NATIONAL Assessment Contre s	e. A. C. L. A. S. A. C. L. C.					
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Owner / Driver: (Teli)	
Policy No: (,) Period	1: () (Cover Type: (
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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.
- This report will be forwarded by the insurers of the GtA 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

	ACCIDENT STATEMENT
Date Of Report	22/01/2018 17:43
Date Of Accident	19/01/2018 19:55
Exact Location Of Accident	BKE (BEFORE WOODLANDS AVENUE 3 EXIT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF7035Z
Insured/Policyholder	
Name Of Registered Owner	PRINTWORKS CREATION
Co Reg No	53075298X
Email Address	KELVINLAO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91912899
Alternative Phone No	OFFICE-91912899
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used a time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO
If No. Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088066545
Cover Note Number	
Driver	
Name of Driver	LO CHENG CHI,KELVIN(LAO ZHENGZHI)
NRIC No	S7734358Z
Date Of Birth	04/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91912899
Fax Number	
Contact Number	OFFICE-91912899
EMail Address	KELVINLAO@GMAIL.COM

Address

BLK 727 WOODLANDS CIRCLE

#11-110

Postcode

730727

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

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)

2

Passenger 1

NAME:

: ZUO LIWEN

GENDER:

: FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN8397K

Vehicle Make/Model/Colour

B.M.W

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHENG WAI CHUEN

NRIC/Passport Number

S0114336J

Contact Number

80012086

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 aforesald.
- 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
- (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:) 7 (1 2018

Reporting Centre Personnells Signature

ASSERIBLE CIRCUMSTANCES OF THE ACCUSE.
I was travelling within my own lane and a vehicle bumped
I was travelling within my own lane and a vehicle bumped into the left rear of the vehicle that I was driving. The driver said that he is willing to pay for the repair cost but unable to get hold out him from 20/01/2018 to 22/01/2018

DECLARATION

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

Policyholders Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time: 20 6 1 20 1 8

Reporting Centre Personnel's Signature WHAHB
Name:
NRIC/FIN No.:

POSU

NRIC/FIN No.:

Claim Handling ccident MT/0978919				
	5088066545	Vehicle No.	GBF7035Z	GST Registration No.
olicyholder Name	PRINTWORKS CHEATTON	10 000000000000000000000000000000000000		Poscybolder NRTC
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading
	91912899	Contact No (Office)	and the second of the second o	Contact No.(Home)
contact No. (Mobile)	31311033			eCode
inali Address	T4-10-10-10-1	Special Remark	Ni No Yes	eCode Reason
FK	@ No Yes	TCA		
ICD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details	Control Aven John	necotypequotypequotypequotype		T SVSIGGSV WOOD
leport Date	22/01/2018 17:58	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	19/01/2018	Time of Accident hh:mm	19:55	Country of Accident
Reporting Centre		Grange Force		ICM No.
Accident Localium	BKE (BEFORE WOODLANDS AVENUE 3 EXIT)			
□ Benefits				
₩ Excess				
Dwn damage Excess	60.00	Additional Excess		Windschlan Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
⊕ GST Registered Informs	ation			
2ST Registered	No-		GST Registration Date	
GST Registration No.			GST Status Verified	No.
Modification History				
one received and our sections and	desire			
 Policyholder Mailing Ad 		Address 2	#83-05	Address 3
Address 1	1002 JALAN BUKIT MERAH		Singepore address	Post Code
Address 4	est and	Address Type	5088000545	Park Mark
Unit No.	03-05	Releted Policy Number	3008100.243	
O OI Driver Info		Deliver Time	Unnamed Driver	
Driver Name	Unnamed Driver	Driver Type Driver NRIC	91912899	Driver COB
Unnamed driver Name	LO CHENG CHI, KELVIN (LAD ZHI		46	Driving Experience
Register Date of Driver License		Driver Age	40	Contact No.(Home)
Contact No.(Mobile)	91912099	Contact No.(Office)	1014 HOW HAD SERVED	Address 3
Address 1	BLK 227 #11-110	Address 2	WOODLANDS CIRCLE	Post Cade
Address 4		Address Type	Foreign address	Post Care
Linit No.	11-110			27. U U 0 m (27.2 %)
Does he own a Singapore Registered carf	Yes G No	Driver Vehicle No.	G8F7835Z	Driver Insurer Company
Declaration				
Brenthalyser or Blood Test	0 mg	Any injury?	Yes 68 Mr	
Reading?				
Modification History				
and the second				
Claim 001 New				
		ST DAY	parameter and the second of	G100000000000
Claim Type *	OD-MX	Insured Name	PRINTWORKS CREATION	Insured NRIC
Contact No. (Mobile)		Contact No.(Horve)	<u> </u>	Contact No.(Office)
Email Address		OI Vehicle Number	GBP7035Z	7P Vehicle Number
Claim Description	GBF7035Z / SINS397K ON 19 Jan 2018			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Feuit	
Require finalisation	Yes •	Preferend Repair Option	Preferred Workshop, Name unknown	 GIA report
Date Registered	22/01/2018 18:03	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
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Print AK letter				
Print AK letter			Save Submit	
250-70-111-24			Save Submit	
Print AK letter Attachment			Save Submit	
25 - 25 d 1 1 5			Save Submit	
25 - 25 d 1 1 5	MT/0978919	Clam No.	Save Submit 0001	
Attachment	MT/0078910 • Yes (* No	Claim No. Upload Cate		

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A:CCIDENT STATEMENT

ĄCCID	ENT DATE: (19. / DI) 2	0181(00/MM/YYYY), TI		!(HH:MM)
LOCATI	ON: BKE (before	Woodlands Ave	23 Exit)-	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY	LBF 70352		4 .
9	CIPOLICY NUMBER: d)POLICY TYPE:([COMPRE e)MAKE & MODEL: NI ()TYPE:(SALOON / COUPE g)VEHICLE CATEGORY:(P) h)PURPOSE OF USING AT / I) ARE YOU CLAIMING UND IF NO, PLEASE STATE [THI	HENSIVE) THIRD PARTY SAN NY 200, MPY (V AN) LORRY / RIVATE / COMMERCIAD ACCIDENT TIME: DER YOUR OWN INSURA	MOTORCYCLE, V MOTORCYCL CING HOM NCE (YES/NO)	(OTHERS)
2.,	INSURED / POLICY HOLDE AINAME: PEIN (WERKS BINRIC/FIN/PASSPORT: CIADDRESS: [CO) JAL	GREATUN 53075 FEX		(159456)
0 3	· CONTINUE TO 3,d IF DRI	VER ALSO POLICY HOLD	DER	E
Alo of bussonds	DRIVER 10 / LUTHIC	THE RESERVE OF THE PROPERTY OF	MALE	X FEMALEL
(Including driver)	DINRIC/FIN/PASSPORT!	S7734358 Z DOODLANDS LIFE	CONTACT!	0
	ODATE OF BIRTH: (D 9 OCCUPATION: (INDOC I) DATE OF DRIVING PE WAS DRIVER AN EMPLO		998	(YES) NO)
	TE NO BELOTINGSELVI	The property of the same of th		
5,	AIWEATHER CONDITION	(CERAKI KAINING)	THERS	
, 6. 7.	b)ROAD SURFACE: (DRY WAS ANYBODY INJURED O)REPORTED TO POLICE IF YES, PLEASE STATE W	(AE2 (MO)		N to so
8,	THIRD PARTY VEHICLE	57N8397K	MODEL: B	MN .
4 No of passenger (Including driver)	a) VEHICLE NUMBER:	114 WAL CHUE		31132086
(<u> </u>	THIRD PARTY VEHICLE		_MODEL:	
4 No of passinger	O DRIVER'S NAME		_CONTACT:	
(Including driver	NII KNOTEKLING, OK		(6)	i

email = kelvinlao@gmail.com
fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7734358Z



LO CHENG CHI, KELVIN (LAO ZHENGZHI)

勞 IE.

CHINESE

04-12-1977

SINGAPORE



HEPUBLIC OF SINGAPORE DRIVING LICENCE S7734358Z

LO CHENG CHI, KELVIN (LAO ZHENGZHI, KELVIN)

Bith Date 04 Dec 1977 Mario Date 16 Dec 2004



NAC No. S7734358Z

20-05-2008

APT BLK 727 WOODLANDS CIRCLE #11-110 SINGAPORE 730727

4220453

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES).

PASS DATE

Motor cars < 3000 kg with < 7 pessengers, exclusive of the driver, and motor tractors /vehicles < 2500 kg

NP 428A





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) Cover : Comprehensive Certificate Number: 5088066545 GRE7035Z Index mark and Registration Number of Vehicle VSKYBAM20Z0135801 Chassis Number PRINTWORKS CREATION 2. Name of Policyholder 17 Feb 2017 3. Effective Date of Insurance 16 Feb 2018 4. Expiry Date of Insurance 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, (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. This Policy does not cover (a) Use for hire or reward, (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. # 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. : 5\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS YES INSURE WITH COE ETHOZ CAPITAL LTD HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED 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) : NET LINK COMMERCIAL PTE, LTD. (00000615136) 17 Feb 2017 11:55 hrs Date of Issue FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED Countersigned By: Chief Executive Authorised Officer