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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

- 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	
拉尼斯斯 医股系统综合系统单位	ACCIDENT STATEMENT
Date Of Report	10/05/2018 16:38
Date Of Accident	10/05/2018 15:35
Exact Location Of Accident	ALONG BUKIT MERAH LANE 3
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX7235A
Insured/Policyholder	
Name Of Registered Owner	TS-WHEELERS HOLDINGS PTE LTD
Co Reg No	201709236H
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93628159
Alternative Phone No	OFFICE-93628159
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	\$300
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099896488
Cover Note Number	
Driver	
Name of Driver	LIM SOON HENG, ROGER (LIN SHUNXING ,ROGER)
VIDIO II	500144046

S8211401G NRIC No Date Of Birth 03/04/1982 INDOOR Occupation 16/04/2002 Date Of Driving Pass

16 YEARS AND 0 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-93628159

Fax Number

OTHERS-93628159 Contact Number

ROGERKTM525@YAHOO.COM.SG EMail Address

Address

BLK 58 DAKOTA CRESCENT

#12-269

Postcode

390058

OTHER - HIRER

If No. Relationship of the Driver with the Insured

Was driver an employee of the Insured's Company NO

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?

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?

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 COLLISION IS HEAD TO SIDE)

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 Witness 1

Name

NG WEE KEONG

Phone Number

92797937

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SCK878R

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

- 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 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
- (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:

ADLDIA

7092361

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Rersonnel's Signature
Name:
NRIC/FIN Nockhard WAHAR

ETCH PLAN	401-83	HO1-85	P61-87
<u>8</u>		> BUKIN MURE	——————————————————————————————————————
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A) SLX 7235A B) SCK 878 R		7	
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT		THE BUKIT MERANT
1 Ans 2 2	o look for wo	exerce when	THAR OF MY CAR

I/We declare the losegoing particulars are true in every respect

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.: KOSLI WASSA



Claim Handling(accident reporting Claim Task)

	NAC_BUKIT_MERAH_BOOK/4(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 15:04	Photos	Normat	Photos 2018-5-11	Edit
No.	NAC_BURIT_MERAM_B00876(NATIGNAL ASSESSMENT CENTRE SERVICES (B URIT HERAM) on 11 May 2018 19 04	Photos	Normal.	Photos 2018-5-11	Edit
153	NAC_BURIT_MERAN_600070(NATIONAL ASSESSMENT CENTRE SERVICES (B OKIT MERAH)) on 11 May 2018 15:02	Photos	Normali	Photos 3018+5+11	East
3	NAC_BURIT_MERAN_BOOG76(NATIONAL ASSESSMENT CENTRE SERVICES (B (IACT MERAN)) un 11 May 2018 19:07	Photos.	Normal	Photos 2016-5-11	Lon
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193	NAC_BURIT_MERAH_BOOK76(NATIONAL ASSESSMENT CENTRE SERVICES IN UNIT MERAH)) on 11 May 2016 15:01	SAS	Normal	SAS 2018-5-11	Estit
,	NAC_BLATT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES IN UNIT MERAH() on 11 May 2018 15:03	NRIC/ Onlying License	Nutrinal	NUIC Driving License 2018-5-11	Edit
Video List					

File Name
Display in New Window | Scan and splitteding

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Source

Action

Folder Date

Liploaded By/Date

ACCIDENT STATEMENT

	1.	DETAILS OF VEHICLE SLX 7235 A
		GIVERIGE NOWIER.
		DINOUTO TO COOM THE STATE
		CIPOLICY NUMBER: 5099896488
		B) MAKE & MODEL: ME (COLE) 3300
		TITYPE: (SALOON) COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
		g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL/ MOTORCYCLE]
		h) PURPOSE OF USING AT ACCIDENT TIME: PRIVIPTS
		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)
		IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)
47	2.	INSURED / POLICY HOLDER
		AINAME: LIM SOON HENG ROGER (MALE) FEMALE)
		binric/fin/Passport: 982114016 CONTACT: 93628159
		CIADDRESS: 58 DAKOTA CRISCENT #12-269 394058
100		
. 1	¥(* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	sson ga	DRIVER TS - WHSELERS HOLDINGS PTELTO
ducting	drivar)	DINRIC/FIN/PASSPORT:
Ň		c)ADDRESS:
-		C/ADDRESS.
		*d)DATE OF BIRTH: (03/04/1982)(DD/MM/YYYY)
	63	e)OCCUPATION: (INDOOR!) OUTDOOR! APT 2002
		HDATEL OF DRIVING PASS -: 16 APT 2002
	4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YRS / NO)
		IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5.	O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
		b)ROAD SURFACE: (DRY AWET / OTHERS
		WAS ANYBODY INJURED (YES /NO)
	68.0	IF YES, PLEASE STATE WHICH POLICE STATION:
	8	THISD BARTY VEHICLE
	-062701969E1	a) VEHICLE NUMBER: SCK 878 R MODEL:
Al Vent	I have	b) DRIVER'S NAME:
0) le 10	SHIPS	d) NRIC/FIN/PASSPORT: CONTACT:
program of Arti		THIRD PARTY VEHICLE
of Ken		11.1175 = (A. 1.175 A. 1.1 A. 1.175 E.
leder 	9.	d) VEHICLE NUMBER: MODEL:
lording 	9. 124-1927	d) VEHICLE NUMBER: MODEL:
lording 	9. 124-1927	d) VEHICLE NUMBER: MODEL:

Pax = 62655729

REPUBLIC OF SINGAPORE IDENTITY CARD NO. 88211401G





LIM SOON HENG, ROGER (LIN SHUNXING, ROGER)

林 兴

CHINESE

Owin of birth 03-04-1982

SINGAPORE





4939001



S8211401G



Date of feature

21-02-2013

APT BLK 58 DAKOTA CRESCENT #12-269 SINGAPORE 390058

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

PASS DATE

18 Dec 2000 02 Apr 2002 12 May 2003 16 Apr 2002

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motorcars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and meter fractors
//whicise =< 2500 kg
Heavy meter cars and motor tractors > 2500 kg
Motor vehicles > 7250 kg not constructed to
carry any load

Class 4 Class 5

15 Jul 2003 19 Nov 2003

NP 428A





Certificate of Insurance

MOTOR	VEHICLES	(THIRD	PARTY	RISKS.	AND	COMPENSATION)	ACT (CHAPTER 189)
MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPENSATION)	RULES, 1960	
ROAD TI	RANSPORT	ACT, 1	987 [M	ALAYS	(A)			

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099896488 Cover : Third Party

Index mark and Registration Number of Vehicle : SLX7235A

Chassis Number : WDD2211542A231894

2. Name of Policyholder : TS-WHEELERS HOLDINGS PTE LTD

Effective Date of Insurance : 16 Apr 2018

4 Expiry Date of Insurance ± 24 Jul 2018

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)	: N/A
EXCESS (SECTION 2)	: 5\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	; NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 15 Apr 2018 17:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer
Chief Executive