NATIONAL Asses	ssment Centre	Services	(wet a Jawos) N	MIAURIXUA	P	
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		i-Motor W/O		TP 4hrs	210	1/200
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ir msurer:		Ass't Report by		Owner/Wksp		
Preferred Wksp / INC Assig	ın Wksp / QW: (				Fax:	)
TP Particulars:	Veh No: Skt	11591	INC (	)/Non-INC( )		
Owner / Driver: (		11910		Tel:	)	
Policy No: (	) Perio	id: (	)	Cover Type: (		
Confirmed by : (			Date:	Time:	)	
Insured/Driver Liability:	( %) [No	te-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: (		arranty: YES (	)/NO( )	)		
Excess: (\$	Loading: \$1,000	( )/\$2,000(	)			-
General Remarks:-					7 7 7 7	
( ) Walk-In Customer	: Customer's inform	ation strictly Cont	fidential & Stri	ctly NO refer of repairer.		
( ) Total Loss Case						
Drive-In ( ) / Towed-I			2( ) . To	wing Co: (		
			7, 10	willig Co. (		
The second secon	ne: 6788 6616)	1000		Date&Time Completed	Done	by
1) Apply for Transport Alle	The same of the sa	irtesy Car ( )				
2) QC Check / Post Repair	The state of the s	( )				
3) Upload Resurvey Photo	[Repair Cost > \$300	00] ( )	2-10-00-00-00-00-00-00-00-00-00-00-00-00-			
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		OR ASSESSMENT OF THE PARTY OF T	2) DA : Damage As 5) TF : Towing Fee	ssessment (\$100); INC (\$	80) 0/\$45	
Driver/Owner:			FT : Follow-Thre		\$120	
Contact No:		-	the state of the s	ough Survey (Resurvey) inst INC Only (wef 10 Jan 200:	\$30	
amaged Portion:		0	) TR : Re-inspection		\$75	
	- t-		) N1 : Idac DA + 8 3) NTUC Additions		\$160	
C Checked by (Engr-In-C	Tharge):		OD*	a del vices.		
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Auditors' Comments :-	13 K - 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	Carrier Section 1	*N6: Repair Co-e *N7: Post Repair		\$10	
at. 1:		Shia lesi (rej¥de	*N8: DV / Collec	et Excess Coordination	\$5	
We Let		9	TP (N11): TP (N ) N12: Idac Mobil	on INC) against INC	30	
nt. 2 / 3:			nvoice dated	Fee Charged		hear Take
					- telebar	

### 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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	27/09/2018 14:58
Date Of Accident	26/09/2018 16:05
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC2852A
Insured/Policyholder	
Name Of Registered Owner	YAP MING KEE
NRIC No	S1658700A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81554811
Alternative Phone No	OTHERS-81554811
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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

5102262658

## Cover Note Number Driver

Policy Number

 Name of Driver
 YAP MING KEE

 NRIC No
 \$1658700A

 Date Of Birth
 16/09/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 10/04/1984

Driving Experience 34 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81554811

Fax Number

Contact Number OTHERS-81554811

EMail Address NOEMAIL

Address

BLK 80B TELOK BLANGAH STREET 31

#10-121

Postcode

102208

Will fire and the second second second second

10220

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

insulance company of briver's Own Verlicle

\*

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?

YES

Was any other material or property damaged?

ILS

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: WIFE

FEMALE

**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

SKJ1159L

Vehicle Make/Model/Colour

BMW

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CHNG SHIN HOWE

NRIC/Passport Number

S9519158D

Contact Number

91505255

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

## 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.
- 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:
  - 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
en 26/09/2018 AT ABOUT 16:05HEL I WAS AT PASIR
PAUJONEY GAD STOP AT 24th TRAFFIC LIGHT. AFTER TOTA
Light cotough to Corner I RACKOSK MY BRAKK THOUGHT
THE OF COR SICT 11594 INFROM OF ME ACREDY MOUN. BUT
THE FORM OF MY CAR SMC 2852A YM THEY REAR OF THE
COR SKITISGE. WE CAME DOWN & PRESENCE PARTICULORS.

# 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's Signature Name: ROSA WOTEN NRIC/FIN No.:

ident MT/1013290					GST Regist	carine No.			
cy No.	5102262658	Vehicle No.	SMC285ZA		GST Regist	racion ivo.			
tificate No.					Policyholde	r NRIC	\$1658	700A	
cyholder Name	YAP MING KEE	54000400	drive CLASSIC		Loading		0		
duct Code	PRIVATE CAR INSURANCE	Cover Type Contact No.(Office)	GING COASSIC		Contact No	(Hame)	10000	25	
ntact No.(Mobile)	81554811	Special Remark			eCode		No T	]	
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e en marco	» No Yes	NCD Entitlement(%)	-0		Private His	e	No		
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Accident Details		Accident Report Within 24 hrs	Yes		Accident 1	ype.	Collisio	on - Head to R	tear
oort Date	27/09/2018 15:18	Time of Accident Nhimm	16:05		Country o	Accident	Singa	pore	
te of Accident	26/09/2018	Orange Force			JCM No.				
porting Centre	ALONG PASIR PANDANG ROAD	// 3/2003/00/00/00							
cident Location	ALONG PASIS PARAMENTAL								
Excess	***	Additional Excess	0		Windscree	n Excess	100.0	0	
en damage Excess	600.00	Outside Singagore OD Excess		600.00					
named Driver Excess ind Party Excess	0.00	Outside Singapore TP Excess		0.00					
Benefits	9100								
GST Registered Informat	tion								
T Registered	No		GST Registr			2000			
T Registration No.			GST Status	Verified		Yes			
dification History									
Policyholder Hailing Add			TELOK BLANGAH ST	REET 31	Address	3	SING	APORE 10208	90
idress I	BLK 808 #10-121	Address 2	Singapore address		Post Cod		1020	160	
ddress 4		Address Type			0.29(6957)				
nit Na.	10-121	Related Policy Number	5102262658						
OI Driver Info		Driver Type	Main Driver						
river Name	YAP MING KEE	Driver NRIC	\$1658700A		Driver D	ОВ	16/0	9/1964	
nnamed driver Name	Column Street	Driver Age	54		Driving	experience	18		
egister Date of Driver License	01/01/2000	Contact No.(Office)			Contact	No.(Home)			
ontact No.(Mobile)	81554611 BLK 808 #10-121	Address 2	TELOK BLANGAH S	TREET 31	Address	3		DAPORE 1020	60
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anit No.	10-121								
loes he own a Singapore	Yes + No	Driver Vehicle No.	SHC2852A		Oriver 1	nsurer Company	NTU	C	
legistered car?									
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File Name Source Uploaded By/Date

Display in New Window Scan and uploading

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-9-27

# ACCIDENT STATEMENT

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### 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: 5102262658

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMC2852A

Chassis Number

: JN1BAAG11Z0110711

2. Name of Policyholder

: YAP MING KEE

3. Effective Date of Insurance

: 14 Jul 2018

4. Expiry Date of Insurance

: 27 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. 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 INSURE WITH COE

: NO : YES

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

**EXCESS WAIVER** PRIMARY DRIVER

: YAP MING KEE

NAMED DRIVER (1)

: N/A : N/A

NAMED DRIVER (2)

: UNITED OVERSEAS BANK LIMITED

HIRE PURCHASE COMPANY 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

: ASSURE PTE, LTD. (00000572842)

Date of Issue

: 13 Jul 2018 12:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive