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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 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	29/03/2018 15:39
Date Of Accident	31/01/2018 23:35
Exact Location Of Accident	ALONG DESKER ROAD NEAR MADYA CUISINE AND BAR
Country/State of Loss	SINGAPORE
Sport State State of State of D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV7800R
Insured/Policyholder	
Name Of Registered Owner	TEE WAN PING DIANE
NRIC No	S1688027B
Email Address	GARY7800@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97967800
Alternative Phone No	OTHERS-97967800
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 (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	5084196104-01
Cover Note Number	
Datase	

Driver

Name of Driver GARY KOK KONG KHIN

 NRIC No
 \$1510030C

 Date Of Birth
 25/05/1961

 Occupation
 INDOOR

 Date Of Driving Pass
 12/05/2000

Driving Experience 17 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97967800

Fax Number

Contact Number OTHERS-97967800

EMail Address GARY7800@GMAIL.COM

Address

BLK 86 TELOK BLANGAH HEIGHTS

#17-379

Postcode

100086

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

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)

Details of Police Action

Was the accident reported to the police?

YES

Police Station Name

If Yes.Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180219/7011

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

SGQ4649E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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
- (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

(If driver is not the policyholder)

Date & Time:

Date & Time:





1 of 4 Report No: T/20180219/7011

29th March 2018 Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 日命和公司即即 Mobile,

REPORT OF A TRAFFIC ACCIDENT I, MS Tee Wan Ping Diane, IC No. \$1688027B authorised my husband Mr Gary Kok Kong Pale/Time Report Matter No. 10030C to recontract my mobile No. 96667800 on my Benan Diary No.:

	nt's Partic		and delegan		
GARY K	OK KONG	ur kind assistar KHIN	APT BLK 86 TELOK BLANGA SINGAPORE 100086	AH HEIGHTS #17-379	
D.Type / ID.No.: WHIC 1997S1510030C		30C	Contact No.: Home/Office:	Mobile: 97967800	
Nationality: SINGAPORE CITIZEN		EN	Email: gary7800@gmail.com		
Sex: Male	Age: 56	Date of Birth: 25/05/1961	Type of Informant: Driver		
Race: Lendyan Ping Diane		ane	Language: English	Institution / School Name:	
Occupat EVENT	ion: MANAGER		Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accide	nt		
Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/01/2018 23:35	Type of Location: Straight Road
	AD Rd near Madya Cuisi	(505) 135111	ALE ANTICOME HE CONTROL OF THE CONTR	
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head T	o Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKV7800R	Car	NISSAN	QASQHAI 1.2L	Brown	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKV7800R	NTUC Income Insurance Co-Operative Limited	5084196104-01	22/10/2017	21/10/2018	





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20180219/7011

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No		W-1			
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver						
Name	GARY KOK KONG	GARY KOK KONG KHIN		ID No		S1510030C
Related Vehicle	SKV7800R (Car)			Conta	ct No.	97967800
Hospital/Clinic	NIL			Class Drivin Licena Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	finjury	NIL	

Brief Details.

Dear Sir.

My name is Gary Kok Kong Khin, IC No. S1510030-C and my mobile number: 97967800. I am the driver of vehicle SKV7800R on 31 Jan 2018 at 11:35pm at Desker Rd.

I received the Singapore Police Force letter ref: TP/IP/09255/2018 on 14 Feb 2018. As it is Chinese New Year holidays I could not submit the police report earlier. I have mailed out the driver particulars on 19 Feb 2018.

I admit hitting the vehicle SGQ 4649 E as I was going out of the parallel car park.

I turned too soon as the front left of my vehicle hit the back right of the bumper of vehicle SGQ 4649 E.

I would like to compensate for the damage I have done to SGQ 4649 E.

I sincerely apologise for the inconvenience I have caused to the owner of SGQ 4649 E.

Can you ask him to call me at 97967800 to settle this matter

Thank you

Gary Kok



T/20180219/7011

3 of 4 Report No. T/20180219/7011

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20180219/7011

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2018 14:50
Officer In Charge Of Case: TP / TPHQ / LIM WOON TIONG Contact No.: 65476418	Classification Of Case:



Our Ref Date

TP/IP/09255/2018 : 12 February 2018

Traffic Police 10 Ub; Avenue 3 Singapore 408865 Tel +85 6547 6171 Fax +65 6547 4883 www.police.gov.sg

Ms Tee Wan Ping Diane

Blk 86 Telok Blangah Heights #17-379

Singapore 100086

Dear Madam

URGENT

ALLEGED HIT AND RUN TRAFFIC ACCIDENT INVOLVING SKV 7800 R & SQQ 4649 E ON 31/1/18 AT 11.35 P.M. ALONG DESKER ROAD NEAR TO MADYA CUISINE AND BAR

Our investigations showed that you are the owner/driver of motor car SKV 7800 R which is alleged to have cause the above hit and run accident.

- You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.
- In addition, please inform the driver to lodge an online Police Report of a Traffic Accident (NP168) using SingPass via the SPF Electronic Police Centre (http://www.police.gov.sg/epc). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.
- The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Soh Peng Guan@spf.gov.sg. If the file size is too big, you can make arrangements with the IO at his/her office number 65476171 for a convenient method of retrieval.

Yours faithfully.

PUTEH BTE SHARIFF (DSP) CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE This is a computer-generated letter. No signature is required

Address: BLIC 86 #17-379 TELOIC BLANGAIT HEIGHTS
S (100086)
Ame 19/02/2018

*Please mall, fax or small a soft copy of the completed form, addressed to the investigation Officer.



For the purpose of lodging this report, please select "Yes" for "Is this a Hit and Run accident?" under "Step 2: Accident Info", even if the driver is not aware of any accident".

Claim Handling

cident MT/0988258				
licy No.	5084196104-01	Vehicle No.	5KY78008	ST Registration No.
licyholder Name	TEE WAN PING DIANE		,	olleyholder NRIC
	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	gnibso.
	97967800	Contact No.(Office)	3	Sentact No.(Home)
nail Address		Special Remark	9	Code
rk	- No Yes	TCA	- No Yes	Code Reason
	Yes	NCD Entitlement(%)	40	Private Hire
	tes	998		
Accident Details		Accident Report Within 24 hrs	Yes	Accident Type
eport Date	29/03/2018:16:06		100	Country of Accident
ate of Accident	21/01/2018	Time of Accident hhimm	#5355	ICM No.
eporting Centre		Orange Force		Full Heat
codent Location	ALONG DESKER ROAD NEAR MADYA CUISINE	AND BAR		
Benefits				
▽ Excess				
lwn damage Excess	600.00	Additional Excess	0.00	Windscreen Excessi
Innamed Driver Excess	0.00	Outside Singapore OD Excess	600,00	
hird Farty Excess	0,00	Outside Singapore TP Excess	0.00	
GST Registered Informa				
	No		GST Registration Date	
ST Registered ST Registration No.	CHAN		GST Status Verified	Yes
fedification History				
Policyholder Mailing Ad	dress			
	BLK 86 #17-379	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 1	BLK 86 #17-379	Address Type	Singapore address	Post Code
Address 4			5084196104-01	
init No.		Related Policy Number	2084136104-01	
♥ OI Driver Info		CARLO CARLO CO	The Constant of the Constant o	
Driver Name	GARY KOK KONG KHIN	Driver Type	Named Driver	Driver DOB
innamed driver Name		Driver NRIC	\$1510030C	
Register Date of Driver License	12/05/2009	Driver Age	56	Driving Experience
Contact No. (Mobile)	97967800	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore	Yes a fea	Driver Vehicle No.	SKV7800R	Driver Insurer Company
Registered car?				
Declaration		2212-W12-W	2005 WAY	
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + Nu	
Modification History Claim 001 OD-MX Ne	M7.			
	MV.			
Claim 001 0D-MX		Insured Name	TEE WAN PING DIANE	Insured NRIC
Claim 001 OD-MX Ne	OD-MX T	Insured Name Contact No.(Home)	TEE WAN PING DIANE	Insured NKIE Contact No.(Office)
Claim 901 OD-MX No Claim Type * Contact No.(Mubile)	OD-MX 7	Contact No.(Home)		
Claim 901 OD-MX No Claim Type * Contact No. (Mubile) Email Address	OD-MX 96667800 diane_gary@hotmail.com		62118917	Contact No.(Office) TP Vehicle Number
Claim 001 OD-MX Ne Claim Type * Contact No.(Mobile) Email Address Claim Description	OD-MX 7	Contact No.(Hame) DI Vehicle Number	62118917 SKV7800R	Contact No.(Office) TP Vehicle Number
Claim 001 OD-MX No Claim Type * Contact No.(Mobile) Email Address	OD-MX 96667800 diane_gary@hotmail.com	Contact No.(Home)	62318917 SKX7800R Fully at Fault	Contact No.(Office) TP Vehicle Number hame of Preferred Worksh
Claim 001 OB-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX 96667800 diane_gary@hotmail.com	Contact No.(Hame) DI Vehicle Number	62118917 SKV7800R	Cuntact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report
Claim 001 OB-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX 26667800 diane_gary@hotmail.com SKV7800R / SGQ4649E ON 21 Jan 2018	Contact No.(Hirme) DI Vehicle Number Insured Liability *	62318917 SKX7800R Fully at Fault	Contact No.(Office) TP Vehicle Number hame of Preferred Workship
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Claim 001 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By * Print AK letter Attachment ** Accident No.	OD-MX 96667800 diane_gary@holtmail.com SKV7800R / SGQ4649E ON 21 Jan 2018 Yes Yes P9/03/2018 16:10 ROSLI WAHAB	Contact No. (Hisme) DI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Workshop Repairer Claim No.	SECTEDOR Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received
Claim 901 OD-MX Ne Claim Type * Contact No. (Mubile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment	OD-MX 96667800 diane_gary@hotmail.com SKV7800R / SGQ4649E ON 21 Jan 2018 Yes Yes YOUNG THE TOTAL	Contact No. (Hisme) DI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Workshop Repairer	Fully at Fault Preferred Workshop, Name unknown Save Submit 001 29/03/2018 16:12	Contact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received Total Loss but Repaired
Claim 901 OD-MX Ne Claim Type * Contact No. (Mubile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment ** Accident No.	OD-MX 96667800 diane_gary@holtmail.com SKV7800R / SGQ4649E ON 21 Jan 2018 Yes Yes P9/03/2018 16:10 ROSLI WAHAB	Contact No. (Hisme) DI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Workshop Repairer Claim No.	SECTEDOR Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received

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Attachment List

Attachment	Uploaded By/Date	Category	Ŷ	Urgency	Ĭ.
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(Including driver) binRIC/FIN/PASSPORT, SIST 0030 C	
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email: gary 7800@ gmail. com
fax:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1510030C



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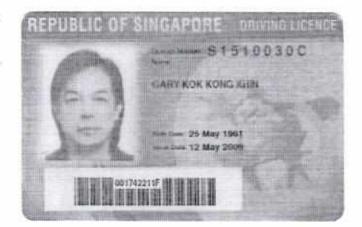
GARY KOK KONG KHIN



CHINESE Data of birth

25-05-1961 M County of acts SINGAPORE





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500 W 4000 05-06-2009

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APT BLK 86 TELOK BLANGAH HEIGHTS #17-979 SINGAPORE 100086 6.0

YOU ARE LICOUSED TO DRIVE VEHICLES IN THE FULLOWING CLASSIES!

ASS CATE

Class 3 Meter Cars = 2000kg with = 7 passengers, exclusive 12 May 2009 of the driver; and other motor vehicles = 2500kg

NP 426A

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Certificate of Insurance

: SKV7800R

: 22 Oct 2017

: 21 Oct 2018

: SJNFEAJ11U486289

: TEE WAN PING DIANE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	1
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MAI AVSIA)	

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Certificate Number: 5084196104-01	Cover : drivo PREMIUM

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.

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 : YES INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : TEE WAN PING DIANE NAMED DRIVER (1) : GARY KOK KONG KHIN NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : HI BANK 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)

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

1 19 Sep 2017 18:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive