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	Assessment/Sur	cy Report			
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The state of the s	GRG 50011	INC ()/Non-INC()		
	3,012.		Tel:)	
1	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W); N: 0-20	%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
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Driver/Owner:	3)	TF : Towing Fe		and the second second	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 <u>truthful and accurate</u> 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.
- 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.

10 · 14 · 14 · 15 · 16 · 16 · 16 · 16 · 16 · 16 · 16	ACCIDENT STATEMENT			
Date Of Report	01/10/2018 17:27			
Date Of Accident	29/09/2018 14:45			
Exact Location Of Accident	01/10/2018 17:27 29/09/2018 14:45 BUKIT TIMAH RD B4 EVANS RD SINGAPORE DETAILS OF OWN VEHICLE SLS4458U WONG KOK HOONG S1160949Z NOEMAIL (LOCAL) +65-88081832 OFFICE-88081832 HYUNDAI TL TUCSON 1.6 GLS T-GDI DCT 2WD seed at PRIVATE USE			
Country/State of Loss	SINGAPORE			
A STATE OF THE STA	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLS4458U			
Insured/Policyholder				
Name Of Registered Owner	WONG KOK HOONG			
NRIC No	S1160949Z			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-88081832			
Alternative Phone No				
Vehicle Particulars				
Manufacturer	HYUNDAI			
Model	TL TUCSON 1.6 GLS T-GDI DCT 2WD			
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	5094804819-01			
Cover Note Number	Section of the sectio			
Driver				
Name of Driver	WONG KOK HOONG			
NRIC No	S1160949Z			
Date Of Birth	25/01/1956			
Occupation	OUTDOOR			
Date Of Driving Pass				
Driving Experience	38 YEARS AND 7 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-88081832			
Fax Number				

OFFICE-88081832

NOEMAIL

Address BLK 536 BUKIT BATOK ST 52 #07-653

Postcode 650536

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

1

Insurance Company of Driver's Own Vehicle

33

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 1

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 ATTACHED STATEMENT.

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

GBG5801L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- 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:
 - 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.:

SKETCH PLAN

(X)	A = SLS 4458U
A	B= 6BG5801L Butit Timah Road
1 Lare	(Before Evans Road)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TO THE MEDITINE	
	/
/	
Refer to attach	
	A CONTRACTOR OF THE PROPERTY O

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:

NRIC/FIN No.:

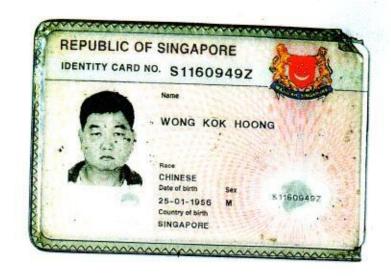
On 29.09.18 at about 14:45 hours along Bukit Timah Road (Before Evans Road). I was stationary on lane 1 and it was heavy traffic, suddenly I heard a loud bang from behind. When I alighted I reaslied it was vehicle (B) hit onto rear portion of my vehicle (A).

Vehicle (A): SLS 4458U

Vehicle (B): GBG 5801L

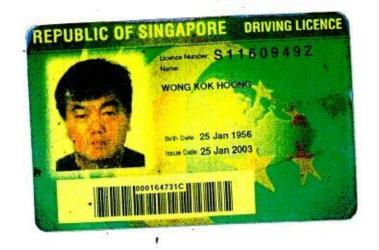
SINGAPORE ACCIDENT STATEMENT

Accident Date: 7 69 8 Time: 14:45 (hh:mm) 24 hr format
Location Butit Timah Road (Before Evans Road)
Vehicle Number 5L5 4458U
Insured Name Wong KOK Hoong
NRIC/FIN S1160949Z. Contact Number 8803 1832. Make Hyundai Model Tucson.
Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No,Pls select: (V) Third Party () Reporting
Insurance Company HTUC
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number 5094804819-01
Name of Driver (Same as Insured
NRIC / FIN Contact Number
Date of Birth 25 /01) 195 6
Driving Pass Date 05/02/1980.
Occupation () Indoor (V) Outdoor
Gender (√) Male () Female
Email Address Wongsir 338@ gmail com ()NO EMAIL
Address of Driver BLK 536 BUKIT BOTOK STREF 52
#07-653 Singapore 650536.
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
(V) Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes () No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (V) No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B GBG 5801L
Veh C
Veh D
Veh E
Veh F

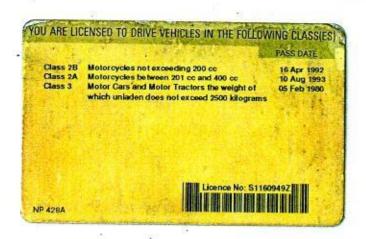


SLS 44584 Owner & driver





SLS 44584 Owner & driver





Certificate of Insurance

Cover : drivo PREMIUM

: KMHJ3812YJU570576

: WONG KOK HOONG

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: 5094804819-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SLS4458U

: 25 Sep 2018

: 24 Sep 2019

- 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
 : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP : YES

INSURE WITH COE : YES

NCD PROTECTION : NO

TRANSPORT ALLOWANCE : NO

EXCESS WAIVER : NO

PRIMARY DRIVER : WONG KOK HOONG

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

 HIRE PURCHASE COMPANY
 : N/A

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

: KOMOCO TRADING PTE LTD (00000614810)

Date of Issue

: 17 Sep 2018 21:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling							
Accident MT/1013830							
Policy No.	5094804819-01	Vehicle No.	SL54458U		GST Regis	stration No.	
Certificate No.							
Policyholder Name	WONG KOK HOONG				Policyhold	ler NRIC	\$116
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading		0
Contact No.(Mobile)	88081832	Contact No.(Office)				o.(Home)	::-3000
Email Address		Special Remark			eCode	0.0000.0000	No 1
KFK	= No Yes	TCA	. No Yes		eCode Re	ason	140
NCD Protection	No	NCD Entitlement(%)	50		Private Hi		No
→ Accident Details		W 18	56		7 POSSO 7		140
Report Date	01/10/2018 17:49	Accident Report Within 24 hrs	Yes		Accident 1	Type	Collisi
Date of Accident	29/09/2018	Time of Accident hh:mm	14:45			f Accident	Singa
Reporting Centre		Orange Force			ICM No.	200000000	
Accident Location	BUKIT TIMAH RD 84 EVANS RD						
→ Excess							
Own damage Excess	600.08	Additional Excess	0		Windscree	n Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00			200.0
Third Party Excess	0.00	Outside Singapore TP Excess		0.00			
		10 00 10 00 00 00 00 00 00 00 00 00 00 0		9,94			
→ GST Registered Information	tion						
GST Registered	No		GST Regis	tration Date			
GST Registration No.			GST Statu			Yes	
Modification History							
→ Policyholder Mailing Add	Iress						
Address 1	BLK 536 #07-653	Address 2	BUKIT BATOK STRE	ET S2	Address 3		SINGA
Address 4		Address Type	Singapore address		Post Code		65053
Unit No.		Related Policy Number	5094804819-01				
OI Driver Info							
Driver Name	WONG KOK HOONG	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	S1160949Z		Driver DO	В	25/01
Register Date of Driver License	05/02/1980	Driver Age	62		Driving Ex		38
Contact No.(Mobile)	88061832	Contact No.(Office)			Contact N		-
Address 1	BLK 536 #07-653	Address 2	BUKIT BATOK STRE	ET 52	Address 3		SINGA
Address 4		Address Type	Singapore address		Post Code		65053
Unit No.							
Does he own a Singapore Registered car?	Yes > No	Driver Vehicle No.			Driver Ins	urer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	_ Yes + No				
Medification History Claim 001 New							
Claim Type *				Fac	Insured		
				OD-MX	Name Contact	WONG KOK HOONG	
Contact No.(Mobile)				NIL	No.	NIL	
ACCUMA A POSTO				200	(Home) OI		
Email Address					Vehicle Number	SLS4458U	
Claim Description				SL54458U / GBG5801L C	N 29 Sept 2018		
Preferred Workshop 0	Insured Liability Not at Fault	•					
Sommer No. Yes	Repair Preferred Workshop, Na Option						
ate Registered	No. of the last of	S.77.77.23		01/10/2018 17:52	Claim		
eport Taken By				LIEW SHAN HUI	Date	les	
				II. Committee Committee			
Print AK letter							
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Attachmo-t							
Attachment							
₩							

Claim No.

001

MT/1013830

▽ Video List

Uploaded By/Date

Last Doc. Received

• Yes No

Path *

Upload Date

01/10/2018 17:53

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Choose File N	No file chosen		Clear	Please Select		NO.		Normal	
Choose File N	No file chosen		Clear	Please Select	7.	NO		Normal	- 5
Choose File N	No file chosen		Clear	Please Select	y.	NO	*	Normal	-
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Choose File N	No file chosen		Clear	Please Select	*	NO	=	Normal	
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Attachmen	nt List								
Attachment	Uploaded By/Date	Category	9	Urgency			Descri	ption	
P 23	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	5.0001							
1905	01 Oct 2018 17:53	NRIC/ Driving License		Normal		NRIC/ Dri	ving Lic	ense 2018-1	0-1
(B)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o								
F. 1	01 Oct 2018 17:53	NRIC/ Driving License		Normal		NRIC/ Dri	ving Lice	ense 2018-1	0-1
13	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:53	SAS		Normal	SAS 2018-10-1				
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1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:52	Photos		Normal	Photos 2018-10-1				
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:52	Photos		Normal		Pho	otos 201	8-10-1	

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File Name

Folder Date

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