NATIONAL Assessment Cen	HE DEI MICES					
Date In: H/11/18-16:33	Jcb description		Date & Time Complete	d	Done by	
Ref No: HA INCROSS 630/14	SAS e-filing		i			
Vch No: ym 2426E	E-mail (within	Shrs, AIC 2hrs)				
D.O.A: 13/11/18-20120	i-Motor Clair	m Form	M1019795-001	14n)	8 16:47	-
	i-Motor W/O	(Within: OD 2hr			ON NO RESIDENCE	
OD : (P) Reporting Only	i-Photo Uplo:	aded				578 53
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 5	. ricks	. INC()/Non-INC()	1	The second	CE11100
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%			0%; P: 21-79%. P: 8	0-100%]		
7	Warranty: YES ()/NO()		1 1000	
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() Walk-In Customer: Customer's i		nfidential & St	trictly NO refer of repair	er.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.					
Drive-In ()/ Towed-In (); Invo	pice: YES () / N	10/ \.7	Cowing Co: ()
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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 <u>truthful and accurate</u> 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.
- 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.

建设设计划的建筑设计。2008年6月 10日,2008年6月	ACCIDENT STATEMENT
Date Of Report	14/11/2018 16:33
Date Of Accident	13/11/2018 20:00
Exact Location Of Accident	JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM2426E
Insured/Policyholder	
Name Of Registered Owner	GOH CHUNG WING
NRIC No	S7103396A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93361462
Alternative Phone No	OFFICE-93361462
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5104127465
Cover Note Number	
Datasas	

Driver

2	
Name of Driver	GOH CHUNG WING
NRIC No	S7103396A
Date Of Birth	01/02/1971
Occupation	INDOOR
Date Of Driving Pass	11/02/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93361462
Fax Number	
Contact Number	OFFICE-93361462
EMail Address	NOEMAIL

Address

BLK 13 JALAN BUKIT MERAH

#10-5042

Postcode

150013

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?

Number of vehicles involved in the accident

2 YES

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TEO MING PING

GENDER:

: 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 REFER TO 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

SJQ2171T

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEET ENG ANN

NRIC/Passport Number

S1642422F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

GOH CHUNG WING Name

Approximate Age

NECK & BACK Injuries Sustain Injured person in which vehicle? SJM2426E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TEO MING PING

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SJM2426E

Were seat belts worn? Was this injured conveyed to hospital by ambulance?

YES NO

Address

Postcode

SKETCH PLAN

INIPORTANT NOTICE

- 1. Please report correctly 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.
- 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.
- 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

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	(a) (5-45)	-1-0									
				NAME OF TAXABLE PARTY.							
			economic		- 21-140					W. C. C.	

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ALCHER STATE STATE OF THE STATE	ACCIDENT DETAILS	
Date of accident	13/11/18.	(DD/MM/YY)
Time of accident	8pm.	(HH:MM)
Exact location of accident	In BT Merah	

AND DESCRIPTION OF THE PARTY	DETAILS OF VEHICLE
Vehicle registration number	SJM24268.
Vehicle make and model	TOYOTA VIOS.
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No if no, please select: Third part claim Reporting only □

Sample of the same	INSURANCE IN	FORMATION	ALL LAW FLANCE
Insurance company	Mruc.		
Policy number	51041274	65 .	
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

The second secon	INSURED / POLICY HOLDER	THE PARTY OF THE P
Name	GOH CHUNG WING	Male Female
NRIC / Fin / Passport number	57103396A.	
Contact	93361462	
Address	1311 By Merch # 10-0	7042.

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	E STATE OF
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	07/02/1971	
Occupation	Indoor Outdoor	
Driving date pass	1/02/2002	

	ENERAL IN	FORMATION	OF THE ACCIDENT	THE PERSON NAMED IN COLUMN
	Transaction of the second	11.		ALC: NO
as driver an employee of	If no rela	tionship of th	ne driver and insured:	Owner .
ne insured's company?	Yes 🗆	Noz		
ccident captured by camera?	Clear	Raining	Others:	The state of the s
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Name	Male	Female		
Gender	TWIGHT !			
WALL STREET, S	151 C 164	OTHER INFO	ORMATION	
Was anybody injured?	Yes 🗸	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
THE REAL PROPERTY.			OLICE ACTION	which police station
Reported to police?	Yes 🗆	Noz	if yes, please state v	which police station.
Police station name				
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ehicle registration number	SJQ 2171T.
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lame	SEET ENG ANN. 51642422F.
NRIC / Fin / Passport number	7.10
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND REPORT OF THE PARTY OF	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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英名 第一位数据第二位第二位第二位	THIRD PARTY VEHICLE 4
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Marie Laboration and April 1985 A	THIRD PARTY VEHICLE 6
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

lame '	GOH CHUNG WING.	
njuries sustained	NECLE & BACK PRIM SJM 2426E	
Vhich vehicle person in?	SJM 2426E.	
Vere seat belts worn?	Yes P No 🗆	
Vas injured conveyed to	Yes D No.	
ospital by ambulance?		
A CONTRACTOR OF THE	INJURED PERSON 2	新州
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njuries sustained	MECK & BACK PAIN	0
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Were seat belts worn?	Yes Z No 🗆	
Was injured conveyed to	Yes D No D	
nospital by ambulance?		
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Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes 🗆 No 🗆	
hospital by ambulance?		
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Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes 🗆 No 🗆	
hospital by ambulance?		
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Was injured conveyed to hospital by ambulance?	163 11 110 11	
Language land manager to the same of		

INJURED PERSON 1

HEPUBLIC OF SINGAPORE



GOH CHUNG WING



CHINESE Cale of birth 01-02-1971

SINGAPORE







57103396A

15-05-2010

APT BLK 13 JALAN BUKIT MERAH #10-5042 SINGAPORE 180013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

4132214



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: 5104127465

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJM/2426F

Chassis Number

: MR053HY9305085974

2. Name of Policyholder

: GOH CHUNG WING

3. Effective Date of Insurance

: 24 Sep 2018

4. Expiry Date of Insurance

: 23 Sep 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) : S\$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 : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : GOH CHUNG WING

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

HIRE PURCHASE COMPANY : ABWIN PTF 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)

: ABWIN PTE LTD (00000614234)

Date of Issue

: 24 Sep 2018 17:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

3301 (Admin Office)

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech								Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e • Chan	ge Password	• Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	√o.				Date	of Accident		13/11/2018	20:00	
	Vehicle No.(For Motor)		SJM24	SJM2426E		Certificate Number		r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5104127465		GOH CHUNG WING	S7103396A	GPC	drivo CLASSIC	SJM2426E	SJM2426E	24/09/2018	23/09/2019
					Ī	Continue	1				

Policy Information

Sequenc	Sequence Date of Endorsement		ement Type	Endorsement Status	Endorsement Content	
▽ Endors	ements					
Insure	d Object: SJM2426E					
Unit No.		Related Policy Number	5104127465			
Address 4		Address Type	Singapore address	Post Code	150013	
Address 1	BLK 13 #10-5042	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 150013	
▽ Policyl	nolder Mailing Address					
Certificate Info						
Policy Info						
Flag Open						
Co- insurance	No					
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y	
Singapore OD Excess	600	Outside Singapore TP Excess	0			
Excess Outside	0	OS Premium	0			
Party Excess Additional	0	damage Excess	600	Windscreen Excess	100	
issue Date Third	24/09/2018	Effective Date	24/09/2018 00:00	Expiry Date	23/09/2019 23:59	
Product Name Policy	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Address	BLK 13 #10-5042 JALAN BUKI	MERAH SING	APORE 150013	NA SAME AT ANY		
Certificate No.						
Policy No.	5104127465	Policyholder Name	GOH CHUNG WING	Policyholder NRIC	S7103396A	

ccident MT/101979\$										
slicy No.	5104127465		Vehicle No.	SJM2426E		GST Registra	rtion No.			
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icynolder Name	GOH CHUNG WING					Palicyholder	NRIC	571033	796A	
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rtact No.(Mobile)	93361462		Contact No. (Office)	0		Contact No.(Home)	0		
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Accident Details										
sort Dute	14/11/2018 16:43		Accident Report Within 24 hrs	Yes		Accident Type	4	Collision	n - Head to	Rear
e ut Accident	13/11/2018		Time of Accident his mm	20:00		Country of A	codent	Singapo	are:	
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Policyholder Mailing Add										
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ress 4			Address Type	Singapore address		Post Code		150013		
t No.			Related Policy Number	5104127465						
01 Driver Info										
er Name	GOH CHUNG WING		Driver Type	Main Driver						
amed driver Name			Driver NR3C	S7103396A		Driver DOB		01/02/1	971	
offer Date of Driver License.	11/02/2002		Driver Age	A7		Driving Exper	rience	16		
tact No. (Mobile)	83361465		Contact No.(Office)	п		Contact No.19		0		
res I	BLK 13		Address 2	JALAN BUKIT MERA	MH .	Address 1		SINGAP	ORE 15001	i
Pe5s 9			Address Type	Singapore address		Post Code		150013		
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