Date In: 4 11/18-1953	Jcb description	Date & Time Completed	Done by
Ref No: NA INCRODO 64 24	SAS e-filing		
Vch No: 51x 39470	E-mail (within Shrs, AIC 2hrs)	-	-3-7/1-42-1-7-7-1-
D.O.A: 2/11/18-17:10	i-Motor Claim Form	land, sec.	
711/16-14:19		100-04540-001	7/11/18 mion
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h i-Photo Uploaded	irs, 7P 4hrs)	
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand	to Owner(Wise	
Preferred Wksp / INC Assign Wksp / QW:			
	A CONTRACTOR OF THE PARTY OF TH		ax:
TP Particulars: Veh No: 6	77490C INC(		
Policy No; (	Period: (	Tel: Cover Type: (	)
Confirmed by : (	Date:	Time:	
	6) [Note-Est. Status (WO): N: 0-2	(5/82/03/03)	30073
Year of Registration: ( )	Warranty: YES ( )/NO (	1070, F: 21-7970. F: 80-10	70%oJ
	\$1,000 ( )/\$2,000 ( )	,	
General Remarks;	CONTRACTOR NEXT PROPERTY OF THE	28 (118 (118 (118 (118 (118 (118 (118 (1	73 V 11. V 1
			Gent Strike
( ) Walk-In Customer: Customer's i		trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( )/NO( );T	owing Co: (	
Remarks:- (INC hotline: 6788 6616	Y	Date&Time Completed	302362.14
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	/ Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )	-	
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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.
- 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 liability.
- 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.	
<b>增加的</b> 是 2000年 1000 1000 1000 1000 1000 1000 100	ACCIDENT STATEMENT
Date Of Report	05/11/2018 19:53
Date Of Accident	02/11/2018 17:10
Exact Location Of Accident	CTE (AYE) BEFORE EXIT 8B
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX3947D
Insured/Policyholder	
Name Of Registered Owner	NG WEI LING JESSICA
NRIC No	S8925915J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91996390
Alternative Phone No	OFFICE-91996390
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO 1.4 AT 6R13E7
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	5104579969
Cover Note Number	

### Driver

Name of Driver NG WEI LING, JESSICA

 NRIC No
 \$8925915J

 Date Of Birth
 30/07/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 09/06/2011

Driving Experience 7 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91996390

Fax Number

Contact Number OFFICE-91996390

EMail Address NOEMAIL

BLK 415 YISHUN AVENUE 11 Address

#05-309

Postcode 760415

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

### 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 YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME:

GENDER:

: FEMALE

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

# Circumstances of Accident

REFER TO STATEMENT.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

GZ7490C

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

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)

Page 2 of 17

# DETAILS OF INJURED PERSON 1

Name NG WEI LING JESSICA

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJX3947D

YES

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 aforesald.
- 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 Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

CTE - AYE Before Exit	FB
	A:SSX 3947D B:GZ 7490C
<del></del>	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	mention					
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				A	· SJ×	3947D
	,,			B.	GZ	7490C
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# 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.:

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02 / // /2018 (dd/mm/yy) Time of Accident: 17 : 10 (24-HR-FORMA	T)
Vehicle No. : SJX 3947 Wehicle Make & Model:	
Exact location of Accident: CTE AYE Before Exit &B	
Policyholder's Name / IC No.: Ng Wei Ling 58925915J	
Driver's Name / IC No: (As A	(bove)
Driver's Contact No.: 91996390 Company Contact No:	
Driver's Address:	
Insurance Company: NTUC Email address (if any):	
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:	
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Pur	pose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job) Indoor/ Outdoor	0.00
Private use / Work purpose No. of Passengers (Including Driver): 02	fensi.
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car Camera? Yes / No	
Anv Injuries: Yes / No (If YES) Injured Person' Name: No Wei Ling	
Injuries Sustain: Injured Person in Which Vehicle:	
Police Report filed: Yes / No (If YES) Which Police Station:	
The Other Party(s) Details:	
1. Driver's Name / IC No: Vehicle No:	7490C
Driver's Contact No:Insurance Company (If any):	
Driver's Name / IC No:  Vehicle No:	
Driver's Contact No:Insurance Company (If any):	
*Independent Witness (If Any): Contact No:	
Preferred Workshop Name: Contact No:	

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

EPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8925915J



Name

NG WEI LING, JESSICA

吳 玮 玲

Race CHINESE Date of birth Sex 30-07-1989 F

30-07-1989 F
Country of birth
SINGAPORE





NRIC No. S8925915J

Date of issue 04-08-2004

APT BLK 415 YISHUN AVENUE 11 #05-309 SINGAPORE 760415 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE:

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 09 Jun 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A

3597091

Licence No: S8925915.J



SJX3947D - Read-only







Read Only - You can't save changes to t...





### 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: 5104579969

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJX3947D

2. Name of Policyholder

: WVWZZZ6RZAU047349 : NG WEI LING JESSICA

3. Effective Date of Insurance

: 15 Oct 2018

4. Expiry Date of Insurance

: 14 Oct 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 : \$\$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 : NG WEI LING JESSICA

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

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS **SUM INSURED** 

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

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue

: 15 Oct 2018 12:12 hrs

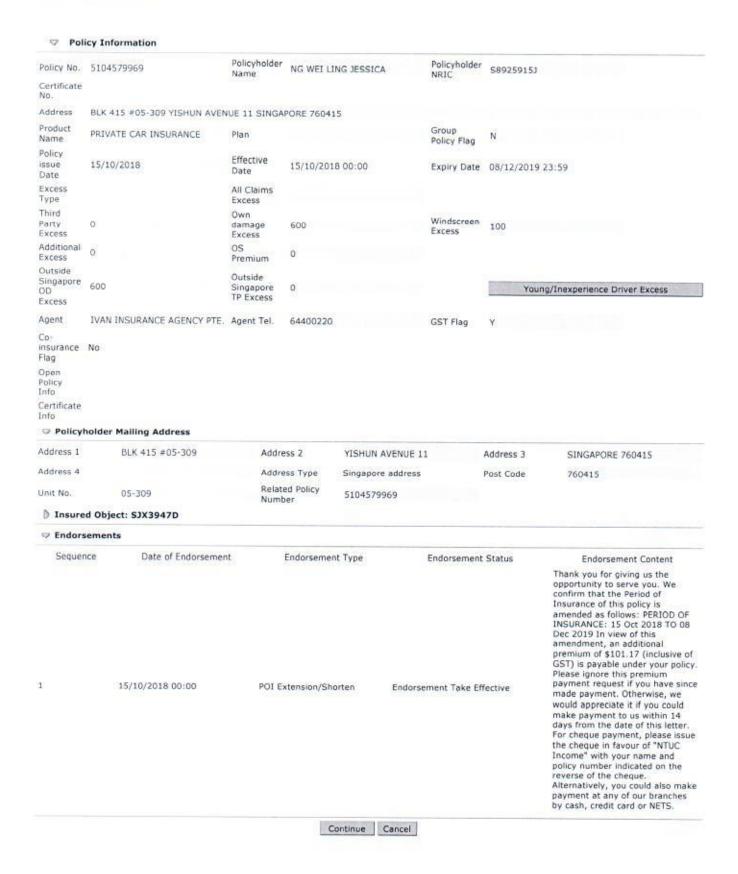
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Authorised Officer** 

Chief Executive

Countersigned By:





olicy Na.					
	5104579969	Vehicle No.	\$3X3947D	GST Registration No.	
tificate No.					
icyholder warne	NG WEI LING JESSICA			Policyholder NRIC	589259153
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
react No (Mobile)	91996390	Contact No.(Office)	D	Contact No.(Home)	0.0
ad Address		Special Remark		eCode	THE V
ĸ.	® No ○ Yes	TCA	® No O Yes	eCode Reason	100000
0 Protection	No	MCD Entitlement(%)	50	Private Hire	No.
Accident Details		Score than Child Children		0500400000	
oort Date	05/11/2018 21:58	Accident Report Within 24 hrs	Yes	Accident Type	College Handsoner
te of Acoderic	02/11/2018				Collision - Head to Rear
porting Centre	2011112016	Time of Accident hhomm	17:10	Country of Accident	Singapore
ident Location	CTE (AYE) BEFORE EXIT BB	Drange Force		3CM No.	
Excess	CIE (AIE) BEFORE EXIT BB				
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	0.00	Dubside Singapore 00 Excess	600,00		
rd Party Excess	0.00	Outside Singapore TP Excess	0,00		
Benefits					
GST Registered Informa	ation				
Registeres	No.		GST Registration Date		
Registration No.			GST Status Venfied	Yea	
Ification History					
Policyholder Mailing Ad	ddress				
ress 1	BLK 415 #05-309	Address 2	VICLE IN A JOHN IS **	Charles -	Commence Control
tress 4			YISHUN AVENUE 11	Address 3	SINGAPORE 760415
		Address Type	Singapore address	Post Code	760415
DI Driver Info	05-309	Related Policy Number	5104579969		
rer Name	the many than security	0.000	-03.02		
lamed driver Name	NG WEI LING JESSICA	Driver Type	Main Driver		
		Driver NRJC	589259151	Driver DOB	30/07/1989
ister Date of Driver License		Driver Age	29	Onving Expenence	7
kact No. (Mobile)	91996300	Contact No.(Office)	0	Contact No. (Home)	0
ress I	BLK 415	Address 2	YISHUN AVENUE 11	Address 3	SINGAPORE 760415
1959 4		Address Type	Singapore address	Post Code	760415
t No.	05-309				
es he own a Singapore potered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration/					
athalyser or Blood Test iding?	0 mg	Any injury?	® Yes ○ No		
Irlication History					
100					
1.00					
10.5					
laim 001 New	00-40x	Insured Name	NG WELLING JESSICA	Insured ARIC	\$89259153
m Type *	00-MX V	Insured Name Contact No. (Home)	ING WELLING JESSICA	Insured NRIC Connect No. (Office)	\$89259153
m Type * tact No.(Mobile)			ING WEELING JESSICA	Contact No. (Office)	
n Type * cact No.(Mobile) ii Address	91996390	Contact No.(Home)			\$8925915J GZ7490C
n Type * act No. (Mobile) i Address nant Type Clement Type *	91996390 Please Select	Contact No.(Home) OI Vehicle Number	SIX3947D	Contact No. (Office)	
n Type * cact No.(Mobile) i Address ward Type Claimant Type *	91996390	Contact No. (Home) Of Vehicle Number Type of Benefit *	SIX3947D	Contact No. (Office)	
m Type * tact No.(Mobile) si Address mant Type Clement Type * mant Name *	91996390 Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *	SIX3947D	Contact No. (Office) TP Vehicle Number	
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m Type * tact No.(Mobile) si Address mans Type Claimant Type * mans Name * mons Address m Description erred Workshop Contact	91995390  Please Select:   ≥≥  SIX3947D / GZ7490C ON 2 Nov 2018	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability *	SDX3847D  Mease Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	GZ7490C
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