dry 😿	Wet a		
No of passenger	1		SCAR SHIP	(Inclusive of driver)

Passenger 1	
Name	LEONG SIEW KIEN.
Gender	Male of Female o
Passenger 2	
Name	
Gender	Male D Female 6
Passenger 3	
Name	
Gender	Male ci Female p
Passenger 4 Name	
Gender	Male   Female
Passenger 5	
Name	
Gender	Male D Female D
Passenger 6	
Name	
Gender	Male D Female D
Other information	
	Type / No.
Was anybody injured?	Yes,e No a

## Details of police action

Reported to police?	Yes 🗆	Nop	If yes, please state which police station.
Police station name			CAN

# Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
	UA 700 P.
Vehicle registration number Vehicle make model	4,97939.
venicie make model	+ ISUZU
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Contact number	
NRIC / Fin / Passport number	
/ehicle registration number	
/ehicle make model	
chiefe model	

## Witness 1 Name Witness 2 Name Injured person 1 LEONG SIEW KIEN. Name Injuries sustained Back and Neck. Which vehicle person in? SLT 8615 Were seat belts worn? Yes No D Was injured conveyed to Yes a No hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No a hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a Noo Was injured conveyed to Yes a No hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in?

Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes a

Yes a

No a

No,d



Loke Yoke Leng Elsie SLT86... 🗐 <









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#### INDIA INTERNATIONAL INSURANCE PTE LTD

Ga. Reg. No. 1987037928 | GST Reg. No. NO. 0071006-X 64 | Credi Street | 6164 | 695 | 606-62 | 3061 Madding | Segapore 049713 Office (65) 53476100 | Email Incurred McComing Ear. (65) 52244174 | Website www.McComing

COVER: COMPREHENSIVE

#### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THEO PARTY EIGES AND COMPANIATION) ACT RESPUBLISH.
MOTOR VEHICLES CHEEP-PARTY SERIES AND COMPANIATIONS BELLES, 1990 EIGHD TRANSPORT ACT, 1997 MALAYSIAS
MOTOR VEHICLES (THEO-PARTY SERIES BELLS), 1996 (BALAYSIA)
MOTOR VEHICLES (THEO-PARTY SERIES BELLS), 1996 (BALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

#### CERTIFICATE NO.: D18MPC0001784\_02

- I. Index Mark and Registration Number of Vehicle

Chassis No

: JNITAAE12Z0980019

2. Name of Policybolder

- : LOKE YOKE LENG ELSIE
- 3 Effective date of Insurance
- 1 17 Oct 2020
- 4. Expiry date of Insurance
- : 16 Oct 2021
- 5. Persons or Classes of Persons entitled to drive\*

  - (a) The Policyholder
    The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her
  - employer or his her pariser.

    (b) Any other person who is driving on the Policyholder's order or with his her permissis.
  - 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

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

#### The Policy does not cover

- a) Use for hire or reward.
  b) Use for racing, pace-making, reliability trial, speed-testing.
  c) Use for the carriage of goods other than samples in connection with any trade or b
  d) Use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoparative by Section 8 of the Motor Vehicles (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.

Insured & Named Drivers Excess Sect 1 : SGD600.00 Unsured Drivers Excess Sect 1 : SGD1,100.00 Windscreen Excess : SGD190.00

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500- ON SECTION I WILL BE APPLICABLE.

I/We HERERY CERTIFY that the Policy to which this Certificate rolates 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).

AgentBroker : A000038/M Plus Consultancy Date of Issue : 21/09/2020 14/06/33 MX1-Private Car (Insured Driving)

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Page 1 of 1





NikkoAM-ICBCSG CHINA BOND ETF

Simple Smart ETFs

investment value in the Fund may fall or rise







