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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.
- 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.

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.
- 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	28/02/2018 15:16	
	15/01/2018 23:00	
Exact Location Of Accident	CORPORATION RD TOWARDS YUNG HO ROAD	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	1/6/6/5
Vehicle Registration Number	SKL5848U	
Insured/Policyholder		
Name Of Registered Owner	YEO HUI TING	
NRIC No	S1816552Z	
Email Address	NEWAVE@SINGNET.COM.SG	
Mobile Phone No	(LOCAL) +65-96528112	
Alternative Phone No	OTHERS-96528112	
Vehicle Particulars		
Manufacturer	BMW.	
Model	316	
Exact Purpose for which vehicle was being used at time of accident	RETURN HOME	
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	5095864891	
Cover Note Number		
Driver		
Name of Driver	YEO HUI TING	
NRIC No	S1816552Z	
Date Of Birth	13/08/1955	
Occupation	INDOOR	
Date Of Driving Pass	10/06/1975	
Driving Experience	42 YEARS AND 7 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96528112	
Fax Number		
Contact Number	OTHERS-96528112	
EMail Address	NEWAVE@SINGNET.COM.SG	

Address

BLK 18 CANTONMENT CLOSE

#26-61

Postcode

080018

OWNER

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

#### 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?

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

#### 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

SLH9084P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

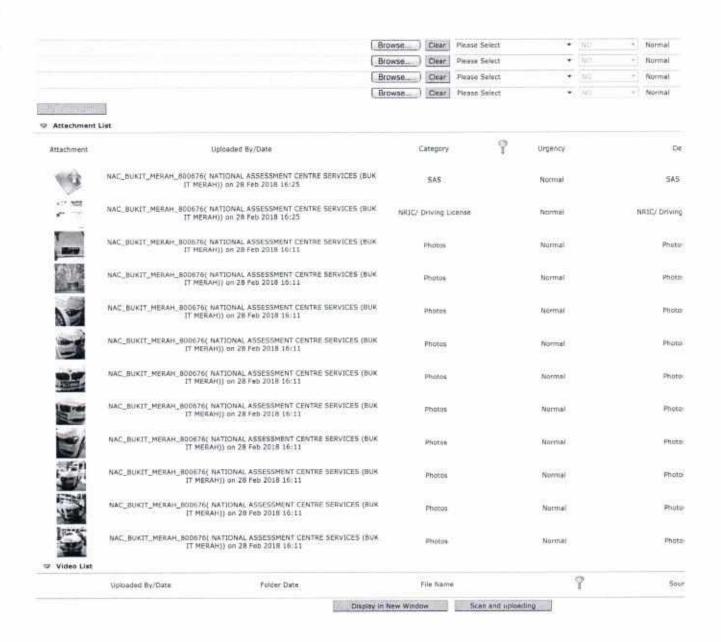
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Management and Angele and Company of the Company of	,
We declare the foregoing particulars are true in every respect.	Ø/-

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.:: Kall / Walking

cident MT/0001005				
cident MT/0981095	Popper Anna	112112-11	des Albania	CET Pagistrating his
icy No.	5095864891	Vehicle No.	SRL58480	GST Registration No.
licyholder Name	YEO HUI TING	9 0	7 9722	Policyholder NRIC
Deuct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
intact No.(Mobile)	NA.	Contest No.(Office)		Contact No. (Home)
nail Address		Special Remark		eCode
Ж	◎ No Yes	TÇA	© Nc ∵ Yes	eCode Reason
CD Protection	No	NCD Entitlement(%)	50	Private Hire No
Accident Details				
port Date	06/02/2018 09:28	Accident Report Within 24 hrs	Yes	Accident Type Ur
ase of Accident	15/01/2018	Time of Accident his min	23:00	Country of Accident Si
eporting Centre		Orange Force		ICH No.
ccident Location	CORPORATION RD TOWARDS YUNG HO RO	DACS		
⇒ Benefits				
overage			Sum Insured	
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Excess				
vn damage Excess	0.00	Additional Excess	0.00	Windscreen Excess
nnamed Briver Excess	0.00	Outside Singapore OD Excess	0.00	
sind Party Excess	0.00	Outside Singapore TP Excess	0.00	
GST Registered Informa				
ST Registered	Mo		GST Registration Date	
ST Registration No.			GST Status Verified	Yes
odification History				
Policyholder Mailing Ad	dress			
ddress 1	61× 155 #14-06	Address 2	YUNG LOH ROAD	Address 3
ddress 4		Address Type	Singapore address	Post Gode
nit No.	14-06	Related Policy Number	5095864891	
OI Driver Info				
river Name		Driver Type		
nnamed driver Name		Driver NRIC		Driver DOB
egister Date of Driver License		Driver Age		Oriving Experience
britact No. (Mobile)		Contact No.(Office)		Contact No.(Home)
ddress 1		Address 2		Address 3
ddress 4		Address Type	Foreign address	Post Code
Init No.				
loes he own a Singapore Registered car?	Yes @ No.	Driver Vehicle No.		Briver Insuler Company
Sodification History				
Claim 002 New				
laim Type •	00-MX •	Insured Name	YEO HIJI TING	Insured ARIC
antact No.(Mobile)	+6590352196	Contact No.(Home)		Contact No.(Office)
mail Address	borui_ng@hotmail.com	OI Vehicle Number	SKL5848U	TP Vehicle Number
laim Description	SKL5848U / SLH9084P ON 15 Jan 2018			Name of Preferred Workshop
referred Workshop Contact		Insured Liability *	Fully at Fault	
in Lequire Finalisation	Yes. •	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report
late Registered	28/92/2018 16:11	Claim Close Date	The state of the s	Date Received
Report Taken By	ROSLI WAHAB	7000 C-WEST-5000S	1	VARIABLE !
	PROPERTY WATER			
Print AK letter			Save Sutima	
Attachment				
<b>*</b>				
Accident No.	MT/0981095	Claim No.	803	
	МТ/091095 Ф Yes □ No	Claim No. Upload Date	8/02/2018 16:25	
Accident No.			28/02/2018 16:25 Category *	Confidential Uvganos





Our Ref: MT/CA/TP/020/0981095-001/KH/PJT

15 Feb 2018

YEO HUI TING BLK 155 #14-06 YUNG LOH ROAD SINGAPORE 610155 CERTIFICATE OF POSTING REMINDER

Dear Policyholder

CLAIM NUMBER: MT/0981095-001 ACCIDENT INVOLVING SKL5848U / SLH9084P on 15 Jan 2018

We refer to our letter of 06 Feb 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor Insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Kenneth Ho at 6430 7929 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President Motor Insurance

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email = NEWAVE @ SINGNET. COM. Sto fax = VIDED

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1156250G





NG ENG THIAM



CHINESE

13-08-1955 SINGAPORE







395607H





19-10-2006

APT BLK 18 CANTONMENT CLOSE #25-61 SINGAPORE 080018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

10 Jun 1975

NP 426A





# Certificate of Insurance

: SKL5848U

: YEO HUI TING

: 29 Nov 2017

: 28 Nov 2018

Cover : drivo CLASSIC

: WBA3A12090J721423

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: 5095864891

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#

(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.

///D7/7///Q48					
EXCESS (SECTION 1)	N/A				
EXCESS (SECTION 2)	: N/A				
WINDSCREEN EXCESS	: N/A				
ADDITIONAL EXCESS	÷ \$\$100				
UNNAMED DRIVER EXCESS	: N/A				
	: PLEASE REFER OVERLEAF				
REPAIR AT OWNER'S PREFERRED WORKSHOP	= NO				
INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE	: YES				
	: NO : NO				
PRIMARY DRIVER	: YEO HUI TING				
NAMED DRIVER (1)	: N/A				
NAMED DRIVER (2)	NED (#800)				
HIRE PURCHASE COMPANY	: N/A				
SUM INSURED	: N/A				
ACLES AND DEPOSIT AND CONTRACTOR OF THE PROPERTY OF THE PROPER	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS				
WASHINGTON CONTINUES OF THE CONTINUES OF					

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

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 13 Nov 2017 12:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive