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SN0922C50005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/12/2022 16:09 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (05/12/2022 16:09 (SGT))



SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the cialms process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate.

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.

Ine 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 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.
 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

05/12/2022 16:09 (SGT) Date of Submission Reported by 03/12/2022 12:38 (SGT) 1 HarbourFront Walk, Singapore 098585 Date of Accident Exact Location of Accident CARPARK Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SME6227T Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? LIM ZI HUI JOLINE Name Of Registered Owner SXXXX569H jolinelimzihui@gmail.com NRIC No **Email Address** (Phone) +65-96971591 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Attrage Model Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto 1193

Transmission

INSURANCE COMPANY

Great American Insurance Company Name of Insurance Company MOMVP000005057-00-000 Policy Number / Cover Note Number

DRIVER

CC

LIM ZI HUI JOLINE Name of Driver SXXXX569H NRIC No 01/10/1991 Date Of Birth Indoor Occupation

Accident report SN0922C50005

Date Of Driving Pass	15/08/2011	
Oriving experience	11 YEARS AND 4 MONTHS	
Condor	Female	
Mobile Number	(Phone) +65-96971591	
It. Phone Number	-	
mail Address	jolinelimzihui@gmail.com	
ddrass	BLK 53 STRATHMORE AVENUE #36-169	
Address complement	#	
Particolo	140053	
the driver the policyholder?	Yes	
f No, Relationship of the Driver with the Insured	-A	
D: Our Other Vehicles?	No	
Joes Driver Own Other Vehicles: /ehicle Registration Number of Other Vehicle Owned by Driver		
	-	
nsurance Company of Other Vehicle Owned by Driver		
GENERAL INFORMATION OF THE ACCIDENT		
	Collision - Head to Rear	
Type of Accident		
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
Number of vehicles involved in the accident?	No	
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	-	
Was any other vehicle or property damaged?	Yes	
Was any other vehicle or property damaged:	2	
Number of Passengers (Including Driver)		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No	
soliciting/offering accident claims assistance. Translator's name	a •	
	w	
Translator's ID Translator's phone number		
Translator's email		
Translator's email Original language used in the statement	<u>12</u> 0€	
Original language used in the statement		
PASSENGER 1		
Name	HUSBAND	
Gender	Male	
delide		
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	gon =1	
if yes, against whom:		
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment?		
Was there any video captured by Car Camera?	No	
DETAILS OF O	THER VEHICLE PROPERTY 1	No. 2 Company of the
Vahicle Registration Number	SKL2298B	
Verilicie i regionation.	- · ·	
Vehicle Manufacturer	TOTAL BY	
Vehicle Model		
Vehicle Variant		D- 0-f
		Page 2 of

Vehicle Colour Vehicle Category Name of Driver NRIC No	Private car LOH HAI FEE PHILIP SXXXX707B (Phone) +65-96358632
Contact Number	(Phone) +03-90338032
Address	*
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	:-
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.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

05/12/

Sketch Plan

NO CITY (MC PAC)

PO SME 6007[5]

CAMANA 7

(OTE HS CAN B)

NUMBER 1915

WINDOWS

Describe Circumstance of the Accident	
Our cars are both in vivo city carpar. He was diving in	fruit of Me.
There is a junction where there is a write line and we ha	ped to give wan
Our cars are both in vivo city carpart. He was diving in There is a junction where there is a write line and we he to cars from the left. He suddenly reverse very fact and	KNOCK THE TIME
of my car.	I TOUR TOUR

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

AGGIDENT'STATEMENT.

is all PM.
ACCIDENT DATE: (3. /12. / 7022) (DD/MM/YYYY), TIME; (12. ,38) (HH:MM)
IN O COM A COMPANY
LOCATION: VIVO UTU) CAMPAVE.
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER! SME 622+1
WINSURANCE COMPANY: EVENT AMENIA
CIPOLICY NUMBER: WOMEN PORTY FIRE &THEFT) CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
DIMAKE & MODEL: MITSMAN ATTOROYOLE, OTHERS)
6)MAKE & MODEL: MISMOSAL ATTUCKY / MOTORCYCLE. / OTHERS) F)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE)
giverious caregoriterials, and a giverious giv
h)PURPOSE OF USING AT ACCURATE ON ALINGUE ANCE (NES) (NO)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANT ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
IF NO, PLEASE STATE (THIRD FART 9 STATE)
2. INSURED / POLICY HOLDER THE TOWN CONTACT! 197159
DINRIC/FIN/PASSPORT: S9/35/69 H CONTACT: 16-11/11/11/11/11/11/11/11/11/11/11/11/11/
LADDRECCI KIK 93 CTIVILIVIOC AND
THIS ROW TO BE DRIVER ALSO POUCY HOLDER
* COMMONDATIVIDATIVITATION .
BLID OF DESCRIPTION OF DRIVER
CONACI.
(Including driver.) BINRIC/FIN/PASSPORT: SAB Short # 36-169 ST (140053)
(2) GIADDRESS: BIR 93 STICTUMO (2)
*d) DATE OF BIRTH: [0 / 10 / 10 / 10 / 10 / 10 / 10 / 10
HEAVE DEDISTRING THE TRICINED'S COMPANY TO THE
4. WAS DRIVER AN EMPLOYEE OF THE INSURED! IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!
IF NO, RELATIONSHIP OF THE DIGGENT OTHERS 5. GIWEATHER CONDITION; (CLEAR / RAINING / OTHERS 5. GIWEATHER CONDITION; (CLEAR / RAINING / OTHERS
A LLIVIONY INJURED UM (11-1).
7. a) REPORTED TO POUCE (YES / NO)
IF YES, PLEASE STATE WAICH.
8, THIRD PARTY VEHICLE SKI 2298B MODELL
THE DRIVER'S NAME: CONTACT:
(Induding driver,), C) NRIC/FIN/PASSPORT: SILO HOTE
(3) 9 THIRD PARTY VEHICLE MODEL!
d) VEHICLE NUMBER!
Who of postunger of DRIVER'S NAME! CONTACT!
(Including, distory) NRIC/FIN/PASSPORT!
amaist. = jolinelim zihui@ gmait com
· · · · · · · · · · · · · · · · · · ·

email. = jolinelim zihui@ amail. com



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER

SINGAPORE 039190 TEL: +65 6804 6000 FAX: +65 6235 2616

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) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number

MOMVP000005057-00-000

SME6227T

Cover : Private Car (Comprehensive) Chassis Number

: MMBSTA13AJH003893

Registration Number NCD Entitlement

40% No Claim Discount

Engine Number

: 3A92UHH8149

Policyholder Name

ZI HUI JOLINE LIM

Hire Purchase

United Overseas Bank Limited

Period of Insurance

From 09/10/2022 (00:00) To 08/10/2023 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Policyholder
- Any Named Driver as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

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

This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business
- Use for any purpose in connection with Motor Trade
- * Limitations rendered inoperative 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

Excess (Section 1) Including Fire & Theft - Outside Singapore

: N/A

Excess (Section 1) - In Singapore

SGD 700.00

Preferred Workshop

Dealer Workshop

Excess (Section 2)

N/A

Off Peak Car

No

Windscreen Excess

SGD 100 00

NCD Protection

No

Additional Excess

Please refer overleaf

Driver Details

Main Driver

ZI HUI JOLINE LIM

Named Driver 1

N/A

Named Driver 2

N/A

Named Driver 3

N/A

Name of Intermediary

Lee Wen Wei

Date of Issue

05/10/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory wenwei.lee@axaplanner.com.sg