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Veh No:Jua Sibsc	E-mail (within Shrs, AIC 2hrs)		
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OD / (P.) Reporting Only	i-Photo Uploaded	1	
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wish	
Preferred Wksp / INC Assign Wksp / QW: (. ,	The second second	
TP Particulars: Veh No: 5455 600	P INC(ax:
Owner / Driver: (, INC	/ Non-INC()	
Policy No: () Period:	:(Cover Type: (
Confirmed by : (Date:	Time:	
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1/ 65	ranty: YES ()/NO (0%, P: 21-79%. P: 80-1	00%]
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General Remarks;- () Walk-In Customer: Customer's informat		A was a second contract to the first that the first	Supra Pilita
 Apply for Transport Allowance ()/ Court 	esy Car ()	Date&Time Completed	
2) QC Check / Post Repair Inspection	()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

KARATA ZINANTININ MATERIALI NI	ACCIDENT STATEMENT
Date Of Report	10/06/2019 09:25
Date Of Accident	07/06/2019 12:00
Exact Location Of Accident	BENDEMEER RD BEFORE WHAMPOA EAST
Country/State of Loss	SINGAPORE
Sales and Subject of the Control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ5165C
Insured/Policyholder	
Name Of Registered Owner	SIM BOON HWEE
NRIC No	S7429403J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93855156
Alternative Phone No	OFFICE-93855156
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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	5107156360
Cover Note Number	
Driver	
Name of Driver	YAP WEE LOON (YE WEILUN)
NRIC No	S7329054F
Date Of Birth	21/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93855156
Fax Number	

OFFICE-93855156

NOEMAIL

BLK 176 BISHAN STREET 13 Address

#09-141

Postcode 570176

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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 WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

REFER TO STATEMENT.

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

SGS5622P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WENDY LEE SIOW TIN

NRIC/Passport Number

Contact Number

88588268

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YAP WEE LOON (YE WEILUN)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SGQ5165C

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 <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.
- 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:
 - (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's not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	
	(A) SGQ 5165 (
	(B) SGS 56221
	Bendemier Road
	DENDEMIEL NOW.
	→ → →
	\rightarrow \square
	\rightarrow
	Da Janaca III III .
	Berdemeer Primary School.
	rimary school
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
	16/19 at @ 1200 hrs. 1 stopped my vehicle (869-51650
along Bendence	r Road before whampon East on the 2nd lane
	1 Miles Steppers
for autile,	suddenly a car (SGS 5622P) from behand collede
orto the re	
The second second second	The second secon
A SERVICE OF THE SERV	
1001-0	
ECLARATION	<u> </u>
We declare the foregoing partic	culars are true in every respect.
	my -
licyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature
te & Time:	Oriver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:
	Det 6 Time

Vehicle No.	360 5165 C Model/Make Nesson & Sylphy
Date of Accident	07/06/19
Time of Accident	1200 HRS
Location of Accident	Bendemeer Road before whampon East.
Exact purpose use during a	
Name of Owner	Sim Boon Huer.
Telephone No.	H/P: 9385 556 Home: Office:
NRIC	87429403.]
Address	BLK 168 C Punggol Field #17-653 (8) 823168
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUE.
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5107156360
Name of Driver	As Above If No, Yap Wee Loon.
NRIC	S 730 9054 F. Any Passengers: N.A.
Date of birth	21 08 1973
Occupation	Outdoor / Indoor
Driving License Pass Date	16 05 / 1996
Gender	Male / Female
Contact No.	H/P: 9385 5156 Home: Office:
Address	BLK 176 Bishon St 13 #09-141 (8) 570 176.
Driver have any own vehicl	
Relationship	Employee, If no, state Frend
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Tap Nee Loon (4/1. 9385 5156)
Name And Contact No.	(7. (2.2.3.46)
Police Report	No, If Yes, Where?
Vehicle B No.	SGS 5622 P : Any Passengers : NA .
Name of Driver	Wesely Lee Stow Tin : Contact No.: 8858 8268.
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: N.A.
Accident Portion	Rear Portion.
Camera Recorder	Yes (No.)
Email Address	
Lindii Addi C33	nicholasyape sq.g4s.com
PARTICULAR WORKSHOP	Twincar.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	1 Zi Ting.



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7329054F



YAP WEE LOON (YE WEILUN)

CHINESE Date of birth 21-08-1973

Country of hirth SINGAPORE 573290646

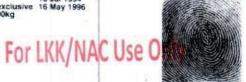
Driver

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 03 Jul 1993
Class 2A Motorcycles between 201 cc and 400 cc 16 Jul 1994
Motorcycles > 400 cc 16 Jul 1994
Class 3 Motor Cars == 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg



01-02-2012

APT BLK 176 BISHAN STREET 13 #09-141 SINGAPORE 570176

Cover : drivo CLASSIC

: JN1BAAG11Z0100710

: SIM BOON HWEE



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: 5107156360

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.

: SGQ5165C

: 31 Jan 2019

: 30 Jan 2020

6. Limitations as to Usell

(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

EXCESS (SECTION 1) : \$\$600 **EXCESS (SECTION 2)** : N/A

ANDSCREEN EXCESS : S\$100 DOMINAL EXCESS : \$\$1,000

NAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

ANR AT OWNER'S PREFERRED WORKSHOP : NO : YES CD PROTECTION ANSPORT ALLOWANCE : NO

ENCESS WAIVER : NO MARY DRIVER : SIM BOON HWEE

MAED DRIVER (1)

AMED DRIVER (2)

ME PURCHASE COMPANY

UM INSURED : N/A : N/A

: INDEX CREDIT PTE LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

We hereby Cardly that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Miches (Triangle Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

31 Jan 2019 09:28 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



Seque		20	Endorsement		Endorsemen		Endorsement Conten
₩ Endor							
San Maria	ed Object: SGQ5165C	Nun	nber				
Unit No.	17-653	Rela	ited Policy	5107156360			MIDNESS STATES
Address 4		Add	ress Type	Singapore address		Post Code	823168
Address 1	BLK 168C #17-653	Add	ress 2	PUNGGOL FIELD		Address 3	SINGAPORE 823168
	holder Mailing Address						
Certificate Info							
Policy Info							
Open							
insurance Flag	No						
Co-	ESTITUTE INSURANCE (NOTICE)	The state of the s	NAME OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE			W)	
Excess Agent	COWELL INSURANCE (AGENCY)	Agent Tel	63392592		GST Flag	Y	
Singapore OD	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Outside		Outside				1000	
Additional Excess	1000	OS Premium	0				
Excess		Excess			Excess		
Third Party	0	Own damage	600		Windscreen Excess	100	
Type	Per Accident	Excess					
Date Excess	WEAT (\$100) (\$100) ()	All Claims					
Policy ssue	31/01/2019	Effective Date	31/01/2019	00:00	Expiry Date	30/01/2020 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 168C #17-653 PUNGGOL FI	ELD SINGAP	ORE 823168				
Certificate No.							
Policy No.	5107156360	Name	SIM BOON H	1477	NRIC	574294033	

Continue Cancel

laim Handling					89
ocident MT/1049170				***	
olicy No.	5107156360	Vehicle No.	SGQ5165C	GST Registration No.	
artificate No.				VONDO 100 100 100 100 100 100 100 100 100 10	221201021
	SIM BOON HWEE			Policyholder NRIC	574294031 0
sduct Code	PRIVATE CAR INSURANCE	Cover Type	OHVO CLASSIC	Loading	
intact No.(Mobile)	93855156	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	Tr. W
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	2222
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	10/06/2019 09:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
are of Accident	07/06/2019	Time of Accident hh:mm	12:00	Country of Accident	Singapore
egorting Centre		Orange Force		ICM No.	
ccident Location	BENDEMEER RD BEFORE WHAMPOA EAST				
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
TED OD Excess		VIED TP Excess		Driver is Covered?	
dditional Excess	1,000.00	110000000000000000000000000000000000000			
	to a section of the	Total TP Excess Applicable			
Total GD Excess Applicable		Ann in Process Library			
 □ Benefits □ GST Registered Informa 	The a				
	No		GST Registration Date		
SST Registered SST Registration No.	.039		GST Status Verified	Yes	
rodification History					
The state of the s					
⇒ Policyholder Hailing Ade	dress				
Address 1	BLX 168C #17-653	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823168
Address 4		Address Type	Singapore address	Post Code	823168
Jost No.	17-653	Related Policy Number	\$107156360		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YAP WEE LOON (YE WEILUN)	Driver NR3C	57329054F	Driver DOB	21/08/1973
Register Date of Driver License	16/05/1996	Driver Age	45	Driving Experience	23
Contact No.(Mobile)	93855156	Comact No. (Office)	0	Contact No (Home)	0
Address 1	BLK 176	Address 2	BISHAN STREET 13	Address 3	SINGAPORE 570176
Address 4		Address Type	Singapore address	Post Code	570176
ung No.	09-141				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test	12-2-3-1	TO INDE	ByOu-		
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
0.00 %					
Claim 001 New					
	[no.mx [G]	Insured Name	SIM BOON HWFF	Insured NRIC	574294033
Claim Type •	CO-MX	Insured Name	SIM BOON HWEE	Insured NRIC Contact to (Office)	574294033
Claim Type * Contact No. (Mobile)	CO-MX V	Contact No.(Home)		Contact No.(Office)	
Claim Type * Contact No.(Mobile) Email Address	96908582	Contact No.(Home) OI Vehicle Number	sogstesc		574294033 5GS5622P
Claim Type * Concact No.(Mobile) Email Address Claimant Type *	96908582 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *		Contact No.(Office)	
Claim Type * Contact No.(Mobile) Ilmaë Address Claimant Type Claimant Type * Claimant Name *	96908582	Contact No.(Home) OI Vehicle Number	sogstesc	Contact No.(Office)	
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