NATIONAL Assessment Centre Servi	ices (we' s Jamos) /	1M91710121500		
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OD TP Reporting Only	oto Uploaded	1,		
TP Insurer: Asset	ssment/Survey Report			
Ass't	t Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (Tel: Fa	ix:	
TP Particulars: Veh No: SBK 37	INC()/Non-INC()	+	
Owner / Driver: (7	Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:	7	
Insured/Driver Liability: (%) [Note-Est.	Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: () Warranty	:YES()/NO()		
Excess: (\$) Loading: \$1,000 ())/\$2,000()			
General Remarks:-		TOTAL MANAGEMENT	(1) E	X.
() Walk-In Customer: Customer's information s	strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer URGE	ENTLY.			
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	hv
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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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or wilholding 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

河南 医食物 而且有所能或是现在只见的农村等人	ACCIDENT STATEMENT
Date Of Report	20/09/2018 19:51
Date Of Accident	20/09/2018 09:30
Exact Location Of Accident	FOUR SEASONS PARK CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
· 查查自由,由于由于中国的	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFX888H
Insured/Policyholder	
Name Of Registered Owner	SANTOSA HANDOJO@ KANG KIEM HAN
NRIC No	S2186013A
Email Address	LARRYSCONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92345751
Alternative Phone No	OTHERS-92345751
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD
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	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	5102706655
Cover Note Number	
Driver	
Name of Driver	ONG SIONG CHUAN ,LARRY
NPIC No.	S0119596D

 NRIC No
 S0119596D

 Date Of Birth
 29/01/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/08/1994

Driving Experience 24 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92345751

Fax Number

Contact Number OTHERS-92345751

EMail Address LARRYSCONG@YAHOO.COM.SG

Address

BLK 653 WOODLANDS RING ROAD

#12-476

Postcode

730653

PAID DRIVER

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

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

SBK337Y

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KHANG ANDREW JIHOON

NRIC/Passport Number

G5692324T

Contact Number

91550946

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.
- 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 insurers) 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:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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5	NAC_BURTT_MERAH_BOOLTS(NATIONAL ASSESSMENT CENTRE SERVICE S (BURTT HERAH)) on 22 Sep 2018 20:09	Photos	Normal	Photos 2018-9-21
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193	NAC_BURIT_MERAH_BOOKTO(NATIONAL ADDESSMENT CENTRE SERVICE \$\(\) (BURIT MERAH)) on 20 Sep 2018 20:04	545	Aurmit	EAS 2018-9-20
(**)@66(** (82)	NAC_BUKIT_MERAH, BUOR NO! MATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) un 20 Sep 2018 20:04	16RIC/ Driving License	: hurral	MRAC/ Striving Literas 2019-9-20
Video List				

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ACCIDENT STATEMENT

	DENT DATE: (30/04/2010	_)(DD/MM/YYYY), I	TME:(0 1 20) (HH:MM)
LOCA	TION: FOUR SEASONS	PARKCARPARI	C ENTRANCE
* .	CONTRACTOR CONTRACTOR MANAGEMENT		- M
. 1.	DETAILS OF VEHICLE	X 888H	
	DIVELLICE INDIVIDENT		
	b)INSURANCE COMPANY:	NTUC	
	CIPOLICY NUMBER: 510.	4/06605	- An area to the season to the
	d)POLICY TYPE: (COMPREHE)	NSIVE / THIRD PARTY	/ THIRD PARTY FIRE &THEFT)
	ITYPE: (SALOON / COUPE (M	(PV)/VAN/LORRY/	MOTORCYCLE / OTHERS)
	OVEHICLE CATEGORY: (PRIV.	ATE / COMMERCIAL	/ MOTORCYCLE)
	h)PURPOSE OF USING AT ACC	CIDENT TIME: PERS	SONAL DRIVER
	I) ARE YOU CLAIMING UNDER	YOUR OWN INSURA	NCE (YES NO)
	IF NO, PLEASE STATE (THIRD I	PARTY CLAIM / REPO	ORTING ONLY)
2	INCHES A POLICY HOLDED	22 (1000)	
£3.	AINAME: SANTOSA H	ANDUJO	(MALE) FEMALE)
	b)NRIC/FIN/PASSPORT:		CONTACT:
	c) ADDRESS:		
1	. CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLD	DER
-He of persongs	DRIVER AND SHOULD	11.111 11.01/	\sim
	DRIVER ON & SIUNG O	TUAN LARRY	(MALE) FEMALE
Including driver)	DINRIC/FIN/PASSPORT:	01195960	CONTACT: 9234575
$(\underline{1})$	CIADDRESS: BUK 653	MUUDLANDS	PING ROAD #12-416
		PE 730653	
#0	·d) DATE OF BIRTH: (29/0		W/YYYY) ; .
	e)OCCUPATION; (INDOOR /	OUTDOOR	CT 1001
	FIDATE OF DRIVING PASS	- aq Audu	a 1994
4-	WAS DRIVER AN EMPLOYER	OF THE INSURED	S COMPANY? (YES / NO)
5 0	IF NO, RELATIONSHIP OF T		
5.	DIWEATHER CONDITION: (CL		HERS
	b)ROAD SURFACE: (DRY / WE		
	WAS ANYBODY INJURED (YES		
	IF YES, PLEASE STATE WHICH	POLICE STATION:_	NĂ
8.	THIRD PARTY VEHICLE	L 277V	MEDCEDES
the of National str	a) VEHICLE NUMBER:	X 5117	MODEL: MCE COO
Installing dated	b) DRIVER'S NAME: KHANG	ANDREM JIL	100M
	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SP b) DRIVER'S NAME: HANG c) NRIC/FIN/PASSPORT: G THIRD PARTY VEHICLE	507/224	_CONTACT:
Sin of protesting	d) VEHICLE NUMBER:		_MODEL:
To the standard and	d) VEHICLE NUMBER: e) DRIVER'S NAME: f) URIC/FIN/PASSPORT:		CONTACT
The state of the state of	(1) INRIC/FIN/PASSPORT:		_CONTACT
9	220		

EMPLL = larryscong@yahoo.com.scj



SINGAPORE









Certificate of Insurance

하는 맛요? 보고 있었다. 아이들 모임 살아보고 있다. 나는 그리는 것은 그는 사람이 되었다. 그는 것은 사람이 없었다.	
MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATIONS ACT (CHAPTER 100)
	COMMENSATIONAL MET TOWNS LEW TWAT
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THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY	CONNECTARALICIAL ROTES, 1800
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MONO (MAINS) ON ACT, 1907 (MALAYSIA)	
MOTOR VEHICLES IN UND DEDNIE DIEVED BUT	PARTONOMIC PERSONS AND

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

Certificate Nu	nber: 5	102706655
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Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: AGH300182260

2. Name of Policyholder

: SANTOSA HANDOJO@ KANG KIEM HAN

3. Effective Date of Insurance

: 27 Jul 2018

4. Expliry Date of Insurance

: 26 Jul 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. Umitations 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

EXCESS (SECTION 1)	: 5\$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	1 YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	I. NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	SANTOSA HANDOJO @ KANG KIEM HAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	HONG LEONG FINANCE 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)

: Nita Pte Ltd (00000572460)

Date of Issue

: 25 Jul 2018 17:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive