

SINGAPORE ACCIDENT STATEMENT

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.
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 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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	15/03/2018 16:02
Date Of Accident	14/03/2018 20:20
Exact Location Of Accident	BLOSSOM VALE CONDOMINIUM,900 DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6166L
Insured/Policyholder	
Name Of Registered Owner	NEXUSADZ
Co Reg No	53341483X
Email Address	SNCREASEPROFITS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96624008
Alternative Phone No	OFFICE-96624008

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (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	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	5087568433-01
Cover Note Number	

Driver

Name of Driver	ANDREW LAU WENG WAH
NRIC No	S1748000F
Date Of Birth	27/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96624008
Fax Number	
Contact Number	OTHERS-96624008
EEmail Address	SNCREASEPROFITS@GMAIL.COM

Address	900 DUNEARN ROAD #02-09
Postcode	589473
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	SIDE SWIPE
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 ambulance?	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

PLEASE REFER TO SKETCH PLAN (TYPE OF ACCIDENT IN SIDE SWIPE OPPOSITE DIRECTION)

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	SHC2610R
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	STEPHEN NG YONG KIAT
NRIC/Passport Number	S1287807I
Contact Number	92336238
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

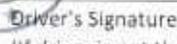
1. Please report **correctly** the details of the accident to speed up the claims process.
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:
 - (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.

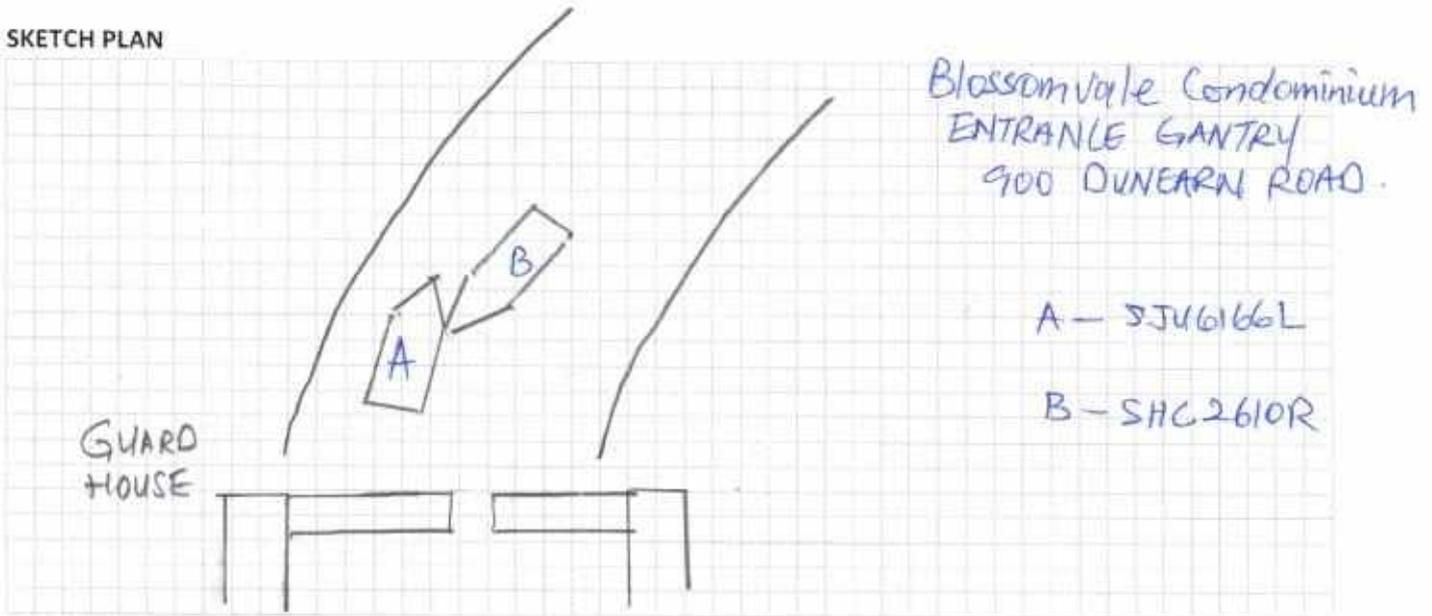

Policyholder's Signature
Date & Time: 3pm 15/3/2018




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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 14 March 2018 about 8-30pm at the condo entrance after the gantry, 900 Dunearn Road, Blossom Vale condo. Weather condition was clear dry road and dim lighting.

As I entered the condo entry, after the guardhouse gantry heading towards the main lobby. Suddenly a white Mercedes Taxi SHC 2610R was about to exit heading towards the gantry. As the other driver negotiate the narrow curved road, his front bumper right corner hit against my right front guard.

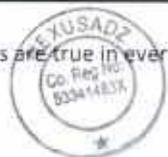
There was damage to my right front guard and damage to his right headlamp. Nobody was injured and particulars were exchanged.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 3pm 15/3/2018



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

[Signature] 15/03/2018
Reporting Centre Person's Signature
Name: Kosal WATKOB
NRIC/FIN No.:

Claim Handling

Accident MT/0986180

Policy No.	5087568433-01	Vehicle No.	SJ06166L	GST Registration No.	
Policyholder Name	NEXUSADZ			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96624008	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	#Code Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	15/03/2018 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/03/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLOSSOM VALE CONDOMINIUM,900 DUNEARN RD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	900 DUNEARN ROAD	Address 2	#02-09 THE BLOSSOMVALE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-09	Related Policy Number	5087568433-01		

DI Driver Info

Driver Name	ANDREW LAU WENG WAH	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1748000F	Driving Experience	
Register Date of Driver License	15/01/1990	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJ06166L	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NEXUSADZ	Insured NRIC	
Contact No.(Mobile)	96624008	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SJ06166L	TP Vehicle Number	
Claim Description	SJ06166L / SHC2610R ON 14 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	15/03/2018 16:12	Claim Close Date		Total Loss-but Repaired	
Report Taken By	ROSLI WANAB	Workshop Repairer			

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/0986180	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/03/2018 17:13
Path *		Category *	
	<input type="button" value="Browse..."/>		<input type="button" value="Clear"/> Please Select
		Confidential	Urgency
		<input type="button" value="No"/>	<input type="button" value="Normal"/>

ACCIDENT STATEMENT

ACCIDENT DATE: (14/3/2018) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: 900 Dunearn Road, Blossom Vale Condominium

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ46166L
- b) INSURANCE COMPANY: NTYC
- c) POLICY NUMBER: 5087568433-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA VIOS 1.5A
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: OWN USE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ANDREW LAU WENG WAH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1748000F CONTACT: 96624008
- c) ADDRESS: 900 DUNEARN ROAD #02-09
- 5589473

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) ()

- DRIVER
- a) NAME: NEXUSADZ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 53341483X CONTACT: _____
- c) ADDRESS: _____

d) DATE OF BIRTH: (27/07/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 JAN 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passenger (including driver) (1)

- 8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SHC 2610R MODEL: MERCEDES
- b) DRIVER'S NAME: STEPHEN NG YONG KIAT
- c) NRIC/FIN/PASSPORT: S1287807J CONTACT: 92336238

No of passenger (including driver) ()

- 9. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: _____ MODEL: _____
- b) DRIVER'S NAME: _____ CONTACT: _____
- c) NRIC/FIN/PASSPORT: _____

email = increaseprofits@gmail.com

fax =
V10EO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1748000F



Name
 ANDREW LAU WENG WAH

劉 煥 樺

Race
 CHINESE

Date of birth
 27-04-1966

Sex
 M

Country of birth
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1748000F

Name
 ANDREW LAU WENG WAH

Birth Date: 27 Apr 1966

Issue Date: 16 Jan 2006




3754474



NRIC No: S1748000F



Date of issue
 12-08-2005

900 DUNEARN ROAD #02-09
 SINGAPORE 589473
 S1748000F 19/12/2013 (R)

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 15 Jan 1990

NP 428A

License No: S1748000F



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: 5087568433-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU6166L |
| Chassis Number | : MR053HY9305146021 |
| 2. Name of Policyholder | : NEXUSADZ |
| 3. Effective Date of Insurance | : 19 Jan 2018 |
| 4. Expiry Date of Insurance | : 18 Jan 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$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	: ANDREW LAU WENG WAH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THIAM HENG AUTO (S) PTE LTD
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)

Agency : VV INSURANCE AGENCY PTE. LTD. (00000614878)
 Date of Issue : 14 Dec 2017 13:51 hrs
 Reprint : 14 Dec 2017 13:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive