NATIONAL Assessmen	il Centre	CONTRACTOR OF THE PARTY OF THE	Wei 1 224.021 W	Date & Time Comple	ted	Done b) y
Date In: 1/19- 16:17		Jeb description			+		
Res No: Ha INCIGOS Sug V/24		SAS e-filing	HE STORY	1	$\dot{-}$	Comments.	
Veh No: JEH 77/11/2.		E-mail (within 8		 	-		
D.O.A: 20/1/19-07:15		i-Motor Clair	n Form	W1 1032093-001	21 3	الم ال	31
OD / P Reporting Only		i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)			
OD . Reporting Only		i-Photo Uploa	aded				
		Assessment/Su	rvey Report				
TP Insurer:		Ass't Report by	Fax/Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp	/QW: (Tel:	Fax:		
	No: 44 /610	M.	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est Status (V	VO): N: 0-2	20%; P: 21-79%. P:	30-100%]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Los	ading: \$1,000)()/\$2,000	()		- CO.		
General Remarks:-					200000	W	1 .
() Walk-In Customer : Cus	tomer's inform	ation strictly Cor	The state of the s	The Date of the Control of the Contr			
() Total Loss Case : to e-	the same of the sa	AND RESIDENCE AND ADDRESS OF THE PARTY OF TH		* 3			
Drive-In ()/ Towed-In (); Invoice:	POR POST OF THE PROPERTY AND	10();	Towing Co: ()
				Date&Time Comple	82 8 L X 5 K	Done	hiv
Remarks:- (INC hotline: 67			10.	Dates: 1 mie Colubre	342	- STAGNO	Ly
1) Apply for Transport Allowance		urtesy Car ()	-			
2) QC Check / Post Repair Inspec		()		<u> </u>	-		
Upload Resurvey Photo [Repa	ir Cost > \$30	00] ()		The second		
Injury:							
Date/Time Actions		er in the first		and the state of t	10.25	CORRE	to the same
	Service Annual Properties	Carrentees to recover					
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11.1			Invoice Pr	eparation Checklist		Ant (S) fú Bill	Add Bill
MAIGONS .		A	1) AR : Accide	nt Reporting (\$30);	337.1000	OTHER HIS	· · · · · · · · · · · · · · · · · · ·
laimant's Particulars :-			2) DA : Damag	e Assessment (\$100);	NC (\$80) \$40/\$45		
river/Owner:			3) TF : Towing 4) FT : Follow-	Through Survey	\$120		
ontact No:	emedia del prepara los	8	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 J	\$30 an 2005)		
			6) TR : Re-insp		\$75		
amaged Portion:			7) N1 : Idao D.	A + SMRT Survey	. \$160		
The same of the same			8) NTUC Addi	itional Services:-			
C Checked by (Engr-In-Charg	ge):		*NS: Courte	sy Car / Tpt Allowance	\$5 \$10		
VENEZY SARA SARAR SA	CANESTON AND	Visit of the Contract	*N7: Fost R	Co-ordination epair Inspection	\$25		
uditors' Comments :-			*N8: DV / C	Collect Excess Coordination TP (Non INC) against INC	\$5 \$20		
it. 1:			9) N12: Idac N	Mobile	30		NAME OF BRIDE
			-	0.0	La maran		1000 大型大型 电
1 2/3:			Invoice dated	Fee C	harged	salin.	aren f

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	21/02/2019 16:17
Date Of Accident	20/02/2019 07:15
Exact Location Of Accident	ALONG JELEBU RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFN7711R
Insured/Policyholder	
Name Of Registered Owner	PHUA WEE HAO
NRIC No	S8711301I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93391782
Alternative Phone No	OFFICE-93391782
Vehicle Particulars	CONTRACTOR OF THE PARTY OF THE
Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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	5105660594
Cover Note Number	
Driver	
Name of Driver	PHUA WEE HAO (PAN WEIHAO)
NRIC No	S8711301I
Date Of Birth	27/04/1987
Occupation	INDOOR
Date Of Driving Pass	15/01/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93391782
Fax Number	
Contact Number	OFFICE-93391782
EMail Address	NOEMAIL

BLK 185 JELEBU ROAD Address

#22-18

Postcode 670185

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

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 (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

YN1610M

Vehicle Category Name of Driver

COMMERCIAL VEHICLE RASU SUDHAKAR

NRIC/Passport Number

G7250810L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PHUA WEE HAO (PAN WEIHAO) Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY SFN7711R YES

NO

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 truthful and occurate as possible. Any wiful 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 aforeseid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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 Monatary 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 low 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' lavyyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Perposes; and
- (c) thy 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 bistory 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:

Oriver's Signature

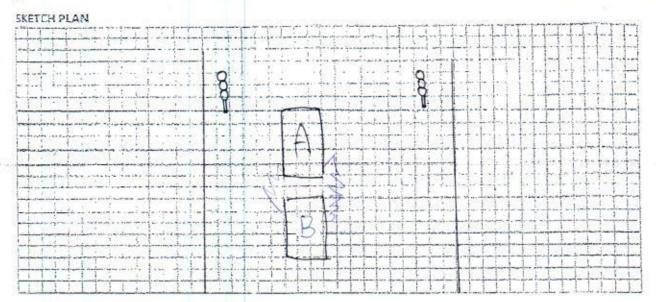
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- CONTRACT	On 20 Feb 2	119, Along Jelebau	Road Bukit Panjang.
Vehicl	e A was st	ationary waiting f	for traffic light.
	Suddenly an	impact was felt	- from the back of
vehic	e A. The o	uner went down a	and notice that the
back	was demand	e by vehide B (TYNIGIOM)
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	The second secon		
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	1 0.00 March 10 00 00 00 00 00 00 00 00 00 00 00 00		

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 & Tiote:

Reporting Centre Personnel's Signature

Names

NRIC/FIN No.:

Date of Accident	20 Feb 2019 Accident Time: 07.15 am (24-HR-Format)
Accident Place	: Along Jelebu Road, Bukit Panjang
Vehicle Reg. No. (Car Plate No.)	SFN TILL
Vehicle Make/Model	: KIA CERATO FORTE
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	PHUA WEE HAO SETII301]
Owner or Company Contact No.	:93391782 Owner's HpCompany Tel
DRIVER'S Name / IC No.	PHUA WEE HAO SETIISOII
DRIVER'S Date Of Birth	: 27/04/1987 DRIVER'S License Pass Date 15 Jan 2010
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNEr
DRIVER'S Address	: APT BLK 185 JELEBLY ROAD, # 22-18, 5670185
DRIVER'S Contact No./ Alt No.	:1) 93391782 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: weiguan 03/2@gmail.com
Weather & Road Surface	:CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Priver):_OI
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera (VES NO) as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: YN 1610M	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: RASU SUDH	AKAR Name Driver:
ICNo. Driver: G72508	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$87113011





PHUA WEE HAO (PAN WEIHAO)



Race CHINESE

Date of birth 27-04-1987

Country/Place of birth SINGAPORE



5825474





08-11-2017

APT BLK 185 JELEBU ROAD #22-18 SINGAPORE 670185







Certificate of Insurance

SFN7711R

PHUA WEE HAO

: 21 Nov 2018

: 20 Nov 2019

Cover : drivo CLASSIC

KNAFW611MA5203818

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:	510566059	4
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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.

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. : 5\$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 : PHUA WEE HAO NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : STANDARD CHARTERED BANK (SINGAPORE) LIMITED 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 (SINGAPORE) PTE, LTD, (00000615327)

Date of Issue

21 Nov 2018 12:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech			Genera					lClaim		
Hello, NAC_PAYA_UBI_80	Policy Query					* Change	Language	· Chan	ge Password	• Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	SFN77	11R			of Accident ficate Number		20/02/2019 (07:15	
	Select Policy No.	Certificate Number	Policyholder Name PHUA WEE	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105660594		HAO	587113011	GPC	CLASSIC	SFN7711F	SFN7711R	21/11/2018	20/11/2019

□ Poli	icy Information						
Policy No.	5105660594	Policyholder Name	PHUA WEE	НАО	Policyholder NRIC	S8711301I	
ertificate lo.							
Address	BLK 185 #22-18 JELEBU ROAD	SINGAPORE 6	70185				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	21/11/2018	Effective Date	21/11/2018	3 00:00	Expiry Date	20/11/2019 2	3:59
xcess		All Claims Excess					
Third		Own			Men and		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional	0	OS Premium	0				
Outside Singapore		Outside					
DD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 185 #22-18	Addre	ss 2	JELEBU ROAD	All Tool	Address 3	SINGAPORE 670185
Address 4			ss Type	Singapore address		Post Code	670185
Jnit No.	22-18	Relate Numb	ed Policy er	5105660594			
	d Object: SFN7711R						
D Insure							
	1911-194-195 (1911-1911-1911-1911-1911-1911-1911-191						

laim Handling					
cident HT/1033093					
icy No.	5105650594	Vehicle No.	SPN77118	GST Registration No.	
tificate No.	24				
cytholder Name	PHUA WEE HAC			Policyholder NRIC	S#7113011
uct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
act No. (Mobile)	92391782	Contact No. (Office)	0	Contact No.(Prome)	0
i Address		Special Remark		eCode	The V
	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	0	Private Hire	No .
Accident Details				100000000000000000000000000000000000000	1/154
ort Date	21/02/2019 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	20/02/2019	Time of Accident hh:mm			Collidion - Head to Kear
orting Centre	#WW.F013		07:15	Country of Accident	Singapore
		Orange Force		ICM No.	
dent Location	ALONG JELEBU RD				
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
arried Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	etion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
Policyholder Mailing Ad					
ress 1	BLK 185 #22-18	Address 2	JELEBU ROAD	Address 3	SINGAPORE 670185
ress 4		Address Type	Singapore address	Post Code	670185
t No.	22-16	Related Policy Number	5105660594		SWALES
OI Driver Info					
er Name	PHUA WEE HAO	Oriver Type	Main Driver		
amed driver Name		Driver NRIC	\$87113011	Driver DOS	27/04/1987
ster Date of Driver License	15/01/2010	Oriver Age	31	Driving Experience	9
tact No.(Mobile)	93391782	Contact No. (Office)	0	Contact No.(Home)	0
ress 1	BLK 185	Address 2	XELEBU ROAD	Address 3	SINGAPORE 670185
vess 4		Address Type	Singapore address	Post Code	
No.	22-18	A 100 A	0.4148-0.000-2-	3-	670185
es he own a Singapore	○ Yes ® No	********			
estered car?	O 165 @ NO	Driver Vehicle No.		Driver Insurer Company	
aration					
athalyser or Blood Test			Land Books and		
ding?	0 mg	Any injury?	® Yes ○ No		
ification History					
10 m					
aim 001 New					
n Type *	00-MX V	Insured Name	PHUA WEE HAO	Technology and the	PROCESSOR .
act No.(Mobile)	81188746	Contact No.(Home)		Insured NRIC	\$87113011
f Address	SUBMISSION@ASSUREINSURA/		NOL CENTRALE	Contact No.(Office)	
nant Type Claimant Type •		OI Vehicle Number	5FN7711R	TP Vehicle Number	YN1610M
		Type of Senett *	Please Select		
nant Name *	22	Claimant NRIC +			
nant Address					
Description	SFN77118 / YN1610M ON 20 Feb 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
ire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	♥ GSA report	Received
Registered	21/02/2019 16:31	Claim Close Date		Date Received	21/02/2019 00:00
et Taken By	Jackson			rances and decided	
Print AK letter	4.				
and market					
			Save Submit		
tachment		,	O POLICE CONTRACTOR		
dent No.	MT/1033093	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date	21/02/2019 16:33		
	Path *	12.0-12.04.10		\$2025 Kin 10000	
	PMILT.		Category *	Confidential Urgeno	01 0.0256800.000
		Browse		Normal Normal	▼
		Browse	Gear Please Select	NO V Normal	▼
		Browse	Clear Please Select	▼ Normal	♥
		9	Decision Co.		

