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Owner / Driver: (				Tel:	<u>.                                    </u>	. )
Policy No: (	) Peri	od: (	)	Cover Type: (	-	1
Confirmed by a (		•	Dates,	Times	* PO-1009	1 .
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	16/11/2020 18:13
Date Of Accident	14/11/2020 22:30
Exact Location Of Accident	BLK 28 TELOK BLANGAH RISE S090028 CARPARK
Country/State of Loss	SINGAPORE
nestrone per pure de la Serie D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT7504D
Insured/Policyholder	
Name Of Registered Owner	LUI CHENG CHENG ANGELINA
NRIC No	SXXXX622G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91914066
Alternative Phone No	OFFICE-91914066
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5119247778
Cover Note Number	
Driver	
Name of Driver	LAI SZU ANN DERRICK
NRIC No	SXXXX931Z
Date Of Birth	13/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1993
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81000777
Fax Number	
Contact Number	
Lamba Cartinas Cartinas (Cartinas)	

DERRICKLSA@GMAIL.COM

Address

BLK 17A TELOK BLANGAH CRESCENT

#28-274

Postcode

091017

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

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?

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

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

SMD508C

Vehicle Make/Model/Colour

RENAULT SCENIC

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)

Page 2 of 12

### SKETCH PLAI

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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:

- 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)
  - (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
- 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.
- 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)

Reporting Centre Personnel's Signature

Name:

ETCH PLAN		
	CARPARIC	
(F ()	< \( \begin{aligned}	
4 6	(A)	Veh 4: SGT 75040
	Partie Jak	Veh B: SMD 508C
	BLK 28	Veh A: SGT 75041 Veb B: SMD 508C s Telok Blangel Rise. Gu park
SCRIBE CIRCUMST	ANCES OF THE ACCIDENT	₽ .
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ECLARATION		
We declare the forego	ing particulars are true in every respect.	Vones a
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# ACCIDENT STATEMENT

ACCIDENT DATE: ( A/ 11 / 2020 ) (DD/MM/YYYY), TIME: (22:30 )(HH:MM)
LOCATION: BIK 28 Telok Bangah Rise Scaco28 Garp
a) DETAILS OF VEHICLE SAT 7504 D
CIPOLICY NUMBER: 511924 7378
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME POUNT (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER
AINAME: & Lin Cheny Geng Hogelina (MALEX FEMALE)
C)ADDRESS: BK 17A Telek Blangish Crescart #25-274
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(Including driver) DINDICKENDASSEDDE STEED THE SELECTION OF PROSECULAR SECONDASSEDDE STEED THE
(1) b)NRIC/FIN/PASSPORT: S18219317 CONTACT: 81000+1+  C)ADDRESS: BIE 17 A Telok Blangah Crescont
#28-274. \$(09/017) *d)DATE OF BIRTH: (3/04/1967) (DD/MM/YYYY) .
FIDATE OF DRIVING PASC
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! (10)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE
5. d)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:
Ho of passanger a) VEHICLE NUMBER: SMD 508C MODEL: Renault Scenic
Including driver) b) DRIVER'S NAME:  (4) c) NRIC/FIN/PASSPORT:
9. THIRD PARTY VEHICLE  NO all passanger el DRIVER'S NAME:  MODEL:  """
Induding driver) f) NRIC/FIN/PASSPORT: CONTACT:
(_)

email = derrick Isa @gmail.com

# Claim Handling Accident MT/1110374

Accident M1/11103/4							
Policy Na.	5119247778		/ehicle No.	SGT7504D		GST Rep	stration f
Certificate No.							
Policyholder Name	LUI CHENG CHENG ANGELINA					Policyhol	der Nate
Product Code	PRIVATE CAR INSURANCE		Cover Type	Third Party		Loeding	
Contact No.(Mobile)	91914066		Contact No. (Office)			Contact N	vo (Home
Emoil Address		5	pecial Remark			eCode	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
KFK	No Yes	9	CA	No Yes		eCode Re	2500
NCD Protection	Yes		(CD Entitlement(%)	50		Private H	
Accident Details						23,00000031	11.00
Report Date	17/11/2020 11:10	,	ccident Report Within 24 hrs	Yes		A marketing to	with the
Date of Accident	14/11/2020		ime of Accident hh:mm	22:30		Accident	
Reporting Centre			range Force			Country of ICM No.	N ACCIDE
Accident Location	BLK 28 TELOK BLANGAH RISE S	5090028 CARPARK				ICM NO.	
▼ Total Excess Applicable							
Excess Type	Per Accident	٧	Vindscreen Excess		0.00		
00 Standard Excess	1.0						
VIED OD Excess	0.00		P Standard Excess		1,500.00		
Additional Excess	0.00	Y	IED TP Excess		0.00	Oriver is 0	Cavered?
Total OD Excess Applicable							
Benefits	0.00	99	otal TP Excess Applicable		1,500.00		
GST Registered Informati iST Registered							
SST Registration No.	No				tration Date		
Hodification History				GST Statu	s Verified		Yes
- The state of the							
Policyholder Mailing Addr	ess						
Address 1	BLK 17A #28-274	A	ddress 2	TELOK BLANGAH C	RESCENT	Address 3	
Address 4		A	ddress Type	Singapore address		Post Code	
Jnit No.		R	elated Policy Number	5119247778			
♥ OI Driver Info							
Driver Name	LAI 5ZU ANN DERRICK	D	river Type	Named Driver			
Jinnamed driver Name		D	river NRIC	518219312		Driver DO	В
Register Date of Driver License	19/02/1993	D	river Age	53		Driving Ex	perience
Contact No.(Mobile)	91914066	c	ontact No.(Office)			Contact N	a.(Hame
Address 1		A	ddress 2			Address 3	
Address 4		A	Idress Type	Foreign address		Post Code	
Jnit No.				95		OCHASTIMI	
Does he own a Singapore Registered car?	Yes No	а	river Vehicle No.	SG77504D		Driver Ins	urer Com
eclaration							
Breathalyser or Blood Test Reading?	0 mg	A	ny Injury?	Yes No			
todification History							
Claim 001 OD-MX New							
Gr 18 18					OD-MX 🗸	Insured	LUT CH
Jaim Type *						F. Dickeryous	444 411
					The second secon	Contact No.	650900
Taim Type * Contact No.(Mobile) Finall Address					91914066	Contact No. (Home)	
Contact No.(Mobile)					91914066 angelicc@yahoo.com	Contact No. (Home) OI Vehicle Number	
Contact No.(Mobile) Frnaii Address Claim Description					91914066	Contact No. (Home) OI Vehicle Number	
Contact No. (Mobile) Imali Address Claim Description Preferred Vorkshop	Insured Liability Preferered	Fully at Fault	<b>→</b>		91914066 angelicc@yahoo.com	Contact No. (Home) OI Vehicle Number	
Contact No.(Mobile)	Prefered	Fully at Fault Workshop, Name unkn	The second secon	<b>v</b>	91914066 angelicc@yahoo.com	Contact No. (Home) OI Vehicle Number	650909 SGT75

ROSLI WAHAB Workshop Repairer

Print AK letter

Save Submit Attachment Accident No. MT/1110374 Claim No. 001 Last Doc, Received Yes O No Upload Date 17/11/2020 11:15 Path \* Category \* Confidential Choose File No file chosen Clear Please Select Y 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 ٧ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select v NO Attachment List Attachment Uploaded By/Date Category Urgency Des NAC\_PAYA\_UBI\_N00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Nov 2020 11:15 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 17 Nov 2020 11:15 Photos : NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Nov 2020 11:15 Photos Normal Photos 2 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Nov 2020 11:15 Photos Normal Photos ; NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 17 Nov 2020 11:14 Photos 7 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Nov 2020 11:14 Photos Normat Photos I NAC\_PAYA\_UBL\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Nov 2020 11:14 Photos Normal. Photos : NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Nov 2020 11:14 Photos Normal Photos I NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 17 Nov 2020 11:14 NRIC/ Driving License Normal NRIC/ Driving L NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Nov 2020 11:14 SAS Normal SAS 20 

Folder Date

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Uploaded By/Date



# 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)

Certificate Number: 5119247778

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: 5GT7504D

Chassis Number

: JSAEZC21500173891

2. Name of Policyholder

: LUI CHENG CHENG ANGELINA

3. Effective Date of Insurance

: 02 Oct 2020

4. Expiry Date of Insurance

: 22 Oct 2021

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 or Hirer's business.

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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) : N/A EXCESS (SECTION 2) : SS1.500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : N/A NCD PROTECTION : YES PRIMARY DRIVER

: ANGELINA LUI CHENG CHENG NAMED DRIVER (1)

: LAI SZU ANN DERRICK

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

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

: INDEX AGENCY PTE LTD (00000572017)

Date of Issue

: 02 Oct 2020 13:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive