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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

ACC	DEM	T STA	T-14	CNIT
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Date Of Report 12/12/2017 14:51

Date Of Accident 11/12/2017 15:25

Exact Location Of Accident HOUGANG AVE 6 / 8 TRAFFIC LIGHT JUNCTION

Country/State of Loss SINGAPORE

DETA		 -

Vehicle Registration Number SKX4960X

Insured/Policyholder

Name Of Registered Owner BEH THEAN AUN

NRIC No S6883064H

Email Address JOHN.AUNWEI@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-96514054

 Alternative Phone No
 OTHERS-96514054

Vehicle Particulars

Manufacturer PEUGEOT

Model 3008 TURBO 1.6 ADVENTURE

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 5090490677

Cover Note Number

Driver

 Name of Driver
 BEH THEAN AUN

 NRIC No
 \$6883064H

 Date Of Birth
 07/07/1968

Occupation INDOOR
Date Of Driving Pass 16/07/1996

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96514054

Fax Number

Contact Number OTHERS-96514054

EMail Address JOHN.AUNWEI@GMAIL.COM

Address

BLK 349 YISHUN AVE 11

#09-261

Postcode

760349

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

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?

Was any body injured in the Accident?

NO NO

YES

Was any other material or property damaged? 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

PLS REFER TO THE ATTACHED STATEMENT.

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

SGW9541S

Vehicle Make/Model/Colour

TOYOTA ESTIMA / BLACK

Details Of Properties

Name of Driver

AZIZ SURAIMI

NRIC/Passport Number

Contact Number

97850287

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

Vih H: SKX 4960 X

VehB: SGW9541S

IMPORTANT NOTICE

- 1. Piesse 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.
- 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

Date & Time: 12/12/201

2.000

Driver's Signature (If driver is not the policyholder)

Date & Time:

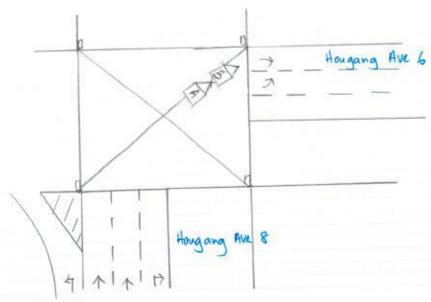
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Veh A: SXX 4960 X Veh B: SGW 9541 S



SCRIBE CIRCUMSTANCES OF THE ACCIDENT
I, was driving my car (NO: SKX 4960X) on Hougang Ave 8
I to him to right to thougand the b following of ventil
in front of me with number plate 3GW 95415. While the
vehicle SGW 95413 turn and exactly before Hougang Ave 6
(as above sketch), the vehicle make a sudden stop. And I
myself make a sudden brake but not in time and soffly
myself make a sunder brack but the sight rear
hit the vehicle (8Gw 95415) on the right rear.

DECLARATION

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

Policyholder's Signature

Date & Time: 12 12 281

2.00 pm.

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accord Auto Services Pte Ltd

Particular of Insured / Driver & Details of the Accident Location of Accident: Housing Ave 6/8 Traffic Light Landmark of Accident Area (IFANY):	June + 100 = 11/12/2017
Location of Accident: Hougang Ave 6/8 Traffic of	Time of Accident: 3,25 pm.
Landmark of Accident Area (IFANY):	Time of Accident.
No. of Passenger (Including Driver):	laims@mylarWorkshop.com.sg
Details of Own Vehicle Vehicle Registration Number: SKX 4960 X Make/ Mo	del: Peugeot 3008 Turbo 1.6
Name of Preferred workshop: Accord Auto Services Pte Ltd Conta	act: 62717433
Name of Preferred Workshop. Accord Adio Services 1 to 510	- 2-2
Name of Registered Owner: BEH THEAN AUN	NRIC: 3 6883064 H
Address: BLK 349, YISHUN AVE 11, #0	09-261, SINGAPORE 760349
Occupation: MANTER (Indoor / Outdoor	Mobile No: 96514034
Insured/ Policy Holder Name of Registered Owner: Address: BLK 349, YISHUN AVE II, #C Occupation: MENTER (Indoor/Outdoor Email: John. aunwei @ gmail. com	-
Driver	010802644
Name of Driver: BEH THEAN AUN	NRIC/Fin:
Delicina Licenses Page Date: 16/07/1996	DOB: 07/07/1968
Address BLK 349 YISHUN AVE 11, #09	-261, SINGAPORE 760349
Occupation: MANAGER Indoor / Outdoor	Mobile No:
Gender: Male/ Female Other Contact: Ho	ome No. / Office / Others: 69695118
Email: john. aunwei @ gonail. com	
Email:	-
Insurance Company:(C/TFPT)	(TPO) Policy No: 5090490677
*Comprehensive/Third Party Fire & Theft/Third Party Only	
Driver an employee: Yes / No if no, what is relationship	with the policyholder:
*If Driver is a policyholder, kindly ignore this question	
AND	D. C. S. S. Shannahiala Dramartis 2
Details of other vehicle Property 1	Details of other vehicle Property 2
Vehicle Registration No.:	
Vehicle Make/Model/Colour: ToyoTA ESTIMA /BLAC	
Name of Driver: AZIZ SURAIMI	
NRIC:	
No. of Passenger (Including Driver):	
Contact Number: 9785 0287	han
Nature of Damage: Back Left Bumper scratch less t	
E Official con only	
For Official use only Claiming Own Insurance: Yes / No If No, Reporting	only / Third Party Claim
General Information of Accident	
Type of Accident: Head Rear / Side Swipe / Others:	
Weather Conditions: @Fear / Raining / Others:	
Road Surface: Dry/ Wet / Others Material / Property dam	aged: Yes/ No
Any police report made: Yes / No Injured party: Yes / No	1
Any Video Cam: Yes/No	2
Summon Against Whom:	3
*For injured Party details, it must be supported by police report	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6883064H





JOHN BEH THEAN AUN



CHINESE 07-07-1968 Country/Place of birth MALAYSIA



5383586

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE NP 428A

ec № S6883064H



20-11-2014

APT BLK 349 YISHUN AVENUE 11 #09-261 SINGAPORE 760349



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)

Certificate Number: 5090490677 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

of Vehicle : SKX4960X

Chassis Number

: VF30U5FVABS234308

2. Name of Policyholder

: BEH THEAN AUN

Effective Date of Insurance

24 A-- 2017

4 Euripe Date of Incurance

: 24 Apr 2017

Expiry Date of Insurance

: 23 Apr 2018

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 : BEH THEAN AUN

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : KENSO LEASING 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

: INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

: 19 Apr 2017 10:05 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Page 1 of 1 Policy Information



Claim Handling					
Accident MT/0973424 Policy No.	5090490677	Vehicle No.	SKX4960X	GST Registration No.	
Policyholder Name	BEH THEAN AUN	venicle No.	SKA430UA	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	96514054	Contact No.(Office)	0	Contact No.(Home)	
Email Address	30314034	Special Remark	•	eCode	1 2
KFK	◎ No Yes	TCA	© No € Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		
⇒ Accident Details					
Report Date	13/12/2017 09:13	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	11/12/2017	Time of Accident hh:mm	15:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 6 / 8 TRAFFIC LIGHT	JUNCTION			
♡ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Innamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	ition				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
lodification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 88 #01-07	Address 2	COMMONWEALTH CLOSE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Jnit No.		Related Policy Number	5090490677		
OI Driver Info					
Oriver Name	BEH THEAN AUN	Driver Type	Main Driver		
Jnnamed driver Name		Driver NRIC	568B3064H	Driver DOB	
Register Date of Driver License	18/04/1997	Driver Age	49	Driving Experience	
Contact No.(Mobile)	96514054	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 349	Address 2	YISHUN AVENUE 11	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Init No.	#09-261				
Does he own a Singapore Registered car?	✓ Yes © No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	r Yes ⊕ No		
Modification History Claim 001 OD-MX Nex					
Claim Type +	OD-MX ▼	Insured Name	BEH THEAN AUN	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKX4960X	TP Vehicle Number	
Claim Description	SKX4960X / SGW9541S ON 11 Dec 2	2017		Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Partially at Fault ▼	- Care Scale and Line and Line 100	
No. Require Finalisation	Yes •	Preferenced Repair Option	Preferred Workshop, Name unknown	▼ GIA report	
Date Registered	13/12/2017 09:21	Claim Close Date		Date Received	
	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Report Taken By Print AK letter	ENJORGEDATI	workship repairer		Tatal same pas response	
THE PART LECTED			Caus Cubmit		
Attachment			Save Submit		
9					
Accident No.	MT/0973424	Claim No.	001		
Last Doc. Received	● Yes € No	Upload Date	13/12/2017 09:20		
	Path *		Category *	Confidential Urgeno	1
		Browse		▼ Ipi2 + Normal	

