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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 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 ladgement 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 evallable

<b>公司是是公司的</b>	ACCIDENT STATEMENT
Date Of Report	16/05/2018 14:10
Date Of Accident	20/04/2018 17:55
Exact Location Of Accident	ALONG MINTO ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
<b>美国的共享国际国际共享</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCM3868P
Insured/Policyholder	
Name Of Registered Owner	GENG SHUZHEN
NRIC No	S6965231Z
Email Address	JESSIEGENG3@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85694856
Alternative Phone No	OTHERS-85694856
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200K
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	5095061194
Cover Note Number	
Driver	
Name of Driver	GENG SHUZHEN
NRIC No	S6965231Z
Date Of Birth	15/04/1969
Occupation	INDOOR
Date Of Driving Pass	30/05/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85694856
Fax Number	and the second and th
Contact Number	OTHERS-85694856

JESSIEGENG3@GMAIL.COM

Address

3 JOO CHIAT LANE

#04-03

Postcode

428129

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

RAINING

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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

#### 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

SLP2084T

Vehicle Make/Model/Colour

MITSUBISHI

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

**GUI BOON KIAT** 

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
ON 20/04/2018 AT ABOUT 17:55 HES I WAS AT MINITO
KOAD & WAS COOKING FOR PARKING COT CAR PARK WAS THE
I I HAVIC W MAKER A 3 POINT TOLRN SHOW DIAFRAM & MIV CA
HAD & SLIGHT BUMP ON THE FROM? CIDE OF CAPIRED C/DD
THE LANGE AFTER THAD MARK MY VEHICLE CAME A
MAN SAY THAT I DAMAGE HIS CAR WHEN I DAME OUT
FROM my COR A GO TO HIR CAR, HE SHOW ME THAT THE
TRON' LACET DAMAGE WAS CAUSE BY ME. BU RIGHT T BUM
ONLY THE FROMT PORTIONS of WAS JUST A KISS.

#### DECLARATION

I/We declare the foregoing 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' Signature
Name:
NRIC/FIN No.:

CHRISTIAN V

Claim Handling										
Actident MT/0991484										10
Policy No.	0085061194	Velide No.	SCM386	44		7 400				
Policyholder Name	GENG SHUZHEN	Control of the Control	5CM386			GST Registration				
Product Code	PRIVATE CAR INSURANCE	Cover Type				Policyhulder NA1	2	20,0	112312	
Corract No.(Hobie)	NA	Contact No.(Office)	ariva Cu	Abbit		Loading		-0		
Email Address		Special Homers				Contact No.(Hon	ur)	-		
KFK	+ No Yes	TCA	Table Name	Ken		eCoste		743:	*	
ACD Protection	740	NCO Entitlement(%)	- No	189		eCotle Kassum				
T Accident Details		ACO Enacement 469	55			Private Hing		7605.1	trus / strie	
Report Date	23/04/2018 15:41	Total Control Control Williams								
Date of Accident	20/84/2016	Academ Report Within 24 hrs	Yes			Accident Type		<b>Unkr</b>	nown	
Reporting Carme	310002010	Time of Accident hit mm.	17.55			Country of Acous	mt	Sings	10015	
Accident Location	MINTO ROAD OPEN SPACE CARRARS	Orange Force				TOM NO.				
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GST Registered Info	0.00	Outside Engapore TP Excess		0.00	()					
GST Registered										
GGT Registration No.	No			ST Registration Date						
Modification History				IST Status Vention		Yan				
Policyholder Hailing	Address									
Address 1	1300 CHIAT LANE	Address 2	-	e waters and		12011111				
Autoress &	CONTRACTOR CONTRACTOR	Address Type		C RESIDENCE		Address 3			APORE 428125	
Unit No.	04-03	Related Policy Number	Singapore			Post Code		4261	29	
♥ OI Driver Info		The same of the sa	5795061	LMC.						
Driver Name		Driver Type								
annamed driver Name.		Driver NEDC				Win 2000				
Register Date of Driver Loan	nse.	Driver Age				Driver DOB				
Contact No.(Mobile)		Contact No.(Office)				Driving Experience				
Address 1		Address 2				Contact No.(Home Address 3	i).			
Address 4		Address Type	. Foreign ac	DD/WSA		Post Cude				
Unit No.						Poor Cade				
Does he own a Singapore Registered card	Yes - No	Driver Vehicle No.				Driver Insurer Con				
Clare Type • Contact No.(Motor)	OD-NK •	Insured Name Contact Nu.(Home)	GENG SHI	JEHEN:		Insured NRSC		56965	2312	
Email Aitoress		OI Vehicle Number	SCM3868/			Contact No.(Office				
Selm Description	BCM3868P / SLF2084T ON 20 Apr 201	ē.	pensecer			TP Vervice Number		51,720	94T	
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SUPPLIES MANAGERS

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## **ROY & PARTNERS**

(Business Registration No. 53131170L)

Advocates & Solicitors

Commissioner For Oaths

Notary Public

MONOJ KUMAR ROY LLB (Hons.) S'pore KERUSHNAN S/O SIVALINGKAM (Hons.) London

101 Cecil Street #11-09 Tong Eng Building, Singapore 069533

Tel: 6536 8466

Fax: 6536 1963 (Not For Service Of Documents)

Enquiries: roynpartners@roypartners.com.sg

Our Ref:

MKR/307/7884/2018/as/wl

Your Ref:

Please be advised (Your insured vehicle: SCM 3868P)

4th May 2018

#### M/S NTUC INCOME INSURANCE CO-OP LTD

BY HAND

CERTIFICATE OF POSTING

(For your information only)

75 Bras Basah Road Singapore 189557

(Attn: Motor Claims Department)

#### GENG SHUZHEN

Blk 3 Joo Chiat Lane #04-03

Singapore 428129

(Driver of motor car SCM 3868P)

Dear Sirs,

CLAIMANT: GUI BOON KIAT (DRIVER OF SLP 2084T)

ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. SLP 2084T AND SCM 3868P

ALONG MINTO ROAD OPEN SPACE CAR PARK ON 20.04.2018 AT ABOUT 1755 HOURS.

We are instructed by the abovenamed to claim damages against you/your insured in connection with a road traffic accident along Minto Road Open Space Car Park on 20.04.2018 involving our client's motor car registration number SLP 2084T and motor car registration number SCM 3868P driven by your servant and/or agent and/or hirer/your insured at the material time.

We are instructed that the accident was caused by your servant and/or agent and/or hirer/your insured's negligent driving and/or management of your/your insured motor car. As a result of the accident, our client's motorcycle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

1.	Costs of repairs	S\$	4 000 00
2.	Loss of use (S\$150 x 2 days - Pre repair notice)	157	4,000.00
3.	Loss of use (S\$150 x 3 days)	S\$	300.00
4	Rental of vehicle (S\$120 x 11 days)	S\$	450.00
T-	LTA	S\$	1,320.00
	LTA search fee	SS	8.00
6.	GIA search fee	SS	15.00
7.	TP search fee	0.000	
8.	Surveyor report fee	S\$	14.00
9.	Incidentals	S\$	574.00
2237		S\$	150.00
10	Costs Contribution	S\$	800.00
	Total:	S\$	7,631.00

### ACCIDENT STATEMENT

	ACCIDENT DATE: ( 20 64 ) 200 (DD/MM/	YYYY TIME! 17 55 WHH-MAN
9.54	LOCATION: AWAY MINTO ROAM OPEN	4 SPACE COR PARK
-	LOCATION: BWALL MINDS KOAD OFFER	a study con hotel
	1. DETAILS OF VEHICLE	
	alvehicle Number: SCM 3866	P
	BINSURANCE COMPANY: WILL	
	CIPOLICY NUMBER: 595506119	
		7
	e)MAKE & MODEL: WHIC (AD)	PARTY / THIRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV /VAN / LO	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	ERCIAL / MOTORCYCLE
	h)PURPOSE OF USING AT ACCIDENT TIME:	PRIVANIA WING
	I) ARE YOU CLAIMING UNDER YOUR OWN II	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
	2. INSURED / POLICY HOLDER	, see skill so sitely
	AINAME: GRAY SHUZING	[MALE / FEMALE]
	DINRIC/FIN/PASSPORT: S69652312	CONTACT: PEESYS
	c) ADDRESS:	
	• 70-01-11-12-22-23-23-23-23-23-23-23-23-23-23-23-23	With English No.
Stratt.	* CONTINUE TO 3.d IF DRIVER ALSO POLICY On a 3. DRIVER	HOLDER
the of passa	ange DRIVER DI BROUM	
Clinduding de	b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
(1)	C)ADDRESS:	CONTACT:
and see		<del> </del>
	*d) DATE OF BIRTH: (15 , 04, 1969 )(D	D/MM/YYYY)
	DOCCUPATION: (INDOOR / OUTDOOR)	1
	DATE OF DRIVING PACE -: 4010	17/2009
	4. WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES / NO.)
	IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: OWLIE!
	5. DWEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
	DIROAD SURFACE: (DRY / WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATIC	272
16	B. THIRD PARTY VEHICLE	
He of the sales		MODEL: MISUBURT
Industries as i		MODEL:
	c) NRIC/FIN/PASSPORT:	CONTACT:
-	9. THIRD PARTY VEHICLE	
in checom	d) VEHICLE NUMBER:	MODEL:
ten solemanean	DRIVER'S NAME:	
	nric/fin/passport:	CONTACT:
- 3	114	
V-0000	60	

email=jessiegeng3@gmeil-com

fax =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6965231Z





Name

CHINA

GENG SHUZHEN

联 书 页 Rece CHINESE Date of birth Sex 15-04-1969 F Country of birth



4563785



S6965231Z

23-04-2010

3 JOD CHIAT LANE #04-03 "YIGAPORE 428129 IC No. \$6985231Z On

Date: 21/04/2015 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =</ passengers, exclusive 30 May 2007 of the driver, and other motor vehicles =< 2500kg

NJ 4284





#### 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: 5095061194

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: 5CM3868P

Chassis Number

: WDB2110412B342070

2. Name of Policyholder

: GENG SHUZHEN

3. Effective Date of Insurance

: 13 Oct 2017

4. Expiry Date of Insurance

: 12 Oct 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 disqualifled 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 : 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 : GENG SHUZHEN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : INDEX CREDIT 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

: INDEX AGENCY PTE LTD (00000572017)

Date of Issue

: 13 Oct 2017 16:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive