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TP Panticulars Yeli Noi SIF	4363A, INC()/Non-MC() "	
Owner / Driver: (1/2012/11/1	Teli) -
Policy No: (,) Period:	(, ')	Cover Type: (
Constrained by 1 '(Dalei	They	
Insured/Driver Liability: (%) [Note	Est Status (WO): N: 0.2	0%; P: 21-79%. P: 30-1	00%)
Year of Registration: () Warr	manty: YES()/NO()	
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SINGAPORE ACCIDENT STATEMENT

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 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.
- 6. 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.
- 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 Report	14/12/2017 09:49
Date Of Accident	13/12/2017 10:35
Exact Location Of Accident	KEPPEL VIADUCT (TOLL ROAD)
Country/State of Loss	SINGAPORE

Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX5912R
Insured/Policyholder	
Name Of Registered Owner	LOY HWEE WANG
NRIC No	S1581810G
Email Address	ALEXLOY_821@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96671090
Alternative Phone No	OTHERS-96671090
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
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 5081182779-01

Cover Note Number

Driver

Name of Driver LOY HWEE WANG

 NRIC No
 \$1581810G

 Date Of Birth
 17/02/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 02/02/1981

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96671090

Fax Number

Contact Number OTHERS-96671090

EMail Address ALEXLOY_821@YAHOO.COM.SG

Address

BLK 407 SERANGOON AVE 1

#12-83

Postcode

550407

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? NO

Was any body injured in the Accident?

NO

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

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

SLP4363A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

MR. LIM

NRIC/Passport Number

Contact Number

96627209

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - (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 .:

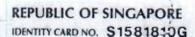
SKETCH PLAN Keppel Viaduct Traffic light A : SJX 5912 R - SLP 4363 A **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** Some 2 SLP 4363 5912 Vehicle MCE Red vehicle way to Green · the front Veh. Casa Cony ase DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No .:

Bulcit Metath Reported on 13/12/2017

C 1235HRS

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	b)INSURANCE COM			-	Α	
	O)POLICY NUMBER:	NAME OF THE PARTY OF THE	D B L BY V / TURE	DADTY FIRE ATH	(FFT)	
	e)MAKE & MODEL:_		D PAKIT / IMIKU	PARTITING		
	f) TYPE: (SALOON / C	OUPE / MPY /Y AN /	LORRY / MOTO	RCYCLE, / OTHER	(5)	
	g) VEHICLE CATEGO			DRCYCLE)	1	
	h) PURPOSE OF USIN			(50/10)		
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(Including driver)	25711115			- MALE / FEMAL	1090	
	OTHER PROPERTY	DRT:	CONT	ACT: 9007		
(T)	c) ADDRESS:					
	"d) DATE OF BIRTH: (J(DD/MM/YYYY	()	W.	
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	b) ROAD SURFACE:	(DRY/WET/OTHERS				£3
6.	WAS ANYBODY INJ	URED (YES / NO)			127	
g 3 K	IF YES, PLEASE STA	TE WHICH ROLICE ST	ATION:			
8.	THIRD PARTY YEHIC	LE CIPUS	63 A MODE	-0.0		
\$ 140 of passenger	a) VEHICLE NUMB	6111	MODE	šl. l <u> </u>		. 1
(Induding driver)	b) DRIVER'S NAM	SPORT: Mr. Lin	CON	TACT: 9662	7709	
(_) 9.	THIRD PARTY VEHIC	IF		7002	-//.	
TOTAL SALES	d) VEHICLE NUME		MODI	EL!	* 14	
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LOY HWEE WANG

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CHINESE

Date of Birth 5

17-02-1963

SINGAPORE

63 M

REPUBLIC OF SINGAPORE DRIVING LICENCE

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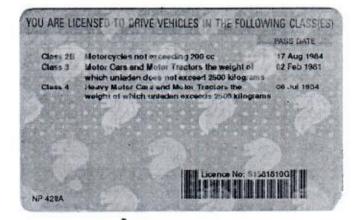
Nation

LOY HWEE WANG

Auto Date 17 Feb 1963

Males Date 24 Feb 2003







Certificate of Insurance

IOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
OTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
DAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

ertificate Number: 5081182779-01	Cover : drivo CLASSI
	COVER : OFFICE CASSI

1. Index mark and Registration Number of Vehicle

: SJX5912R Chassis Number : JHMRN68408S205133

2. Name of Policyholder : LOY HWEE WANG 3. Effective Date of Insurance : 30 Jun 2017

4. Expiry Date of Insurance : 29 Jun 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 : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LOY HWEE WANG NAMED DRIVER (1) : LOY JUN HONG LOUIS NAMED DRIVER (2)

: N/A HIRE PURCHASE COMPANY : MAYBANK

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)

: SAFE HARBOUR ENSURANCE (00000573456) Agency Date of Issue : 28 Jun 2017 19:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: **Authorised Officer**

Chief Executive

eBao Tech									Gene	eralClaim
Hello, NAC_BUKIT_MERAP	800676			IIII.	receive.	3	Change La	nguage	· Change Passwo	rd · Log Out
My Desktop	Polic	y Query								8
Notice of Loss	Policy No	1.				Date of Acc	dent	13/12	2/2017 10:35	1
	Vehicle N	No.(For Motor)	SJX5912R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5	081182779-01	LOY HWEE WANG	S1581810G	GPC	drivo CLASSIC	SJX5912R	S3X5912R		29/06/2018
					- 1	Continue				

Policy No	5001103770.01	Policyholder		Policyholder	hoers en comment
Policy No.	5081182779-01	Name	LOY HWEE WANG	NRIC	S1581810G
Address	BLK 407 #12-83 SERANGOON	AVENUE 1 SING	SAPORE 550407		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/06/2017	Effective Date	30/06/2017 00:00	Expiry Date	29/06/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	BLK 407 #12-83	Address 2	SERANGOON AVENUE 1	Address 3	SINGAPORE 550407
Address 4		Address Type	Singapore address	Post Code	550407
Unit No.		Related Policy Number	5081182779-01		
1 Insured	Object: SJX5912R				
- E-S(M) (S)	ements				
□ Endorse	Sequence Date of Endorsement		Endorsement Type Endorsem		Santan management (and some
1 CONTRACTOR	e Date of Endorsement	Endorsen	nent Type Endo	orsement Status	Endorsement Content

Claim Handling					
Accident MT/0973670					
Policy No.	5081182779-01	Vehicle No.	SJX5912R	GST Registration No.	
Policyholder Name	LOY HWEE WANG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No. (Mobile)	96671090	Contact No.(Office)	0	Contact No. (Home)	
Email Address		Special Remark		eCode	
KFK	© No Yes	TCA	I No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		
Accident Details	50,000,000,000,000,000				
Report Date	14/12/2017 14:48	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	13/12/2017	Time of Accident hh:mm	10:35	Country of Accident	Singap
Reporting Centre Accident Location	WEAREN WALLES TO SEE THE SECOND SECON	Orange Force		ICM No.	
♥ Benefits	KEPPEL VIADUCT (TOLL ROAD)				
♥ Excess					
Own damage Excess	22321	2707 027			
Unnamed Driver Excess	600:00	Additional Excess	0.00	Windscreen Excess	
Third Party Excess	0.00	Outside Singapore OD Excess	600.00		
GST Registered Informa	0.00	Outside Singapore TP Excess	0.00		
GST Registered	500000				
GST Registration No.	No		GST Registration Date GST Status Verified	Yes	
Modification History			GOT Status Vermed	Yes	
Policyholder Mailing Ad	dress				
Address 1	BLK 407 #12-83	Address 2	SERANGOON AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5081182779-01		
OI Driver Info					
Driver Name	LOY HWEE WANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1581810G	Driver DOB	
Register Date of Driver License	02/02/1981	Driver Age	54	Driving Experience	
Contact No.(Mobile)	96671090	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 407	Address 2	SERANGOON AVENUE 1	Address 3	
Address 4	\$75 m	Address Type	Singapore address	Post Code	
Unit No. Does he own a Singapore	#12-83				
Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	□ Yes ⑤ No		
Modification History Claim 001 OD-MX: New					
Claim Type •	OD-MX •	Insured Name	LOY HWEE WANG	Insured NRIC	
Contact No.(Mobile)	NEL	Contact No.(Home)	64872621	Contact No.(Office)	
Email Address		OI Vehicle Number	5JX5912R	TP Vehicle Number	
Claim Description	SJX5912R / SLP4363A ON 13 Dec 201	17		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault •		
Require Finalisation	Yes •	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	
Date Registered	14/12/2017 15:03	Claim Close Date	The state of the s		
Report Taken By	KRISHNASAMY	Workshop Repairer		Date Received	
Print AK letter	-	Translate Inspalled		Total Loss but Repaired	
Attachment		1	Save Submit		
Accident No.	MT/0973670	Plate M	2237		
Last Doc. Received	Yes (No	Claim No.	001		
The second secon		Upload Date	14/12/2017 14:55		
	Path *		Category •	Confidential Urgenc	1



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