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Owner / Driver: (365 64740		Tel:)		
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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.
- 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.

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

	ACCIDENT STATEMENT
Date Of Report	23/01/2018 17:39
Date Of Accident	23/01/2018 16:25
Exact Location Of Accident	UPP SERANGOON TWDS UPP PAYA LEBAR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP4777Z
Insured/Policyholder	
Name Of Registered Owner	WONG SIEW LIAN
NRIC No	S7171372E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85793963
Alternative Phone No	OFFICE-85793963
Vehicle Particulars	
Manufacturer	PROTON
Model	GEN,21.3MTL
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5033604568-09

Driver

Cover Note Number

 Name of Driver
 NG YANG HWEE

 NRIC No
 \$1729918B

 Date Of Birth
 \$1702/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 \$26/09/1985

Driving Experience 32 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96827748

Fax Number

Contact Number

EMail Address NOEMAIL

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.
- 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.
- 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 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) 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.

ho

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

DATE OF THE PARTY OF THE PARTY

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4	<u> </u>	(0	B-51	256474C	

On the above date and time, I was driving along upper serange	oon
on the appropriate of the state	
toward Upper Paya Lebar on the 3 lane of a 2 laves road.	
Somewhere outside until 796, vehicle ahead of me slaved down a	nd
stopped due to heavy traffic. As such I appiled brack to	
slowed down and stopped . Out of the sudden vehicle B	
(SBS 6474C) came from the rear and collided directly out	0
the rear portion of my vehicle.	
A-SGP 4777 Z	
B-5BS 6474C	

DECLARATION

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

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

Date & Time:

Reporting Centre Personnel's Signature

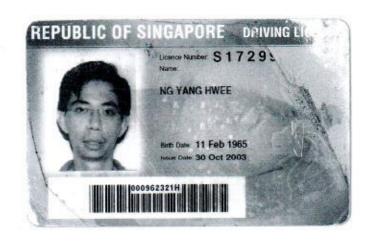
Name:

NRIC/FIN No .:

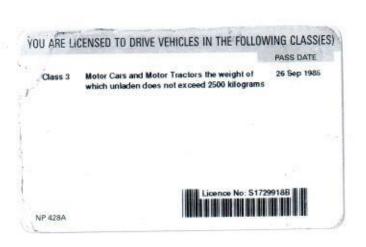
ehicle No.	SGP 4717 Z. Model/Make Proton Gen 2
ate of Accident	23/1/18
me of Accident	16.25 HRS
ocation of Accident	Upper Serangoon Toward Upper Paya Lebar Contside Until
cact purpose use during accid	dent Private Use
ame of Owner	Wong Siew Liew
elephone No.	H/P: 8579 3963 Home: Office:
RIC	57171372E
ddress	BIK 238 Mongang Ave 1 #03-320 5(530238)
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive Third Party Third Party / Fire / Theft
olicy No.	5033604568-09
- The state of the	
Name of Driver	As Above (If No, Ng Yang Hwee
IRIC	S1729918B Any Passengers: Nil
ate of birth	11/2/1965
Occupation	Outdoor / Indoor
Driving License Pass Date	26 Sep 1986
Gender	Male / Female
Contact No.	H/P:9682 4748 Home: Office:
Address	BIK 238 Hougany Ave 1 #03-320 5(530238)
Oriver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, (If no, state
Weather condition	Clear Raining Other Spouse
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SBS 6474 C Any Passengers : N. A
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers:
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion
Camera Recorder	Yes / No
Email Address	ng@m-tech-com.sg
	U
PARTICULAR WORKSHOP	Twincar Antomotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510 8481 5151
CONTACT PERSON	10842 0032 / 0741 0320 D. 181 9 9 9
FAX NO	6741 0510
WORKSHOP EMAIL APPRES	

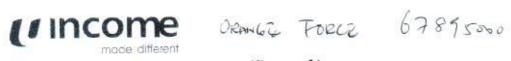


SINGAPORE









Certificate of Insurance						
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	TION) RULES, 1960					
Certificate Number: 5033604568-09	Cover : Third Party, Fire & Theft					
1. Index mark and Registration Number of Vehicle. Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive#	: SGP4777Z : PL1CM3LNR7G092720 : WONG SIEW LIAN : 18 Dec 2017 : 17 Dec 2018					
(a) The Policyholder. (b) Any other person who is driving on the Policyholder. Provided that the person driving is permitted in the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driving in the person of the per	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving the Motor Vehicle.					
(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 s (c) Use for the carriage of goods (other than sample) (d) Use for any purpose in connection with the Mo	les) in connection with any trade or business.					
Act (Chapter 189) and Section 95 of the Road Ti headings.	ransport Act, 1987 (Malaysia), are not to be included under triese					
EXCESS (SECTION 1)	: N/A					
EXCESS (SECTION 2)	: N/A					
ADDITIONAL EXCESS	: N/A					
UNNAMED DRIVER EXCESS	; N/A					
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO					
INSURE WITH COE	: YES					
NCD PROTECTION	: YES (FREE)					
PRIMARY DRIVER	: WONG SIEW LIAN					
NAMED DRIVER (1)	: NG YANG HWEE					
NAMED DRIVER (2)	: N/A : HONG LEONG FINANCE LTD					
HIRE PURCHASE COMPANY	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS					
I/We hereby Certify that the Policy to which this Certify Vehicles (Third Party Risks and Compensation) Act (Chagency : INCOME-HOUGANG BRANCH (On Date of Issue : 13 Dec 2017 13:19 hrs Reprint : 13 Dec 2017 13:20 hrs	ficate relates is issued in accordance with the provisions of the Motor apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)					
Countersigned By: Authorised Off	icer Chief Executive					

Claim Handling Accident MT/0979188 GST Registration No. 5GP4777Z 5033604568-09 Vehicle No. Policy No. S717. Policyholder NRIC WONG SIEW LIAN Policyholder Name 0 Loading Third Party, Fire & Theft Cover Type PRIVATE CAR INSURANCE Product Code Contact No.(Home) Contact No.(Office) 85793963 Contact No.(Mobile) No V eCode Special Remark Email Address No O Yes eCode Reason TCA No ○ Yes KFK Private Hire No 50 NCD Entitlement(%) Yes NCD Protection W Accident Details Collini Accident Type Accident Report Within 24 hrs 23/01/2018 17:56 Report Date Country of Accident Singaj Time of Accident hh:mm 16:25 Date of Accident 23/01/2018 Orange Force Reporting Centre UPP SERANGOON TWDS UPP PAYA LEBAR Accident Location → Benefits ₩ Excess Windscreen Excess 0.00 Additional Excess Own damage Excess 0.00 0.00 Outside Singapore OD Excess Unnamed Driver Excess Outside Singapore TP Excess 0.00 Third Party Excess GST Registered Information GST Registration Date GST Registered No GST Status Verified Yes GST Registration No. Modification History Policyholder Mailing Address SING HOUGANG AVENUE 1 Address 3 Address 2 BLK 238 #03-320 Address 1 Singapore address Post Code 53023 Address Type Address 4 5033604568-09 Related Policy Number Unit No. OI Driver Info Named Driver Driver Type NG YANG HWEE Driver Name 11/02 Driver DOB S1729918B Driver NRIC Unnamed driver Name Driving Experience 33 Driver Age Register Date of Driver License 01/01/1985 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 96827748 SING Address 3 Address 2 HOUGANG AVENUE 1 BLK 238 #03-320 53023 Singapore address Post Code Address Type Address 4 03-320 Unit No. Driver Insurer Company Driver Vehicle No. O Yes @ No Declaration Breathalyser or Blood Test O Yes @ No Any injury? Reading? Modification History Claim 001 New 5717 Insured NRIC WONG SIEW LIAN Insured Name V DD-MX Claim Type * NIL. Contact No. (Office) Contact No.(Home) NIL Contact No. (Mobile) 85793963 S8S6-TP Vehicle Number SGP4777Z OI Vehicle Number melissawong831@gmail.com Email Address Name of Preferred Workshop 0 SGP4777Z / SBS6474C ON 23 Jan 2018 Claim Description V Not at Fault Preferred Workshop Contact Insured Liability * Recei Preferred Workshop, Name unknown GIA report V Preferered Repair Option Yes Require Finalisation 23/01 Date Received Claim Close Date 23/01/2018 18:02 LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment

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