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SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.
- 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.

- 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 ladgement 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

SECURITION OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	11/03/2019 19:53
Date Of Accident	09/03/2019 17:15
Exact Location Of Accident	ORCHARD SPRING LANE TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW470A
Insured/Policyholder	
Name Of Registered Owner	DAVID JOHN SHEPHERD
Passport No/FIN	F1888828U
Email Address	SUE.SHEPHER66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90255574
Alternative Phone No	OTHERS-90255574
Vehicle Particulars	Condition of the action of the condition
Manufacturer	KIA
Model	FORTE K3
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
f 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
Policy Number	5094980985-01
Cover Note Number	
Driver	

Name of Driver SUSAN ANITA SHEPHERD

Passport No/FIN F1894841U Date Of Birth 01/02/1966 Occupation INDOOR Date Of Driving Pass 31/01/1994

Driving Experience 25 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-90255574

Fax Number

Contact Number OTHERS-90255574

EMail Address SUE.SHEPHER66@GMAIL.COM Address

7-9 ONE NORTH GATEWAY #05-09 ONE NORTH RESIDENCES

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

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

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

SME6334S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG CHENG HENG

NRIC/Passport Number

Contact Number

82999313

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.
- 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 withholding 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. 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.
- 7. 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) af :
 - (i) 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:
 - (i) 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:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING UP ORCHARD SPRING LANG TO TURN ONTO ORCHARD BL
TRAFFIC HAD STOPPED AT THE TRAFFIC LIGHT AND THE YELLOW B
WAS CLEAR IN THE FIRST LANE OF TRAFFIC I MOVED INTO THIS
BOX BUT NEEDED TO MOVE INTO THE SECOND LANE. THE YELLOW
BOX HERE WAS PARTIALLY BLOCKED BY ANOTHER CAR - I
MOVED UP BEHIND THAT CAR AND WHEN THE TRAFFIC LIGHTS
TURNED TO GREEN, THE CARS MOVED FORWARD. AS I
TURNED INTO THAT LINE OF TRAFFIC, THE CAR OUTSIDE THE
YELLOW BOX IN THAT LANE, CONTINUED MOVING FORWARD
AND HET THE LEFT SIDE (FRONT) OF MY VEHICLE
WE PULLED OVER OUT OF THE MAIN LINE OF TRACEIC. THE
DRIVER - NG CHENG HENG - ADMITTED FAULT FOR THE
ACCIDENT AT THE TIME .
reselbent for the time

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)

SA Shapler

Date & Time:

Reporting Centre Personnel's Signatural Name:
NRIC/FIN No.:

Accident MT/103546									
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- Video List

Uplewhat By/Date

NAT, BLATT, MERAH, BOOKTS, NATIONAL ASSESSMENT CENTRE SERVICE 5 (BORT) NEWAH) on 11 Nov 2019 39:14

NAC_BURIT_MERAN_BODGIN; NATIONAL ASSESSMENT CENTRE SERVICE SELECTORISING COMMS

Folder Date

ACCIDENT STATEMENT

ACCIDENT DATE: 09 03 2019 100/MM/	YYYY), TIME: (5 15) (HH:MM)
LOCATION: ORCHARD SPRING LANE -	-D ORCHARD BLVD
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SKW470F	
DINSURANCE COMPANY: NTUC IN	
C)POLICY NUMBER: 5094980989	
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT
BIMAKE & MODEL: KIN I FORTE KE	
f)TYPE:(SALOON / COUPE / MPV /VAN / L	ORRY / MOTORCYCLE / OTHERS
.9) VEHICLE CATEGORY: (PRIVATE / COMM	ERCIAL / MOTORCYCLEI
INFURPOSE OF USING AT ACCIDENT TIME	PRIVATE
I ARE YOU CLAIMING UNDER YOUR OWN	NSURANCE IVES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AJNAME BAVID JOHN SHEPHER	
b)NRIC/FIN/PASSPORT: FIBBBB28U	CONTACT: 90255514
CJADDRESS: 7-9 ONE NORTH GATEN	VAY HOS OF DIF NORTH
: RESIDENCES, SINGA	PORE 1386112 .
*CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
The of passenges DRIVER	
Clindudina di mai dinamei sustito sinci Horo	(MALE / FEMALE)
(1) DIMICHIMANOSPOKI: FIRATERITOR	CONTACT: 96194333
C)ADDRESS: AS ABOVE	
*d) DATE OF BIRTH: (01/01/1966)	DD/MM (YYYY)
e)OCCUPATION: (INDOOR LOUTDOOR)	
FIDATE OF DRIVING PACC	•
4. WAS DRIVER AN EMPLOYEE OF THE INS	URED'S COMPANY? (YES TINO)
IT NO, KELATIONSHIP OF THE DRIVER W	TTH INCLIDED. WILL
S. GIWEATHER CONDITIONS (CLEAR / RAINING	/ OTHERS
b)ROAD SURFACE (DRY) WET / OTHERS	
6. WAS ANYBODY INJURED (YES NO)	
7. aJREPORTED TO POLICE (YES NO)	F
IF YES, PLEASE STATE WHICH POLICE STATIC	ON:
No of passenger a) VEHICLE NUMBER: SME 6 3345	
No of passenger a) VEHICLE NUMBER: SME 6 334 S	MODEL:
Including driver) D) DRIVER'S NAME: NG CHENGE HE	NG and and a
() NRIC/FIN/PASSPORT:	CONTACT: 8 299 9313
	U2014-0244-030-0
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	* * * * * * * * * * * * * * * * * * *
() NRIC/FIN/PASSPORT:	CONTACT::
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email = sue suepherdbb@gmail.com

REPUBLIC OF SINGAPORE FIN F1894841U



1 10340411

SUSAN ANITA SHEPHERD



Date of Birth B1-02-1956 Nationality BHITISH F.

- miles

REPUBLIC OF SINIGAPORE DENGE F 1 8 9 4 8 4 1 U SUSAN ANITA SHEPHERD Sem Date 01 Feb 1966 Sout Date 05 Jun 2018 Valid Till 05/06/2023

GA0027659

14-06-2016

DEPENDANT'S PASS

Immigration Regulations



Onwhited SGWorkPass App to check status

FIN F1894841U



YOU ARE TO SUMMENDER THE CHAIR WHEN IT IS CANCELLED OR HAS EXPRIED, OR WHEN A MEN LIAKE IS ISSUED TO YOU

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Cuss 3

Motor cars with unladen weight == 3000kg with =< 7 3) Jan 1994 passengers, explination of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

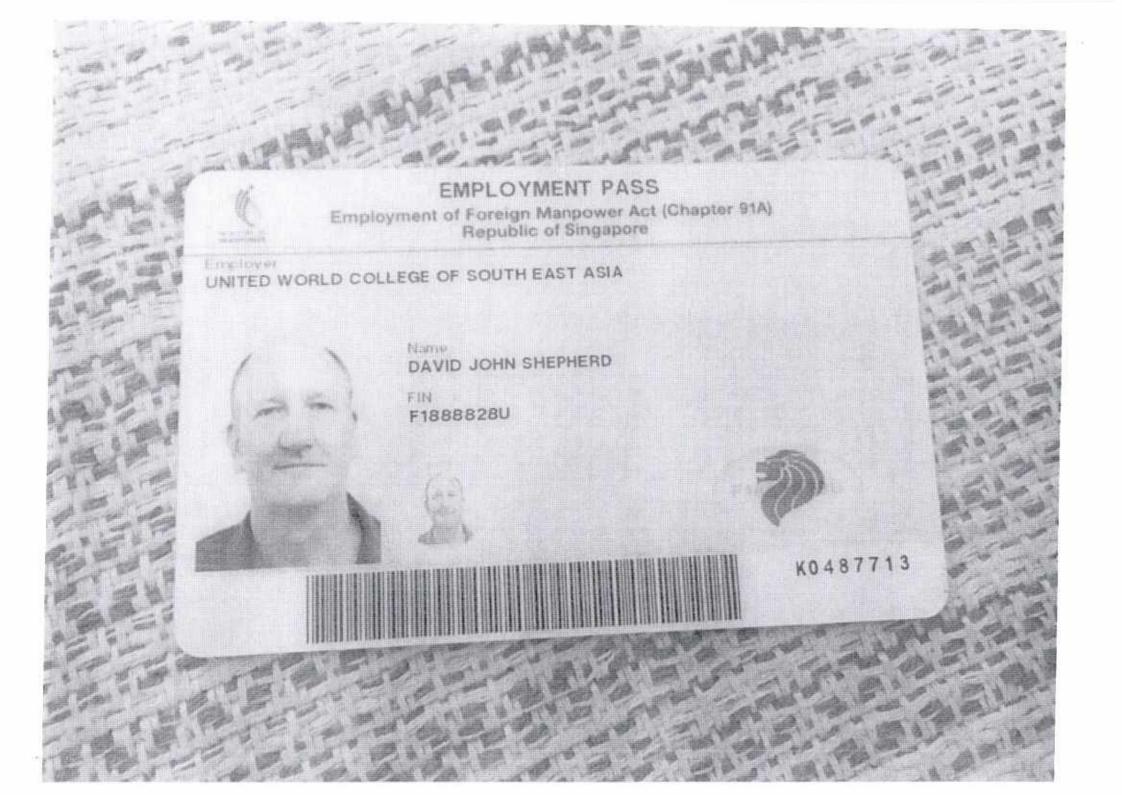






P<GBRSHEPHERD<<SUSAN<ANITA<<<<<<<<<<<55387844074GBR6602015F2709248<<<<<<<688

TOTAL TOTAL







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: 5094980985-01

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SKW470A

Chassis Number

: KNAFX411MF5471471

2. Name of Policyholder

: DAVID JOHN SHEPHERD

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 15 Oct 2018

: 14 Oct 2019

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) 55600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : SS100 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 : DAVID JOHN SHEPHERD NAMED DRIVER (1) : SUSAN ANITA SHEPHERD NAMED DRIVER (2)

: N/A HIRE PURCHASE COMPANY : MAYBANK

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)

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 01 Oct 2018 21:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive