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SN0820CF0002 / National Assessment Centre Services [159721]

ENTRY DATE & TIME: 15/12/2020 12:46 (SGT)

SUBMITTED BY: Mohd Taufikh VERSION: 1 (15/12/2020 12:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

- Formula to the insurance 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.

ACCIDENT STATEMENT

Date of Submission 15/12/2020 12:46 (SGT) Date of Accident 14/12/2020 09:40 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information KPE Towards ECP After Defu Flyover

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Vehicle Registration Number SJY3542H

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner TAN KOK CHONG NRIC No SXXXX879Z

Email Address Imcassandraaa@gmail.com Mobile Phone No (Phone) +65-98287496

Alternative Phone No +65-98287496

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5119251825

Cover Note Number

DRIVER

Name of Driver WONG SHU MIN CASSANDRA

NRIC No. SXXXX795E Date Of Birth 25/12/1991 Occupation Indoor

Accident report SN0820CF0002

Date Of Driving Pass 28/01/2011 Driving experience 9 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-92252463 Alt. Phone Number Email Address Imcassandraaa@gmail.com Address BLK 155 YISHUN STREET 11 #12-102 Address complement Postcode 760155 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the attached statement ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKC9750M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG SHU MIN CASSANDRA
Address	20 to 10 to
Address Complement	2
Post Code	9
Approximate Age Years Old	<u> </u>
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SJY3542H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.
- 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
- 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
- 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 aforesald.
- 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)
 - (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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN	- Unvet	UNUEZ LAVE		Vehicle A SJY36421
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Date & Time:

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 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119251825 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJY3542H

Chassis Number : JMYSRCY2AAU001655

2. Name of Policyholder : TAN KOK CHONG

3. Effective Date of Insurance : 05 Oct 2020

 3. Effective Date of Insurance
 : 05 Oct 2020

 4. Expiry Date of Insurance
 : 04 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 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$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 : TAN KOK CHONG

NAMED DRIVER (1) : WONG SHU MIN CASSANDRA

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

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

: B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue

: 05 Oct 2020 11:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

- Please report correctly on the deciment to speed up the coaling 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

				A	M
Date and time of accident	Date: 14	12/2020	(DD/MM/YY) Time:	09:40	(HH:MM)
Exact location of accident	KPE	TOWARDS	ECP APTER DEF		Contract of the Contract of th

Details of vehicle

Vehicle registration number	SJY3542H
Vehicle make and model	MITSUBTISHE CANCER GX 1.5A
Type of vehicle	Saloon MPV CRV No Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	HEADING TO WORK
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	NTUC		
Policy number	511 925182	5	
Type of policy	Comprehensive Ø	Third party fire & theft	TP only 🗆

Insured / Policy holder

Name	1 AN KOK CHOWN	Male 🗆	Female 🗆
NRIC / Fin / Passport number	517118797-		
Contact	9828 7496		
Address	BLK 682A EDGE PLAJAS	401-749 S	821682

Driver

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

Name	WON'T SHUMIN (ASSANDRA Male o Female &
NRIC / Fin / Passport number	591477956
Contact	9225:2463
Address	BUX 155 45HYIN STREET 11 #12-102 576155
Email address	Imcassantrana (2 grail- 10m
Date of birth	25/12/1991
Occupation	Indoor a Outdoor a
Driving date pass	28/01/2011

General information of the accident

Was driver an employee of the insured's company?	Yes 🗆 If no, rela	No of the	driver and insured:	DAUGHTEK -IN - LAY
Accident captured by camera?	Yes	NoΩ		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry @	Wet 🗆		
No of passenger	1			(Inclusive of driver)

Passenger 1	
Name	LYDY SHU LITE CHISANDRIA
Gender	Male Feprale Feprale Feprale Feprale Feprale Feprale Feprale Feprale Feprale Feprale Feprale Feprale Feprale Feprale
Passenger 2	
Name	
Gender	Male Ferpale
Passenger 3	
Name	
Gender	Male Female
Name Gender	Male Female
Passenger 5	I Mare a Jamaie a
Name	
Gender	Male D Female D
Passenger 6	
Name	
Gender	Male D Female D
Other information	
Was anybody injured?	Yes p No D
was anybody injured:	1.00

Details of police action

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

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	CVI ATE AND
Vehicle registration number Vehicle make model	SKC 9750M
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Name	
Contact number	
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Witness 1 Name Witness 2 Name Injured person 1 Name CASIANDRIA SHU MIN Injuries sustained BACK & NEUC Which vehicle person in? DRIVER 8543474 Were seat belts worn? Yes Z No a Was injured conveyed to Yes 🗆 Noz hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No D Was injured conveyed to Yes a Noa hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 Noo Was injured conveyed to Yes a Noa 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 🗆

Yes 🗆

No a

No a