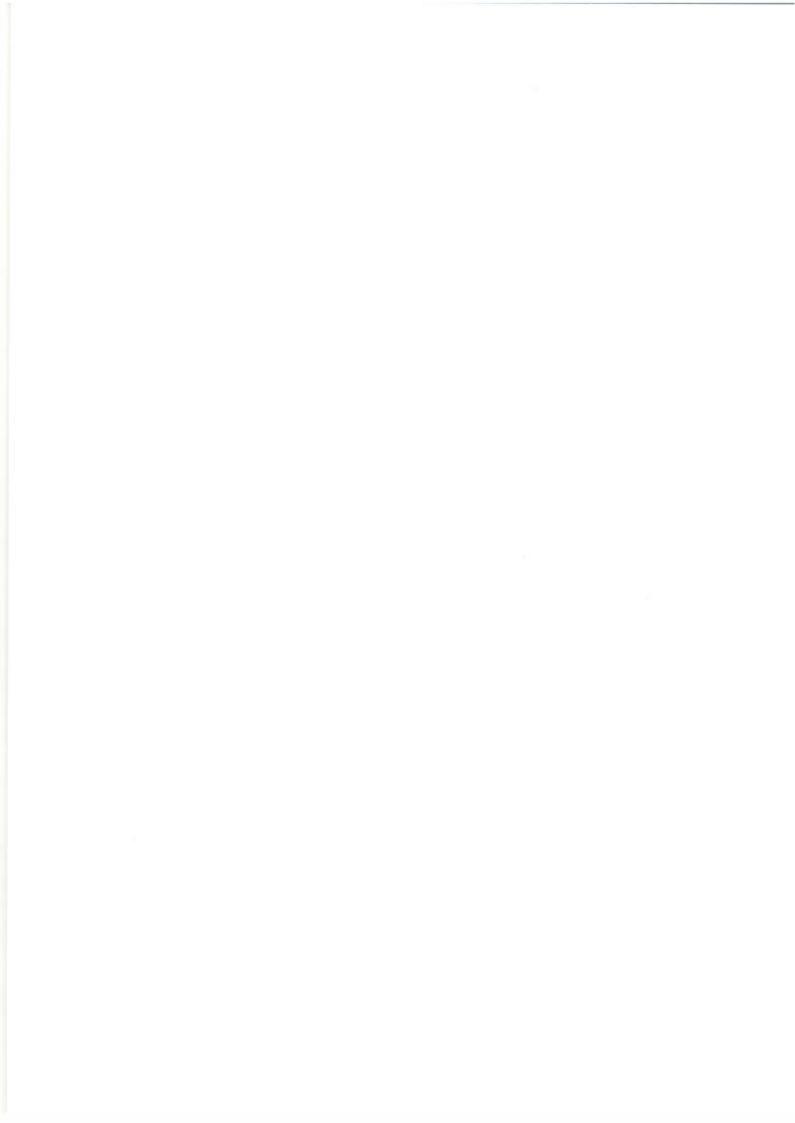
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TP Particulars:	Veh No: SK	1.12 106 D	INC	Tel:		ax:		_
Owner / Driver: (1 3 K	W 2 100 F	. INC(n-INC ()			
Policy No: () Perio	A: (Tel:)	
Confirmed by : (7 1 010	a. ()	Cover T)	
Insured/Driver Liability:	(%) [No	te Det Status (11	Date:	201 -	Time:)	
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Date/Time Actions	NAIGOZO	a.c. 1					E(S) Am	(\$)
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aimant's Particulars :-			1) AR : Accident I 2) DA : Damage A		\$30); \$100); INC (\$8	0)		
iver/Owner:	?		3) TF : Towing Fe 4) FT : Follow-Th	е .	\$40	V\$45		-
ntact No:			5) iT : Follow-Th	rough Survey	(Resurvey)	\$30 \$30		
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			7) N1 : Idac DA + 8) NTUC Addition		y	160		
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			*N6: Repair Co-	-ordination	WALLE	\$10		
ditors' Comments :-			*N7: Post Repai *N8: DV / Colle	the state of the s	ordination	\$25		
<u>F2</u>			TP (N11): TP (Non INC) ag		\$20	-	
2/3;		The second second second second) N12: Idae Mobi	lc	Fee Charged	30	774,043	1.20
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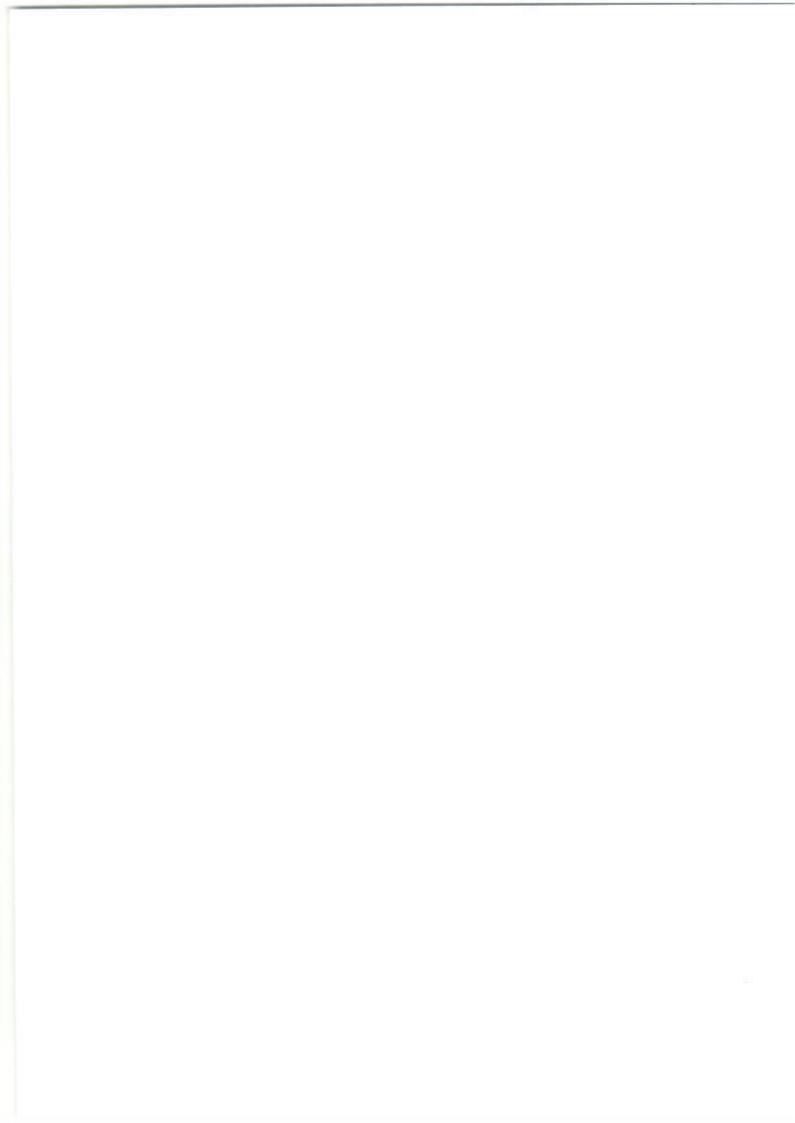


SINGAPORE ACCIDENT STATEMENT

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</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.
- 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	28/05/2019 17:19
Date Of Accident	16/05/2019 12:45
Exact Location Of Accident	PUNGGOL RD+JUNC OF TPESLIP RD/PUNGGOL RD/FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF3818C
Insured/Policyholder	
Name Of Registered Owner	NG TZE LOONG DAVID
NRIC No	S8843346G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-68420051
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K23Q5 MX
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	5105639080
Cover Note Number	
Driver	
Name of Driver	NG TZE LOONG DAVID
NRIC No	S8843346G
Date Of Birth	01/11/1988
Occupation	INDOOR
Date Of Driving Pass	23/06/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-68420051
EMail Address	NOEMAIL



Address BLK 603B PUNGGOL ROAD

#14-712 822603

Postcode 822

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

/ehicle

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? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

2

NO

NO

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SKW2106P

Name of Driver

NRIC/Passport Number

Contact Number

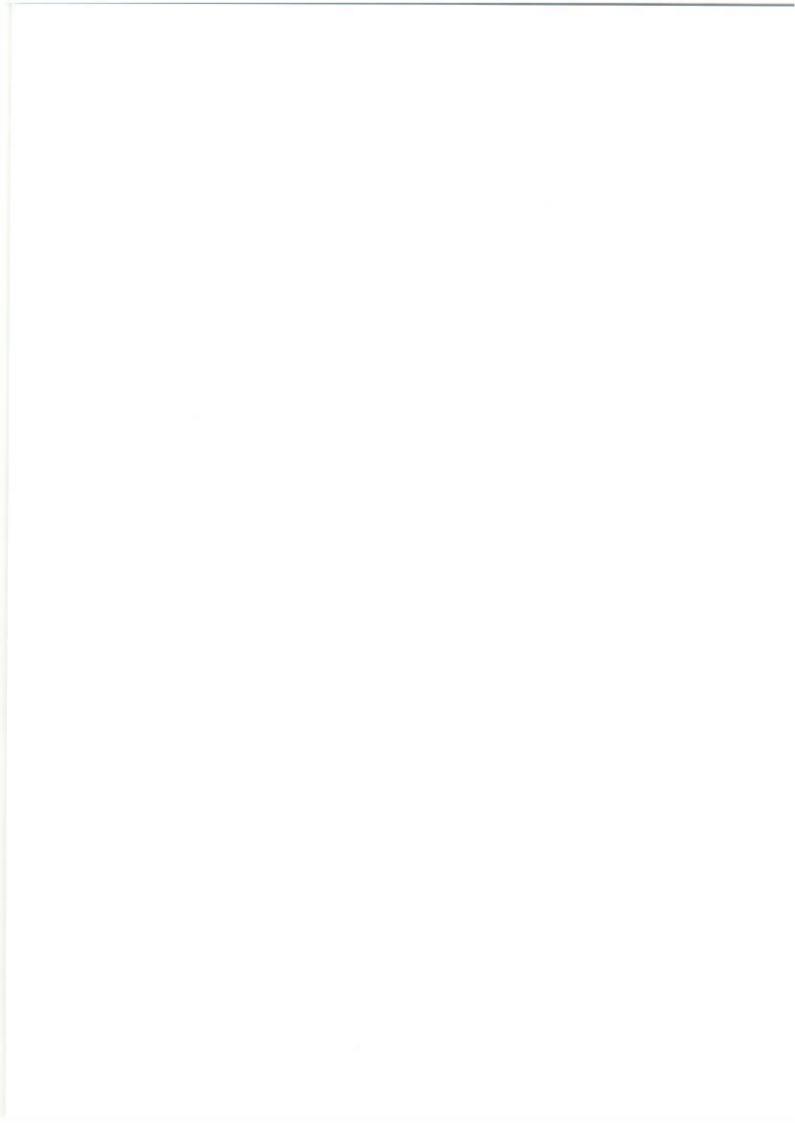
Address

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.
- 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.
- 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 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.

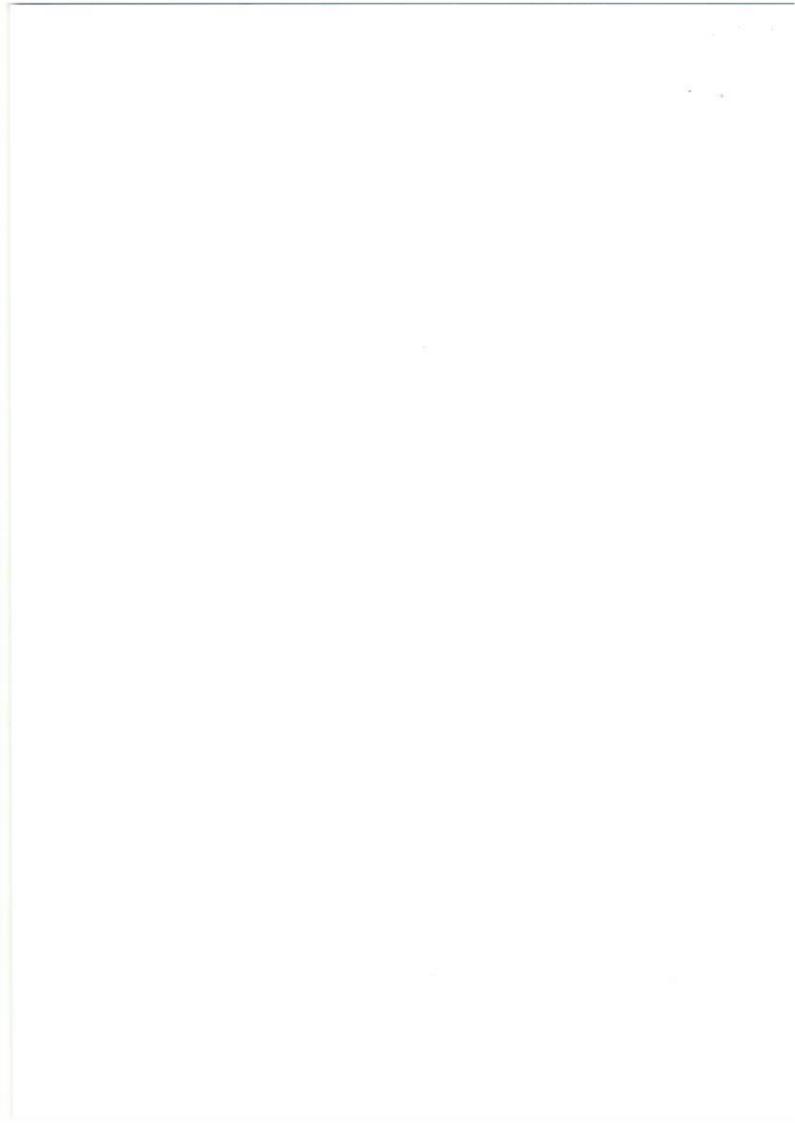
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SUP MAD TO THE SKETCH PLAN PUNGOL RE vancue B _SMF 3818C - 5KW 2106P DESCRIBE CIRCUMSTANCES OF THE ACCIDENT FLYOUER From THE SUIP CURRINGT PUNCHOL WAS TURNING LEFT LANE. WAS ON THE (TPIZ/SLIZ) FOAD ALONG THE GUIDED TWRAI

MHILE I MAS WORKING & ICHAN IN	
UNG ON THE FLOOR, AND ANOTHER WHICHE	WAS SOME WHERE
BESIDE MR. SUDDENLY I PELT A IMPACT	From This RIGHT
SIDE ME. SUDDENLY I ZELT A IMPACT BRE SIDE OF MY VEHICUE. DRILLY AFTER, I ALICHTED FROM MY VEHICO WAS A VEHICUE WITH UCENUE PLATE VIM BY HIT ONTO THE RIGHT REDE OF MY E WAS DRIVING STRAIGHT AHEAD ON THE HNE), AND HIT ONTO MY VEHICUE WHEN JAY FINISHING THE TURN. DETIRALLY WE AGREED ON PRIVATE SETTLEMENT TOWN DAYS, HE BECAME UNCONTACTABLE. AND SETTLEMENT OF FILE IN REPORT AND CLAIM AGAINST IN	
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IT WAS A VEHICUE WITH UCTONOR PLATE NAM	BER (SKM 210,68)
THAT HIT ONTO THE RIGHT REDR OR MY	VELLI CUE, WHEN
HE WAS DRIVING STRAIGHT AMERO ON THE	(PIGHT THEN ONLY
(ANG.). AND HIT ONTO MY VEHICUE WHEN :	L was Half
WAY FINISHING THE TURN.	
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TO FILE IN REPORT AND CLAIM AGAINST INSI	
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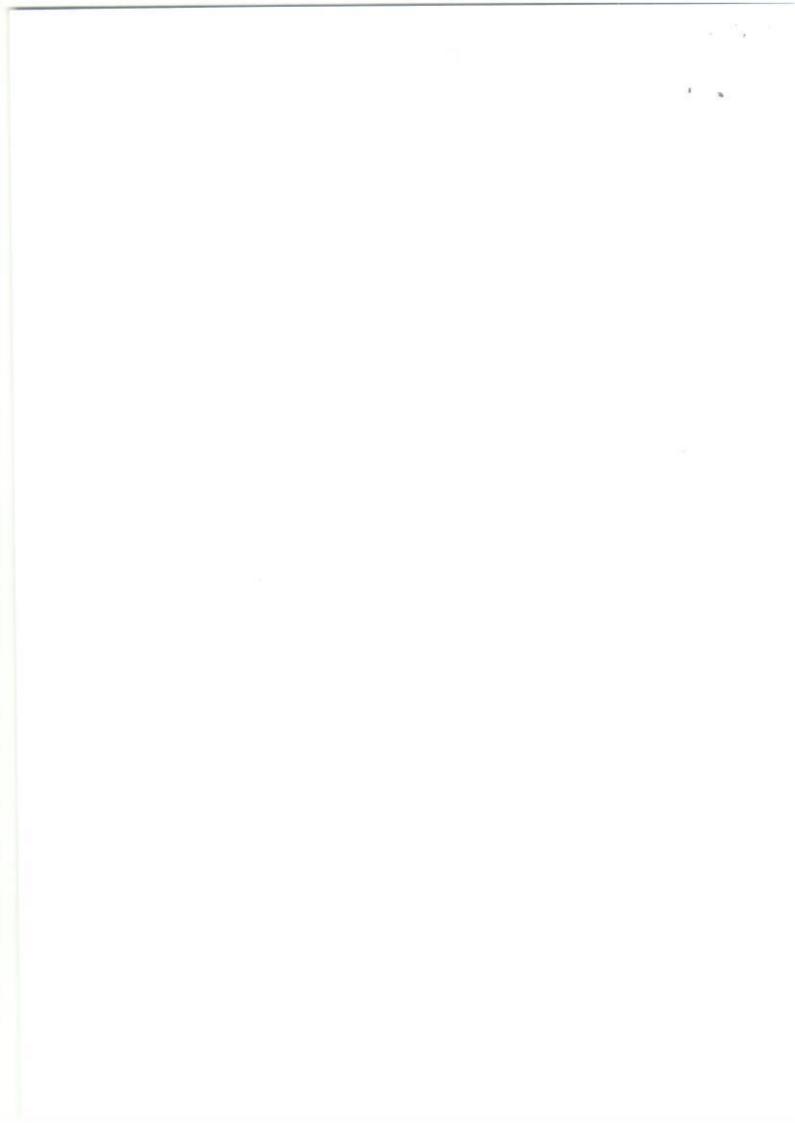
DECLARATION

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.:

Vehicle No.	SMF 35.86 Model/Make UN JOMA
Date of Accident	16/05/2019
lime of Accident	1245 HRS
ocation of Accident	PUNCHOL RO, CROSS JUNCTION OF (TRESLIP RUAD/PUNCAGO
exact purpose use during acci	dent PRIVATER USE PUNCHOL FLYOUR
Name of Owner	NG TEE LOONL, DAVID
Telephone No.	H/P: Home: Office:
NRIC	588 433 464
Address	BUK 603B ANGGOL KOAD HI4-712 S(822603)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5105639080
Name of Driver	As Above If No,
NRIC OF DITVET	Any Passengers:
Date of birth	OI NOU 1988
	Outdoor / Indoor
Occupation Driving License Pass Date	23 Jun 2008
Gender	Mate / Female
Contact No.	H/P: Home: Office:
	Home: Office.
Address	MD If you Down No.
Driver have any own vehicle	Mo, If yes, Reg No.
Relationship	Employee, 11 no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	and the second s
Police Report	(No.) If Yes, Where? Skw 2106 P Any Passengers:
Vehicle B No.	Tilly rappariges .
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	RIGHT REAR PORTION
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TUINDAR AUCOMOTIVE PER CEP
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ian
FAX NO	6741 0510
WORKSHOD EMAIL APDRESS	sales @ n51. com. 39



\$8843346G





NG TZE LOONS DAVID

黄 志 龙

CHINESE

01-11-1986

SMGAPORE

REPUBLIC

DRIVING LICENCE



Licence Number: S 8 8 4 3 3 4 6 G

NG TZE LOONG, DAVID



Birth Date: 01 Nov 1988 Issue Date 14 Dec 2015



5849569



10 S8843346G

APT BLK 603B PUNGGOL ROAD #14-712 SINGAPORE 822603

NRIC No: \$88433466

Date: 27/01/2018

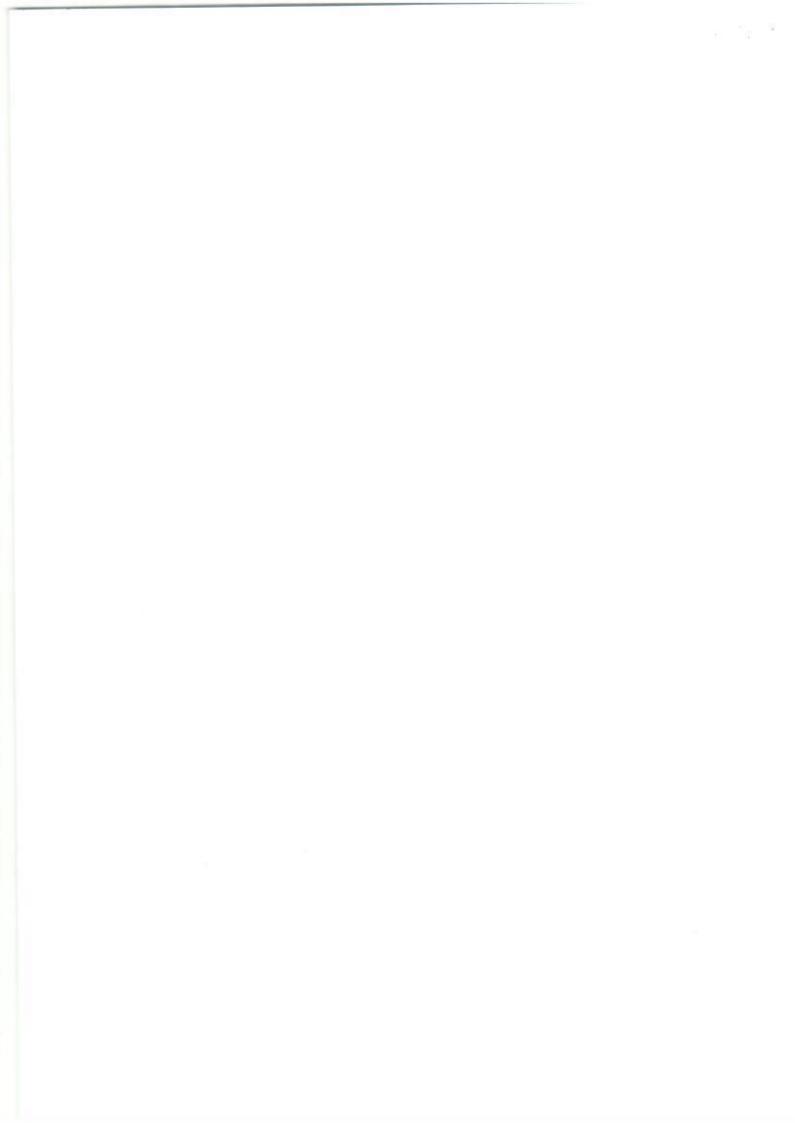
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 23 Jun 2008 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S8843346G





Certificate of Insurance

Cover : drivo CLASSIC

: WVWZZZ1KZAM132160

. NG TZE LOONG DAVID

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 1 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	189
ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	

Certificate Number: 5105639080

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.

SMF3818C

: 19 Nov 2018

: 13 Jan 2020

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.

: 5\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP + NO : YES INSURE WITH COE - NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NG TZE LOONG DAVID PRIMARY DRIVER N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A 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

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 19 Nov 2018 17:28 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

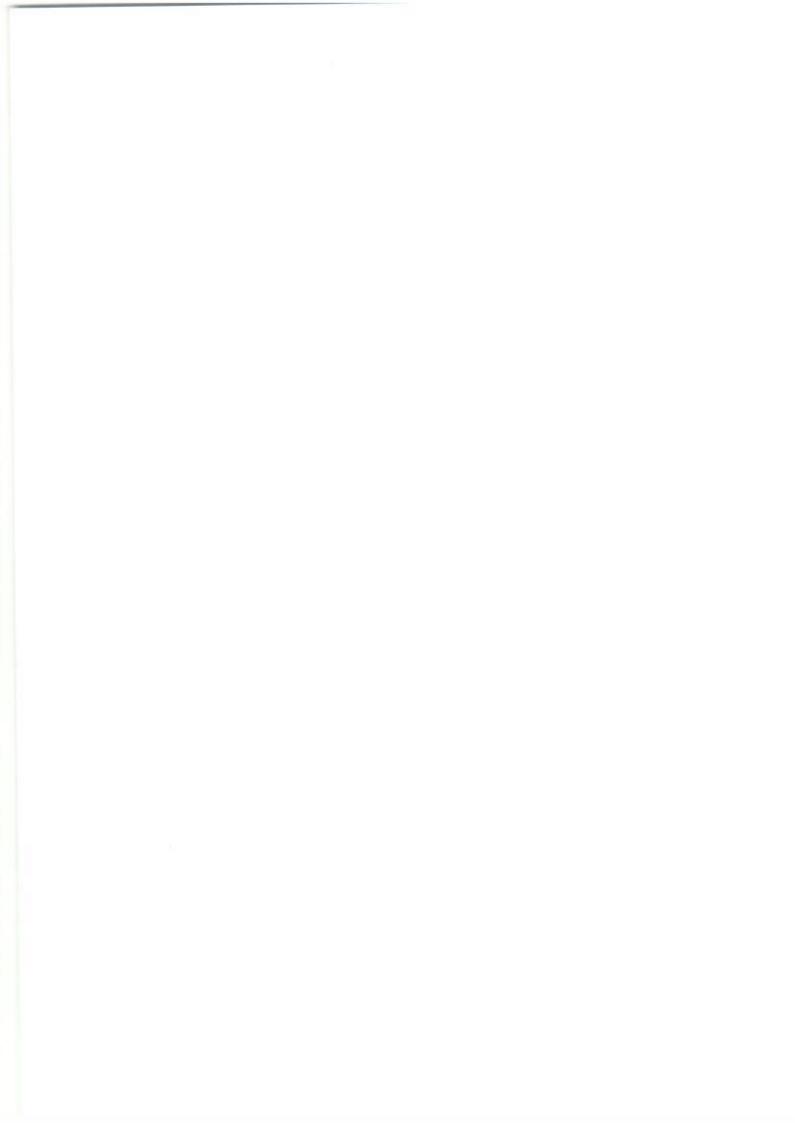
41.7

My Desktop Notice of Loss

eBaoTech

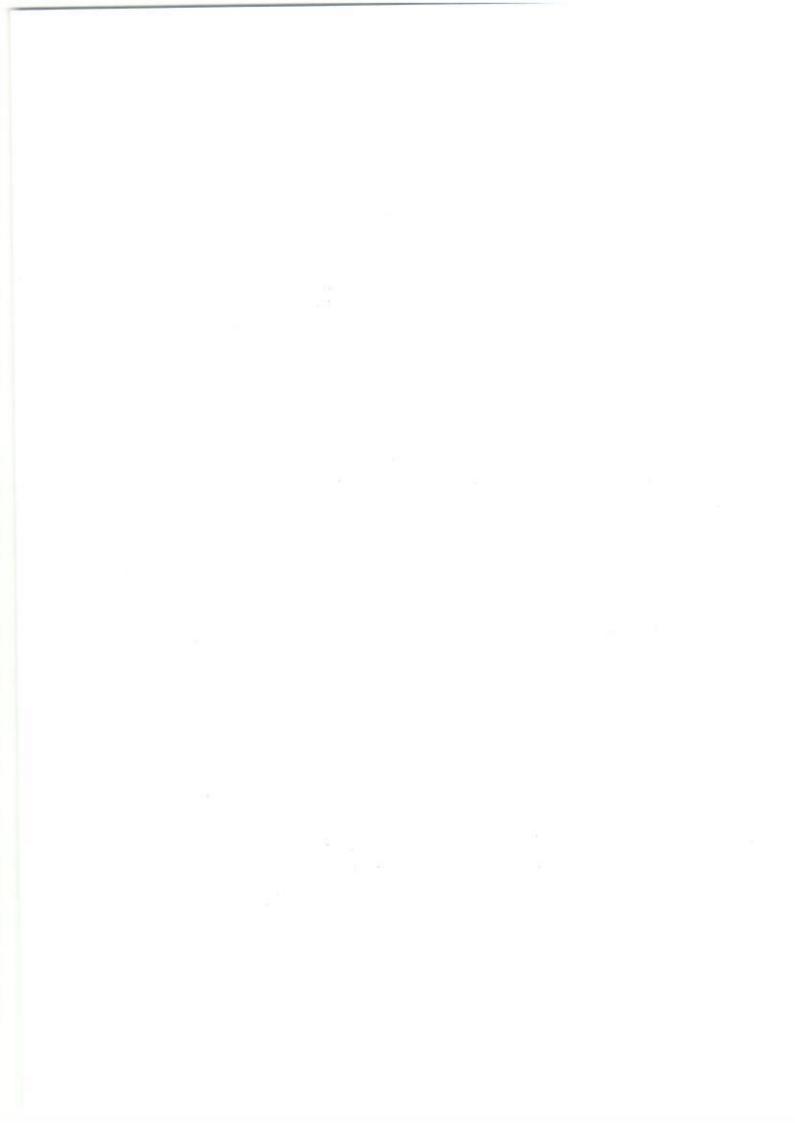
GeneralClaim

1						Chang	e Languag	e + Chan	ge Password	· Log Ou
Poli	cy Query									,
Policy N	lo.				Date	of Accident		16/05/2019	12:45	
Vehicle	No.(For Motor)	SMF38	18C		Cert	ificate Numbe	er .		10000000	
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5105639080		NG TZE LOONG DAVID	S8843346G	GPC	drivo CLASSIC	SMF3818C	82	19/11/2018	13/01/2020

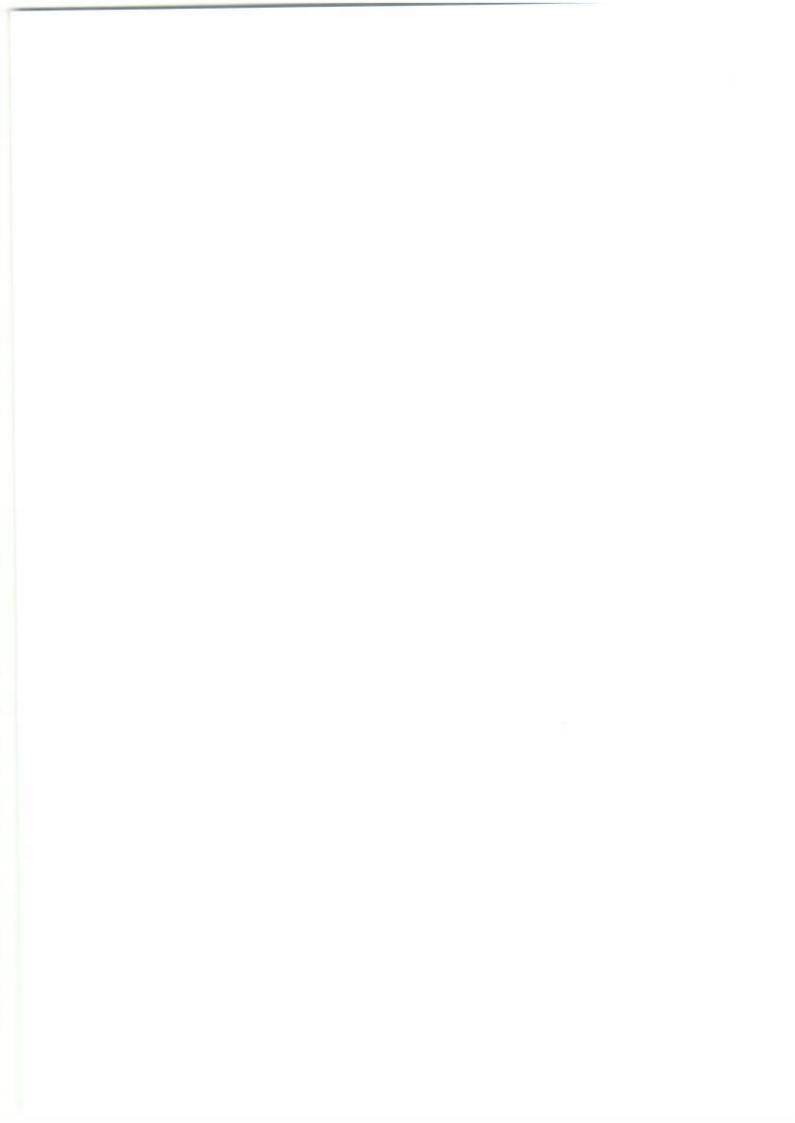


Policy Information

Policy No.	5105639080	Policyholder Name	NG TZE LOONG DAVI	D Policyholder NRIC	S8843346G
Certificate No.					
Address	BLK 603B #14-712 PUNGGOL	ROAD PUNGGO	L LODGE SINGAPORE 8	22603	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/11/2018	Effective Date	19/11/2018 00:00	Expiry Date	13/01/2020 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	META AGENCY PTE, LTD.	Agent Tel.	98585076	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 603B #14-712	Address 2	PUNGGOL ROAD	Address 3	PUNGGOL LODGE
Address 4	SINGAPORE 822603	Address Type	Singapore address	Post Code	822603
Unit No.		Related Policy Number	5105639080		
▶ Insured	d Object: SMF3818C				
▽ Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Er	ndorsement Status	Endorsement Content



Date of Accident 16/05/2019 Time of Accident hh:mm 12:45 Country of Accident Reporting Centre Drange Force 1CM No. Accident Location PUNGGOL RD+JUNC OF TPESLIP RD/PUNGGOL RD/FLYOVER Excess Own damage Excess 500.00 Mediana Force 500.00	Claim Handling					
Control No. Control No.	Accident MT/1046664					
Description Recommendation Description Recommendation	Policy No.	5105639080	Vehicle No.	SME30187		
Product Clock Product Clock 1950/JAMES Corest Type	Certificate No.		Walter Street	30100	GST Registration No.	
Product Code Prod	Policyholder Name	NG TZE LOONG DAVID				
Contact No (Policy)	Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		
Secula Remark Secula Remar	Contact No.(Mobile)					
Column				0.		
MCD Protection No		® No / Yes			eCode	
## Accident Details ## Ac				@ No Yes	eCode Reason	
Report Date		No	NCD Entitlement(%)	30	Private Hire	No
Date of Accident 18-05/7957		20.05.0040.42.45				
Reporting Centre	- 1- # 04.4 (C-4-194-194			Yes	Accident Type	Side Swi
Modern Counting Purpose Counting C		16/05/2019	Time of Accident hh:mm	12:45	Country of Accident	Singapor
### Secret Form Address Golo Colo Colo Color Address Golo Color					ICM No.	
Development		PUNGGOL RD+JUNC OF TPESLIP RD/PUNGGOL	RD/FLYOVER			
United Private Excess			CANALAN STANLANDER	1000 To 1000 T	100 mm	
There Party Excess				0	Windscreen Excess	100,00
® Banefits						
### GST Registered No		0.00	Outside Singapore TP Excess	0.00		
SST Registration Date SST Registration Date Type Signature Type		word in				
SST Registration No. GST Status Verified Yes						
### Policyholder Malling Address ### Address 1		No			Acres 100 Heart Sec. 110	=
### Policyholder Halling Address ### Address 1 BLK 503B #14-712 Address 2 PURGGOL ROAD Address 3				GST Status Verified	Yes	
Address 1 BLK 6036 #14-712 Address 2 PUNGGOL ROAD Address 3 Address 4 SINGAPORE 822603 Address Type Singapore address Post Code Post Code Related Policy Number S105639080 ***TOTAL TITLE	11000					
Address 4 SINGAPORE 822603 Address Type Singapore address Post Code Post Code Post Code	Policyholder Mailing Ad	dress				
Address 4 SINGAPORE 022603 Address Type Singapore address Post Code Pelated Policy Number 5105s39080 Post Code Polity Info Other Type Main Driver Driver Rame NG TZE LOONG DAVID Driver R81C S8843346G Driver DBB Register Date of Driver Leense 23/06/2008 Driver Age 30 Driving Experience Contact No. (Mobile) 0 Contact No. (Office) 0 Contact No. (Office) Address 1 BLK 6038 Address 2 PUNGGOL ROAD Address 3 Address 1 BLK 6038 Address 7ype Singapore address Post Code Jim No. #14-712 Driver Pame No. #14-712 Driver Insurer Company Driver Pame No. #14-712 Driver Insurer Company Technication History Claim 001 OD-MX No. ** Insured Name No. ** Driver Insurer Company Type October No. (Home) Contact No. (Home) Contact No. (Home) Driver Insurer Company Type October No. ** Driver Insurer Company Type October No. ** Driver Insurer Company Type October No. (Home) Contact No. (Home) Contact No. (Home) Driver Insurer Company Type October No. ** Driver Insurer No. (Home) Contact No. (Home	Address 1	BLK 603B #14-712	Address 2	PHINGGOL BOAD	Addison 2	-
Driver Info	Address 4					
There Name NG TZE LOONG DAVID Driver Type Main Driver Name NG TZE LOONG DAVID Driver NRIC SB843346G Driver Date Register Date of Driver License 22/06/2008 Driver Age 30 Driver RRIC Contact No. (Mobile) 6842051 Contact No. (Mobile) 6842051 Contact No. (Mobile) 6842051 Address 2 PINGGOL ROAD Address 3 Address 3 Address 7 Post Code JIRN No. #14-712 Does he cown a Singapore specialization # Ves ® No Driver Vehicle No. Driver Vehicle No. # 14-712 # Yes ® No #	Unit No.				Post Gode	
Unnamed driver Name Driver NRIC S8843346G Driver DDB Driving Experience Contact No. (Mobile) 68420051 Contact No. (Office) 0 Contact No. (Office) Address 2 PUNGGOL ROAD Address 3 Address 3 Address 4 Address 7ype Singapore address Post Code Units No. ### ### ### ### ### ### ### ### ### #	OI Driver Info					
Unioned driver Name Register Date of Driver Driver Date of Driver Date Date of Driver Date of Driver Date of Driver Date of Driver Driver Date of Driver Date of Driver Date of Driver Driver Date of Driver Driver Driver Driver Driver Driver Date of Driver Driver	Driver Name	NG TZE LOONG DAVID	Driver Type	Main Driver		
Register Date of Driver License 23,05/2008 Driver Age 30 Driving Experience Contact No. (Mobile) 68420051 Contact No. (Office) 0 Contact No. (Home) Address 1 9LK 6038 Address 2 PINGGOL ROAD Address 3 Address 3 PINGGOL ROAD Address 3 Address 4 Address 7ype Singapore address Jins No. 14-712 Jins No. 14-712 Jins No. 214-712 Jins No	Unnamed driver Name		J1999 1440		Driver DOB	
Contact No. (Mobile) 618420051 Contact No. (Office) 0 Contact No. (Home) Address 1 BUK 6030 Address 2 PUNGGOL ROAD Address 3 Address 3 Address 4 Address 4 Address 7pe Singapore address Post Code Insured Company Preferred Workshop Contact No. (Office) Document Name Contact No. (Mobile) Contact No. (Register Date of Driver License	23/06/2008				
Address 1 BLK 6038 Address 2 PUNGGOL ROAD Address 3 Address 3 Address 4 Address 4 Address 7pe Singapore address Post Code Jana No. #14-712 Declaration Preathalyser or Blood Test 0 mg Any Injury? Yes © No Claim 001 OD-MX NSW Claim 17pe * OD-MX OD-M	Contact No. (Mobile)	68420051				
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