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) Apply for Transport Allowance ()/Co	utusy Cet ()	Darks Time Complete	CHEATHADOVERA
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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.

- 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.

Contract of the Contract of th	ACCIDENT STATEMENT
Date Of Report	22/02/2018 10:56
Date Of Accident	21/02/2018 14:50
Exact Location Of Accident	SLIP RD TWRDS PIE(CHANGI)FROM LOR 2 TOA PAYOH
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE853Z
Insured/Policyholder	
Name Of Registered Owner	ONG SENG WEI
NRIC No.	S2512431F
Email Address	SENGWEIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92736277
Alternative Phone No	OTHERS-92736277
Vehicle Particulars	
Manufacturer	BMW
Model	318I-2.0 (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	5097329331
Cover Note Number	
Driver	
Name of Driver	ONG SENG WEI
NRIC No	S2512431F
Date Of Birth	24/09/1951
Occupation	INDOOR
Date Of Driving Pass	27/11/1976
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92736277

OTHERS-92736277

SENGWEIONG@GMAIL.COM

Address BLK 443 YISHUN AVENUE 11

#03-22

Postcode 760443

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OW

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

.

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

200

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

4

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP9545S

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

SHULHUL BIN ZAIDEN

NRIC/Passport Number

S8740408J 91994839

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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 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)
 - (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
- 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. POLL WHAT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 2.50 pm on 21 Feb 18, I was exiting the slip-road from Loreng 2 Top Payoh towards the PIE (Changi Airport direction). The car infront of me (SLP95945) driven by Mr. Shulhul bin Zaiden (NRICNO, S 8740408J) Was making out of the slip road and I followed behind. The driver of car SLP 95945 suddenly stopped. I immediately jammed my brakes but Was unable to stop in time. My car (SKE 853Z) then knocked on to the
rear of the car (slp95945).

DECLARATION

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

Policyholder's Signature

Date & Time: 21/2/18 4.57 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: LODA! WENTER

SHOOK BARBARBARANI VI

ATTACHMENT. Popular E Lor 6 Tc Toa Payoh Town Park Top Powot SK# 8532 PIE 'IE Kal Kallana River

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aim Handling				
cident MT/0983183		o ontrao		HEREAT A TORNIO AND THE
icy No.	5097329331	Verticle No.	561853Z	GST Registration No.
licyholder Name	ONG SENG WEI			Poscyholder NRIC
oduct Code	HELVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
otacz No. (Mobile)	92736277	Contact No.(Office)		Contact No.(Hume)
nail Address		Special Remark		eCod#
×	G No Yes	TCA	© No ∈ Yes	eCode Réason
D Protection	No	NCD-Entitlement(%)	50	Private Hills
Accident Details	-			
	22/02/2018 11:53	Accident Report Within 24 hrs.	Yes	Acadent Type
port Date.		Time of Acodem hhumm	14:50	Country of Accident
ste of Accident	21/02/2016	Orange force		ICM No.
porting Centre				
codent Location	SLIP RO TWROS PIE(CHANGE)FR	ON EON 2 (ON PAILOR		
9 Senefits				
₩ Excess	930300	100 T07 H11 200 F111	0.00	Windscreen Excess
wn damage Excess	600.00	Additional Excess	600.00	
nnamed Driver Excess	9.00	Outside Singapore OD Excess		
sind Party Excess	9.00	Outside Singapore TP Excess	0.00	
GST Registered Informa	ition			
ST Registered	No		GST Registration Date GST Status Ventical	Yes
ST Registration No.			Whit brigging Attention	MH.
lodification History				
Pelicyholder Meiling Ad		250000	YISHUN AVENUE II	Address 3
Address 1	9LK 443 #03-22	Address 2		Peet Code
Address 4	SINGAPORE 760443	Address Type	Singapore address	Company of the Compan
Unit No.	03-22	Related Policy Number	5097329331	
❤ OI Driver Infil		215 mm = n=10	NOW have Pressured	
Driver Name	Ong Seng Wei	Driver Type	Main Driver	Driver DOR
Unnamed driver Name		Driver NRIC	\$2512431F	Driving Experience
Register Date of Driver License	27/11/1976	Driver Age	66	
Contact No. (Mobile)	92736277	Contact No.(Office)		Contact No.(Home)
Address I	BUX 443 #03-22	Address 2	VISHON AVENUE 11	Address 3
Address 4	SINGAPORE 760443	Address Type	Singapore address	Post Code
iJeit No.	03-27			
Does he own a Singapore Registered car?	Yes G No	Driver Vehicle No.	SWEHSSZ	Briver Insurer Company
Declaration				
Breathslyser or Blood Test Reading?	0 mg	Any injury?	Yes G No	
Modification History Claim 001 New				
Claim Type *	DD-MX	 Insured Name 	ONG SENG WET	Insured NRIC
Contact No. (Mobile)	156.1500	Contact No.(Hame)	63829473	Contact No. (Office)
		OI Vehicle Number	SKEB53Z	TP Vehicle Number
Email Address	5KE853Z / SLP9545S ON 21	THE PROPERTY OF STREET, STREET		Name of Preferred Workshop
Claim Description Preferred Workshop Contact	Symmetry Comments of the	Insured Liability *	Fully at Fault. •	
No.		To technological control		 GIA report
Require Finalisation	ves	Preferend Repair Option	Professed Workshop, Name unknown	Dete Received
Date Registered	22/02/2018 11:55	Claim Close Date		Area Meetives
Report Taken By	ROSLI WAHAB			
Print AK letter				
Attachment			Sevel Submit	
Accident No.	MT/0983183	Claim No.	101	
E MICHW	MT/0963183 ● Yes © No	Claim No. Upload Date	801 22/02/2018 11:57	



ACCIDENT STATEMENT

ACCIDENT DATE: 21 /02 / 2018 (OD/MM/YYYY), TIME: (14. 50) (HH:MM)
LOCATION: SLIP ROAD TOWARDS PLE (Changi) FROM - LOR 2 TOA PAYOH

3	DETAILS OF VEHICLE			1 1	2.5
	a) VEHICLE NUMBER:	SKE 853 Z		m - 01	
	BINSURANCE COMP	ANY! INCOME			11
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	dipolicy Type: (co)	MPREHENSIVE / THIRD PA	RIY / THIRD PARTY	PIRE & I MOT !!	
2	ALMAKE A MODELL	BMW 316	And the second second		
	HTYPE: (SALOON / CO	DUPE / MPV /V AN / LORR	Y/MOTORCYCLE	(OTHERS)	
	alvehicle CATEGOR	Y! (PRIVALE / COMMERC	IAL/ MOTORCIC	re)	
	hipurpose of using	AT ACCIDENT TIME:	PRIVATE		
	I) ARE YOU CLAIMING	UNDER YOUR OWN INST	TRANCE (XESTING)	HO	
77	IF NO, PLEASE STATE	(YHIRD PARTY CLAIM / R	(EPORTING ONLY)	:10	
	INSURED / POLICY HO	DLDER		ang research of the same	
	ILLIANO DNG	SENG WELL	(MALE	/ FEMALE	77
	b) NRIC/FIN/PASSPOR	RT: 52512431F	CONTACTI	927302	-11
	CIADDRESS: 443	YISHUN AVENUE	11 + # 03-22		
8 5	· SC	760443)	AVA-10		
. v		DRIVER ALSO POLICY H	QLDE R		
the of passonas	, DRIVER '	AC COUR	77.7.2.4	reerrale.	
Concluding divine	O NAME	AS A BOYE			
c Inchanning alriver	b) NRIC/FIN/PASSPO	RT!	CONTACT:		
$(\underline{1})$	c ADDRESS!				200
30		au ca lati usa	N.111100001		
9	"d)DATE OF BIRTH: (.	24/09/1951 100	5/WWV11111		
12	ejoccupation: [IN	The Color of the North	1976	-21477-015	
	WAS DRIVER AN E	PASS . 27 NOV	RED'S COMPANY	7 (YES'/ NO)	
	, WAS DRIVER AN E	HIP OF THE DRIVER W	TH INSUREDI	DWNER	16
	5. a) WEATHER CONDI	ON CLEAR / RAINING	+OTHERS		
	D. DIMENINER CONDI	DRY / WET / OTHERS)
	6. WAS ANYBODY INJU	IRED HES / NO)	Bergman, Have Verte	it w	1.6
	CIREPORTED TO PO	LICE (YES / NO)	160		
. 10	IF YES, PLEASE STA	LE MHICH LORIGE 21 VIIC	NI		
		-		1. Vezal	
rlie of passenge	A VEHICLE NUMB	52 SLP 95455	MODEL!_HO	maa veren	
	N B) DRIVER'S NAM	shulhul bin Za	nden	019911839	
Clinduding drive	PASS	PORT S 8740408	J- CONTACT:	71114031	55
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alaga etti. Sun nemen on Mosenna masemas	HI VEHICLE NUMB	ER:	MODEL:		C Paris
A 190 of bastonia	DRIVER'S NAM	E:	CONTACT		
(Including del	MY) 1) NRICE SIN PASS	PORTI	CONTACT.		9.0
0 5		19	- Table 1		

email = sengweiong@gmail.com

:fax = -

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2512431F





ONG SENG WEI

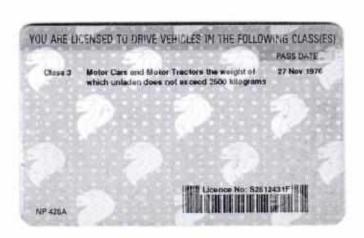


PERAK











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: 5097329331 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKE853Z

Chassis Number

: WBAPF720X0A143421

2. Name of Policyholder

3. Effective Date of Insurance

: ONG SENG WEI

: 05 Feb 2018

4. Expiry Date of Insurance

: 04 Feb 2019

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.

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 : ONG SENG WEI NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (S) PTE LTD

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)

Date of Issue

SUM INSURED

: 23 Jan 2018 13:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive