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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

	ACCIDENT STATEMENT
Date Of Report	16/04/2019 09:31
Date Of Accident	31/03/2019 10:00
Exact Location Of Accident	WESLEY METHODIST CHURCH AT FORT CANNING ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN7785T
Insured/Policyholder	
Name Of Registered Owner	WEE YEW KENG
NRIC No	S0182605J
Email Address	SHAWNWONGJIALIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97913689
Alternative Phone No	OTHERS-91296162
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072550590-03
Cover Note Number	
Driver	
Name of Driver	WEE YEW KENG
NRIC No	S0182605J
Date Of Birth	15/04/1933

Occupation INDOOR Date Of Driving Pass 27/02/1962

Driving Experience 57 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97913689

Fax Number

Contact Number OTHERS-91296162

EMail Address SHAWNWONGJIALIANG@GMAIL.COM

BLK 290 BISHAN STREET 24 Address #25-25 Postcode 570290 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 COLLIDED INTO PROPERTY Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 1 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? NO 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 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

# 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 <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.
- 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:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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and the le fue wall * left sold of selfcauged well. Then	ft reverge side of the car hit and caused damage to the the car. The damage was by driver of the car Mr Raymo and injury caused.  Welfenkeng 16.04.19
DECLARATION  I/We declare the foregoing part  Policyholder's Signature  Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:    Control   Contr

cident HT/1040351	IPARO WARANA									
Bry No.	5072550590-03	Vehicle No.	SKN778ST		GST Registra	ation No.				
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icyholder Name	WEE YEW KENG	0.000	O STORY BANKS AND STORY		Policyholder	NRIC		018260	12	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading	20.000	1	00		
tart No.(Mobile)	97913689	Contact No.(Office)			Contact No.	(Home)				
all Address		Special Remark			eCode		1	No *		
Contraressor	# No Yes	TCA	« No Yes		eCade Ress					
D Protection  Accident Details	No	NCD Entitlement(%)	0		Private Hire			40		
port Date	16/04/2019 10:34	Accident Report Within 24 hrs	Yes		Accident Tvo	99		Collided in	to Propert	y-
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d Party Excess	0.00	Outside Singapore TP Excess		0.00						
Benefits										
GST Registered Informat	tion									
Registered	No :		GST Registr	ration Date						
Registration No.	0.00		GST Status		10	me				
ification History										
Policyholder Mailing Add	ress									
tress 1	BLK 290 #25-25	Address 2	BISHAN STREET 24		Address 3			SINGAPO	RE 570290	1
fress 4		Address Type	Singapore address		Post Code			570290		
t No.		Related Policy Number	5072550590-03							
OI Driver Info										
ver Name	WEE YEW KENG	Driver Type	Hain Driver							
amed driver Name		Driver NRIC	501826053		Driver DOB			15/04/19	33	
ister Date of Driver License	27/02/1962	Driver Age	85		Driving Exp			57		
tact No.(Mobile)	97913689	Contact No.(Office)			Contact No.	(Home)				
dress 1	BLK 290 #25-25	Address 2	BISHAN STREET 24		Address 3			SINGAPO	RE 570290	2
dress 4		Address Type	Singapore address		Post Code			570290		
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# Claim Handling(accident reporting Claim Task )

	Volcaded By/Date	Polder Date Folder Date		me	Source	Action
Video List	- was discount to a					
63	NAC_BUKIT_MERAH_BC0676[ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 10:38		SAS	Normal	SAS 2019-4-16	
	NAC_BURIT_MERAH_B00676[ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 16 Apr 2019 10:38		NRIC/ Driving License	Normal	NRIC/ Driving License 2019:4-16	
9	NAC_BURKT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE 8 (BURKT MERAH)) on 16 Apr 2019 10:38		Photos	Nermal	Photos 2019-4-16	
0	NAC_BUNIT_MERAIN_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAIN) on 16 Apr 2019 10:38		Photos	Normal	Photos 2019-4-16	
0	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 10:38		Photos	Normal	Photos 2019-4-16	
3	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 10:38		Photoe	Normal	Photos 2019-4-16	
0	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Apr 2019 10:38		Photoe	Normal	Photos 2019-4-16	
	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 16 Apr 2019 10:38		Photos	Normal	Photos 2019-4-16	
	NAC_BUNIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 16 Apr 2019 10:38		Photos	Normal	Photos 2019-4-16	
A.	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 10:38		Photos	Normal	Photos 2019-4-10	
				Vermande ville	3000 (1000) Al	

Display in New Window Scan and uploading

8	
	ACCIDENT'STATEMENT
20 10	ACCIDENT DATE: 31 03 19 (DD/MM/YYY), TIME: 10 : 00 (HH:MM)
32	LOCATION: WESLEY WETHODIST CHURCH FORT CALYNING RD
8	1. DETAILS OF VEHICLE SKN 7-185T
	CIPOLICY NUMBER: 5072550590-03
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY EIRE &THEFT)
	1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:
#s	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	ANAME: Wee Yew keny (MALE ) FEMALE)
3	c) ADDRESS: SO 18260S) CONTACT: 9779 SERVICE ON ST 24 BIK 790
Mala of ano	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Clicluding a	
(+)	c) ADDRESS:
	e)OCCUPATION: (NOOOR) OUTDOOR)  1) DATE OF DRIVING PACE 27/02/1962
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES YNO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
3 4	5. a) WEATHER CONDITION; (CLEAR) RAINING / OTHERS
*	6. WAS ANYBODY INJURED (YES (NO) 7. ajreported to police (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION:
4 No of passo	8. THIRD PARTY VEHICLE
Cluding d	b) DRIVER'S NAME:
(_)	9. THIRD PARTY VEHICLE
(Including	anger of Deliverie Name
()	NG Sw Hay 90721768
48	email = Shawn worgjialiang @ gmail-com
	SHAG & HONDA . Com. SG
¥7.	to to an analysis of the second of the secon

IDENTITY CARD NO. SO182605J



WEE YEW KENG



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CHINESE

15-04-1933

SINGAPORE





No S0182605J

14-07-2006

APT BLK 290 BISHAN STREET 24 #25-25 SINGAPORE 570290

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 27 Feb 1962 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189	1)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	•
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5072550590-03 Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SKN7785T Chassis Number : MRHGM6660EP000060

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.

: WEE YEW KENG

: 17 Jul 2018

: 16 Jul 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 : WEE YEW KENG NAMED DRIVER (1) : WEE HUILI NATHALIE NAMED DRIVER (2) : WONG JIA LIANG SHAWN

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)

: VICOM LTD (00000612210)

Date of Issue

: 02 Jul 2018 15:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive