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| (C)) 17. Reporting Only | I-Plioto Uplos | ded | | | | |
| TP Insurer: | Assessment/Su | rvey Report | | er (all the control of | | |
| TP Insuler: | Ass't Report by | Pax/Hand to | Owner/Wksp | | The second second | GENERAL PROPERTY. |
| Proformed Wiss / INC Assign Wksp / QW: (Pulto | emback vi | 10701C | w1: 91169 | ,200 E | HUA) | .,) |
| TP Ranticulars: Veh No: | | , INC(|)/Non-INC | 2(). | | |
| Owner / Driver: (| | | Tel: | | | |
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| Apply for Transport Allowance ()/Cour QC Check/Post Repair Inspection | () | <u>/</u> | - | * | , | |
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| Driver/Owner: | | 4) PT : Pollow-T | hrough Survey (IV | survey) | \$120 | |
| Contact No: | | For slaiming s | relast INC Only | wor 10 Jan 200 | \$75 | |
| Damaged Portion: | | 7) NI House | + SMRT Survey | | 3160 | |
| | | 8) NTUC Additi | onal Services:- | | | |
| QC Checked by (Engr-In-Churge): | | NS; Caurles | CittorAllow | 100 | \$19 L OD 0 | |
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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
- 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

| aloresaid, | at the centre and to copies of the report being made available |
|---|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 17/04/2019 15:26 |
| Date Of Accident | 16/04/2019 19:45 |
| Exact Location Of Accident | CTE (SLE) BEFORE ANG MO KIO AVENUE 1 EXIT LANE 1 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLU6446E |
| Insured/Policyholder | |
| Name Of Registered Owner | CHAN ZHI HAO MARCUS |
| NRIC No | S9413412I |
| Email Address | MARCUSCHANZH@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83836243 |
| Alternative Phone No | OTHERS-83836243 |
| Vehicle Particulars | OTTLENS-03030243 |
| Manufacturer | BMW |
| Model | 116D |
| Exact Purpose for which vehicle was bein time of accident | |
| Are you claiming under your own insurant for repair to your vehicle? | ce policy YES |
| If No, Please state action to be taken | |
| 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 | 5096309451-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHAN ZHI HAO MARCUS |
| NRIC No | \$94134121 |
| Date Of Birth | 14/04/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/01/2015 |
| Priving Experience | 4 YEARS AND 3 MONTHS |
| Gender | MALE |
| Nobile Number | (LOCAL) +65-83836243 |
| ax Number | 1-27.12/ 100-00000243 |
| ontact Number | OTHERS-83836243 |
| Mail Address | MARCUSCHANZH@GMAIL.COM |

Address

16 JALAN LENGKOK SEMBAWANG

Postcode

759206

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 (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

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)

4

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

SMH5643R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

9221213

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
- 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) of:
 - (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
- 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.

Polityholder's Signature

Date & Time: 17/04/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

| | CTH (SCK) BANFORK AMK 1 FYIT LONK 1 SLV 6446E |
|----------------|--|
| | |
| Vehille Bis | SMH 5643R |
| | |
| ESCRIRE CIRCUM | STANCES OF THE ACCIDENT |
| | |
| [sudderly saw | on object on the ground along the lone in topt of me. I swerved right most which is which is which is was in tout of me. I swerved right and I hit wehicle B which is was in tout of me. My car, wehrde A, hit wehicle |
| mmediately and | I hit vehicle B which & was in front of me. My car vehicle A but who |
| B's right rear | , out the wind the second |
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| CLARATION | |
| | ling particulars are true in every respect. |

Pol Date & Time: 17/04/2019

Driver's Signature (If driver is not the policyholder) Date & Time: 17/04/2019

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

| Claim Handling Accident HT/1040653 | | | | | | | | | | |
|--|---|--|--|--|--|--|--------------|---------------------------------------|--|--|
| Policy No. | 5096309451-0 | r. | Name of the last o | 1600 Marian | | | | | | |
| Certificate No. | 3/363/9431+0 | 90 | Vehicle No. | SLU6446E | | GST Reg | stration No. | | | |
| Policyholder Name | CHAN ZHI HAD | MARCIE | | | | | | | | |
| Product Code | | | | | | Policyhol | der NRIC | | \$94134121 | |
| Contact No.(Mobile) | PRIVATE CAR I | NSURANCE | Cover Type | drivo PREMIUM | | Loeding | 1 | | 0 | |
| | 83836243 | | Contact No.(Office) | | | | No.(Home) | | -7 | |
| Email Address | | | Special Remark | | | eCode | W. | | No. 2 | |
| CFK | * No Yes | | TCA | « No Yes | | eCode R | | | No * | |
| VCD Protection | No | | NCD Entitlement(%) | 10 | | Private H | | | | |
| Accident Details | | | | 900 | | Private n | ire | | No | |
| Seport Date | 17/04/2019 17 | 24 | Accident Report Within 24 hrs | Yes | | | | | | |
| Pate of Accident | 16/04/2019 | | Time of Accident his min | | | Accident | | | Collision - Hea | d to Rear |
| leparting Centre | | | Grange Force | 19:45 | | Country | of Accident | | Singapore | |
| ccident Location | CTE (SUE) BEFO | ORE AND HID KID AVENUE | | | | TOM No. | | | | |
| ♥ Excess | | AL RIVER HO KNO ATENDE | EXIT DANE 1 | | | | | | | |
| own damage Excess | | 6.50 | 222277772 | | | | | | | |
| mnamed Driver Excess | | 0.00 | Additional Excess | 0 | | Windscre | en Excess | | 100.00 | |
| hird Party Excess | | 0.00 | Outside Singapore OD Excess | | 0.00 | | | | | |
| ♥ Benefits | | 0.00 | Outside Singapore TP Excess | | 0.00 | | | | | |
| overage | | | | | | | | | | |
| coss Walver | | | | Sum Insu | red | | | | | |
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| GST Registered Informa | ation | | | | | | | | | |
| ST Registered | | No | | GST Regis | tration Date | | | | | |
| ST Registration No. | | | | GST Statu | | | Mare | | | |
| adification History | | | | | Section 19 | | Yes | | | |
| | | | | | | | | | | |
| Policyholder Mailing Add | dress | | | | | | | | | |
| dress t | 16 JALAN LENG | KOK SEMBAWAN | Address 2 | SEMBAWANG PARK | | Rate of the last | 10 | | 010000 | restrett |
| dress 4 | | | Address Type | Singapore address | | Address 3 | | | SINGAPORE 75 | 9206 |
| or, No. | | | Related Policy Number | 5096309451-01 | | Post Code | 8 | | 759206 | |
| OI Driver Info | | | | 2020303431-01 | | | | | | |
| iver Name. | MARCUS CHAN | OAH IHS | Driver Type | Main Patrices | | | | | | |
| named driver Name | | | Driver NRIC | Main Driver S94134121 | | 1000000000 | | | | |
| gister Data of Driver License | 16/01/2015 | | Driver Age | | | Oriver DO | 8 | | 14/04/1994 | |
| intact No.(Mobile) | 83836243 | | | 25 | | Driving Ex | perience | | 4 | |
| dress 1 | 16 JALAN LENGH | Car Continuent | Contact No.(Office) | | | Contact N | o.(Home) | | | |
| dress 4 | TO JHLAN LENGS | UK SEMBAWAN | Address 2 | SEMBAWANG PARK | | Address 3 | | | SINGAPORE 75 | 9206 |
| it No. | | | Address Type | Singapore address | | Post Code | | | 759206 | |
| es he own a Singapore | | | | | | | | | | |
| gistered car? | Yes a No | | Driver Vehicle No. | SLU6446E | | Driver Inc | urer Compa | | NTUC | |
| | 144 1 146 | | | | | | | | | |
| | 100 | | | | | | aut-bill | (0) | 100000 | |
| eathalyser or Blood Test ading? dification History | Dimg | | Any injury? | Yes a No | | | 200-1550 | 77.6 | | |
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| eathalyser or Blood Test ading? dification History Claim 001 New | ASSES | | Any injury? | | Pro-Me | | 2.0- 1.5 | | 35554 | |
| eathelyser or Blood Test ading? Sification History Claim 001 New | ASSES | | Any injury? | | 00-MD | Insured Name | 2.0- 1.5 | HAO MARCUS | Insurer NRIC | \$ 594134121 |
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| | Claim Handling(| accident reporting Claim T | fask) |
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Action

File Name

ACCIDENT STATEMENT

| 19 | ACCIDENT DATE 1 1 POLA | |
|--------------------|---|--------|
| | ACCIDENT DATE: 16 , 04 , 2019)(DD/MM/YYY), TIME: (19 . 45)(HH:MM) | - No. |
| | LOCATION: CTE (SLE) BEFORE AME AVE I EXTT LANE I | |
| | | - |
| | 1. DETAILS OF VEHICLE | |
| | a) VEHICLE NUMBER: SLV6446E | |
| | DINSURANCE COMPANY: NTUL ZNIOME | |
| | CIPOLICY NUMBER: 50963 09451 - 01 | |
| | DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT) | 2 |
| | DIMINUE & MODEL! ISMW 1160 | 100 |
| - 5 | I)TYPE: SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) | |
| | STATIOLE CATEGORY: PRIVATE/ COMMERCIAL / MOTORCYCLE | |
| * | TIPURPOSE OF USING AT ACCIDENT TIME. DRIVING HOME | |
| | I ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO | |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM IREPORTING ONLY) | |
| | 2. INSURED / POLICY HOLDER A) NAME: MARCUS CHAN ZHI HAO | ES |
| | (MALG)/ FEMALE) | |
| | al Apportu | |
| | CIADDRESS: 16 JAHAN LENGKOK SEMBANANA SINGAPORE 759296 | |
| M | * CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER | . " |
| A Ho of basso | age DRIVER . | |
| Clincluding d | ONAME: AS ABOVE. | |
| (15 | CONTACT: | |
| (1) | c/ADDRESS: | |
| | Yel Days or special life and a condi- | |
| | d) DATE OF BIRTH: [14 / 01 / 1994] (DD/MM/YYYY) | |
| | OF DRIVING PASC 16/01/2015 | |
| | 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)(NO) | ** |
| | IF NO. RELATIONSHIP OF THE DOTTED WITH THE PARTY AND THE | |
| | 5. a) WEATHER CONDITION; (CLEAR) / RAINING / OTHERS | |
| | DINOAD SURPACE: (DRY) / WET / OTHERS | |
| | 6. WAS ANYBODY INJURED (YES /NO) | |
| | 7. a) REPORTED TO POLICE (YES (NO) | |
| | IF YES, PLEASE STATE WHICH POLICE STATION: | |
| t No of passone | 8. THIRD PARTY VEHICLE | |
| Clududing de | b) DRIVER'S NAME: MODEL: | |
| / I Completely Com | c) NRIC/FIN/PASSPORT: CONTACT: 4221 2213 | |
| (_) | 9. THIRD PARTY VEHICLE CONTACT: 4221 2213 | |
| & luo of passer | | • |
| Inda by a | e) DRIVER'S NAME: | |
| (Including de | () I) NRIC/FIN/PASSPORT:CONTACT: | |
| () | | |
| | CHIA KAR HA EMBL. | . 1 |
| | auto application of the second | |
| | 91165200 Huo. Ked. SIN 66 | MADORE |
| 30 | CHUR KAK HAN EMBIL. HUD. KAK. SIN OS email = marcuschanzh@gmail.com | THEIS |
| 51. | grait com | in sig |
| 1 | VIDGO . | |
| 3 | | |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$94134121





MARCUS CHAN ZHI HAO

Sex



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CHINESE

14-04-1994 M

Country of birth SINGAPORE





A.



S9413412I

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20-07-2009

16 JALAN LENGKOK SEMBAWANG SINGAPORE 759206 NRIC No: S94134121

Date: 10/08/2010 No: 6588615

4434183

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 16 Jan 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A





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: 5096309451-01 Cover : drivo PREMIUM

: SLU6446E 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.

: 11 Dec 2018

: 10 Dec 2019

: WBA1V720705G87136

: CHAN ZHI HAO MARCUS

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) : N/A : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES : YES INSURE WITH COE · NO NCD PROTECTION TRANSPORT ALLOWANCE : NO : YES **EXCESS WAIVER**

: MARCUS CHAN ZHI HAO PRIMARY DRIVER

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

: DBS BANK LTD HIRE PURCHASE COMPANY

: 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

: KINETIC INSURANCE AGENCY (00000573090)

Date of Issue

: 28 Nov 2018 11:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive