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### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - (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.

ADEN GARACE FTE LTD EA-201601723D 1SUNVIEW D #06-14 2 TECH (ESUNVIEW (627615)

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: /o

NRIC/FIN No.14

# 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 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

A	ACCIDENT STATEMENT
Date Of Report	06/06/2018 17:04
Date Of Accident	06/06/2018 09:30
Exact Location Of Accident	ALONG STEVENS ROAD TOWARDS WHITLEY ROAD
	SINGAPORE
DE LA LEUR DE LA COMPANIA DEL LA COMPANIA DE LA COM	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC7099L
Insured/Policyholder	
AACH CANDACH STEED AND SECTION OF STEED AND SECTION	ADEN GARAGE PTE LTD
	201608223D
The state of the s	NOEMAIL
	(LOCAL) +65-96906559
FFF AF FF FF TO THE CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT	OFFICE-96906559
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097708823
Cover Note Number	
Driver	
Name of Driver	TAN YENG TIAN
NRIC No	S7661546B
Date Of Birth	28/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96906559
Fax Number	
Contact Number	OTHERS-96906559
Contact Humbon	

Address

BLK 57 CHAI CHEE DRIVE

#01-138

Postcode

460057

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

Was any body injured in the Accident?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180606/2101

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

S6201CD

Vehicle Make/Model/Colour

AUDI A4

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

HE IRIS VIOLETTA MANZANARES MURILLO

NRIC/Passport Number

G1530897X

Contact Number

87868280

Address Postcode

Insurance Company Name

Nature Of Damage

Postcode

# Name TAN YENG TIAN Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? SLC7099L Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN Bt Touch Rd 1 Volicle A: SLC 10996 Volicle B: S 6201CD stevers pol DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 2060606 feter report. police 20 DECLARATION 06/06/2018 I/We declare the foragoing particulars are true in every respect. ADEN GARAGE TO LTD EA 201605 200 POLYNolder's Signature 14 Date & Time: Reporting Centre Personnel's Signature Driver's Signature Name: (If driver is not the policyholder) NRIC/FIN No.: Date & Time:

GRADUS WARRY THE PRINT AND





Date of Expiry:

1 of 3

Report No. T/20180606/2101

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

GRAB DRIVER

Date/Time Report Made: 06/06/2018 13:41			Vide Report No.:	Station Diary No.: 35	
Informa	nt's Partici	ulars		图画的 图画 经有关证明	
Name of Informant: TAN YENG TIAN			Address: APT BLK 57 CHAI CHEE DRIVE #01-138 SINGAPORE 460057		
ID Type / ID No.: NRIC NO / S7661546B		46B	Contact No.: Home/Office:	Mobile: 96906559	
Nationality: MALAYSIAN			Email:		
Sex: Age: Date of Birth: Male 41 28/09/1976			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information:		

Class: 2B,3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2018 09:30	Type of Location: Straight Road	
Location: Along Road 1 STEVENS RO	DAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow; One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
One Way				Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
S6201CD	Car	AUDI	A4 1.8 TFSI MU (EU6)	Black	Slightly Damaged	0
SLC7099L	Car	HONDA	CIVIC IMA A	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





61

Report No. T/20180606/2101

2 of 3

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver		THE REAL PROPERTY.	THE PERSON NAMED IN	1		CACAMIDA CONTRACTOR
Name	HE IRIS VIOLETTA MANZANARES MURILLO		ID No.		G1530897X	
Related Vehicle	S6201CD (Car)		6201CD (Car) Contact No.		t No.	87868280
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment			Date Disch			
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver		A 20 10 10 10 10 10 10 10 10 10 10 10 10 10	THE PERSON NAMED IN	No.	-	
Name	TAN YENG TIAN			ID No.		S7661546B
Related Vehicle	SLC7099L (Car)			Conta	ct No.	96906559
Hospital/Clinic	CHANGI GENERAL HOSPITAL		0	Class Drivin Licen Expir	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/06/2018		Date Disc		NIL	
No. of Days granted Medical Leave 05			Degree of	Injury	Sligh	nt

### Brief Details.

On 06/06/2018 at about 0930hrs, I was traveling on Steven Roads going towards Whitley Road. My vehicle (SLC7099L) same to a slow and stop as there was a traffic light ahead indicating red light. After braking and coming to a stationary position, I felt an impact from the rear of my vehicle. Subsequently I came out of my vehicle and observed that a vehicle S6201CD front bumper has collided my rear bumper. I talked to the said female driver and she informed me to claim my insurances from her. I asked if she was injured and she said no. Subsequently after we exchanged particulars we drove off.

On the later part of the day I went for medical assessment at Changi General Hospital. I was issued with a Medical Certificate number: EMD2018109378 for five days. (06 June 2018 to 10 June 2018).

I am lodging this police report for insurance claims and to assist traffic police investigations if any.





T/20180606/2101

3 of 3 Report No. T/20180606/2101

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

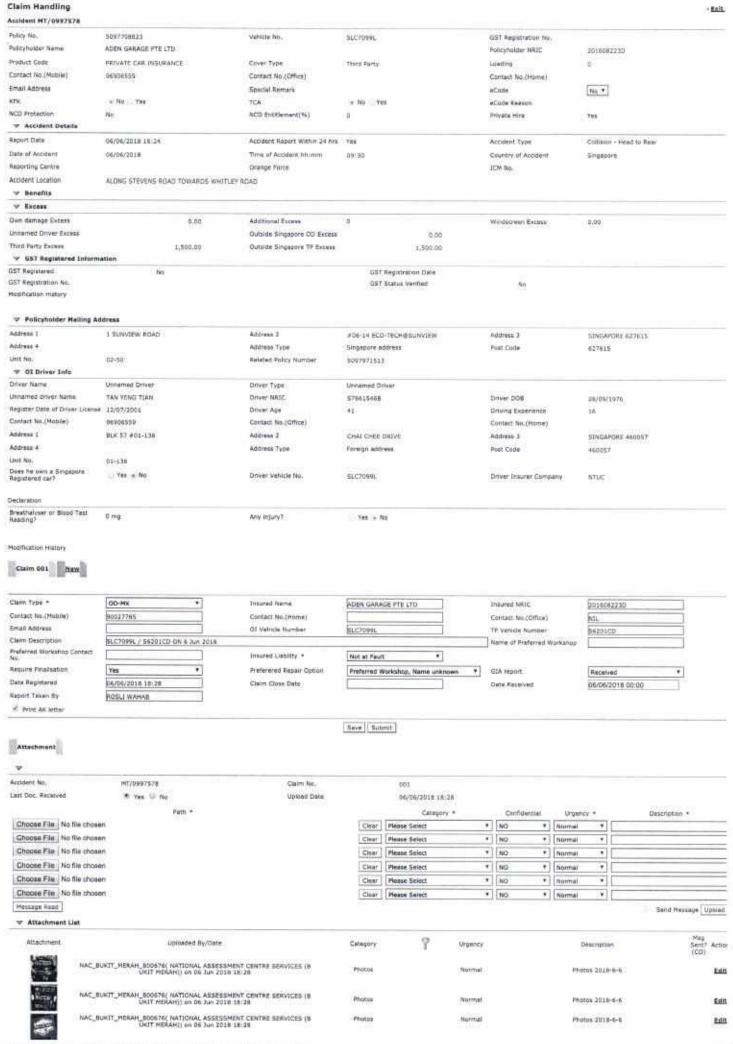
CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 EDWARD TAN CHUN SENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2018 13:41
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEP HAS SINGAPORE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	The tal



# Claim Handling(accident reporting Claim Task )

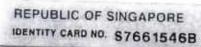
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=	NAC_BUNIT_MERAH_BODE76	F NATIONAL ASSESSMENT CENTRE SERVICES (B SAH)) on 66 Jun 2018 18/28	Photos	Normal	Photos 2018-6-6	Edit

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Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Per	esonal Particulars of Owner & Driver (Vehicle A)
Date of Accident: 06,06	2018 (dd/mm/yy) Time of Accident: 09 30 (24-HR-FORMAT)  994 Vehicle Make & Model: Honda Civic  stevens RA fwds Whitley RA
SLE 709	192 Vehicle Make & Model: Honda Civic
venicie No. :	crivers ed suds whitley ed
Exact location of Accident:	1/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Policyholder's Name / IC No	Aden Garage Bee. Ltd. / 10160 8223D /
Oriver's Name / IC No. :	Tan Yeng Trad   5/66/34-68 (As Above)
Oriver's Contact No. :	TAN YENG TIAN   S7661546B (As Above) [  Chai Chee DY #01-138 SC460057)  NTUC
Driver's Address: <u>≤ 7</u>	Chai Chee DY #01-138 3646003 ()
Insurance Company:	Email address (if any):
Relationship between Own Owner / Spouse / Children /	ner & Driver: (Please CIRCLE one only) Friend / Parents / Sibling / Relative / Employee / Kirch or Others specify:
/	? (Please TICK one only)
Own Insurance (O	ther Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
xact purpose for which th	e vehicle
Vas being used at time of a	
Private use A Worl	k purpose No. of Passengers (Including Driver): 0/
Passenger Name :	Gender: Male / Female
Passenger Name :	Gender : Male / Female
Weather condition & Road	d conditions? (On the day of accident)
Clear & Dry / Rai	ining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
	red by your Car Camera? Yes / No
	No (If YES) Injured Person' Name:
nineiro Cuetaio	Injured Person in Which Vehicle:
Police Report filed:	Yes / No (If YES) Which Police Station: Bedot South NFC
	The Other Party(s) Details:
District No. (ICN)	The Other Party(s) Details:  Vehicle No: 562016D  Insurance Company (If any):
. Driver's Name / IC No:	
Driver's Contact No:	Insurance Company (If any):
	Vehicle No:
	Insurance Company (If any):
Independent Witness (If A	ny): Contact No:
Preferred Workshop Nam	ne: Contact No;

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week,





TAN YENG TIAN

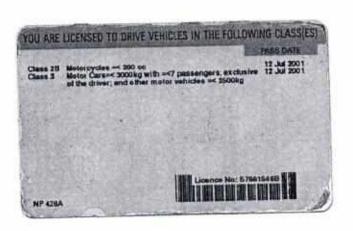
陈炫祥

Race
CHINESE
Date of birth
28-09-1976
Country of birth
MALAYSIA

2708 ISASE









## Certificate of Insurance

: SLC7099L

: 26 Jan 2018

: 25 Jan 2019

: JHMFD36208S204082

: ADEN GARAGE PTE LTD

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: 5097708823 Cover : Third Party

1. Index mark and Registration Number of Vehicle

Chasels Number

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Expiry bate of insurance
 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)	t N/A
EXCESS (SECTION 2)	: \$\$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

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 26 Jan 2018 11:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive