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Date In: 1091017007 16:57 Job description	Dute	d: Time Completed	Done by	
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TP Insurer: Ass't Report by	vey Report Fax / Hand to Own	er/Wksp		345 1447
Preferred Wksp /INC Assign Wksp / QW: [-	Tol	1	ax:	1
TP Particulars: Veh No: /// KNOWA COKA	(4 INC ()/	Non-INC ().		
Owner/Driver: (T'e	i -)	
Policy No: () Period: () Cov	r Type: ()	
Confirmed by : (Dates	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (W	O): N: 0-20%;	P: 21-79%. F: 30-	100%]	
Year of Registration: () Warranty; YES ()/NO()			
Excess: (\$) Londing: \$1,000 () / \$2,000 ()		V. A. A. A. M.	
General Remarks	ing kangapan	gantrali.		
() Walk-In Customer's Information strictly Con	fidential & Strictly I	NO rafer of repairer		
() Total Loss Case : to e-mail Insurer URGENTLY.				
Drive-In()/Towed-In(); Invoice: YES()/N	O(); Towin,	g Co: ()
Remarks:+ (INC harline: 6788 6616)	BDISSES BERGER	e&Time Completed	Done by	/
Apply for Transport Allowance () / Courtesy Car ())			
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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.
- 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 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

ndresard.	
	ACCIDENT STATEMENT
Date Of Report	09/07/2019 16:51
Date Of Accident	08/07/2019 15:15
Exact Location Of Accident	JURONG TOWN HALL TOWARDS JURONG EAST STREET 12
Country/State of Loss	SINGAPORE
D. C. Control of the	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD1962R
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE, LTD,
Co Reg No	201709236H
Email Address	T.LI.PING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93236506
Alternative Phone No	OFFICE-93236506
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 (A)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107152611
Cover Note Number	
Driver	
Name of Driver	TOH LI PING
NRIC No	S9140229G
Date Of Birth	07/11/1991
Occupation	INDOOR
Date Of Driving Pass	07/02/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93236506
Fax Number	
Who control is to control.	OTHERS ASSESSED

OTHERS-93236506

T.LI.PING@HOTMAIL.COM

Address

BLK 312C SUMANG LINK

#05-163

Postcode

823312

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

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)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/0190709/2050

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 Vehicle Make/Model/Colour

UNKNOWN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KAMAL BIN RAHMAT

NRIC/Passport Number

S1641846C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN PASSENGER

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKD1962R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Postcode

Address

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.
- 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.

STO HOLORES

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.:

I/We declare the foregoing particulars are true in every respect.

Policyholder's Standture Date & Time:

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

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





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20190709/2050

1 of 3

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2019 12:27		lade:	Vide Report No.:	Station Diary No.: 28		
Informan	t's Particu	ılars				
Name of Informant: TOH LI PING			Address: APT BLK 312C SUMANG LINK #05-163 SINGAPORE 823312			
ID Type / ID No.: NRIC NO / S9140229G		29G	Contact No.: Home/Office:	Mobile: 93236506		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth:			Type of Informant: Driver	40		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: FINANCIAL ADVISOR			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/07/2019 15:15	Type of Location X-Junction	
JURONG TO JURONG EA Towards AYE	Traveling Toward Road 2 WN HALL ROAD ST STREET 12 City	oad Surface:		Road Speed Limit:	
Weather: Road AFter Rain Wet				70 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head To Side		4 6	Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKD1962R	Car	VOLKSWAGO N	SCIROCCO 1.4	Black	Seriously Damaged	1
UNKNOWN MOTOR (Not Accurate)	Lorry			Red	Slightly Damaged	1





T/20190709/2050

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Report No. T/20190709/2050

CONTINUATION OF REPORT

Brief Details.

On 08/07/2019 @1515 hrs, I was driving Jurong Town Hall Road towards AYE City. When I reached junction of Jurong East St 12, there was a motor lorry(I did not take down the registration number) turning right towards Jurong East Street 12. I do not know why he did not stop or give way to me. I was in the right of way. My vehicle then collided onto his vehicle left side centre of the lorry. The other party(driver and the passenger) was not injured. I felt pain all over my body after the accident. My lady passenger with me also injured(I do not know where she was injured, however she was conveyed by ambulance subsequently to nearby hospital. Traffic police also attended to the case subsequently.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20190709/2050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sr Staff Sgt LIM KIM HUAT	
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2019 12:27
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.::65476202	Classification Of Case:
Sr Staff Sgt NOR FAIZAL BIN YAHYA	4//

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Sicy No.	9107552613 V	vervicle fin	SKD19626		GST Registration for.	MA .
roficate No.						
icyholoni Name	SKS AUTO HOLDINGS FTE, LTD,				Philipphoter NRIC	3015092369
duct Code	PRIVATE CAR INSURANCE C	Tover Type	Trivia Party		Leading	0.
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Accident Details						
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te of Accident		Time of Accident no mm.	11011		Country of Academ	Singapore
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ndress 4		Appress Type	Singapore attôress		Post Colle	408889
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OI Driver Info						
Iver Name	Unnamed Driver	Driver Type	Unnamed Driver			
names sover name		Driver NRIC	591402290		Driver DDB	07/13/1993
			27		Driving Experience	********
gister Date of Driver License		Diriver Age	27			
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ddress 4		Address Type	foreign address.		Post Cuite	133111
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ALCOHOLDS III						
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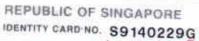
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177 MB		ATXONAL ASSESSMENT CENTRE SERVICE N) on 09 Jul 2019 17:11	SHIC/ Driving License	Nacrosal	NRXC; Driving License 2039-Y-9	
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3.1						

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 00, 07, 209
LOCATION: JUNDING TOWN Hall Road
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SED 19 () P
CIPOLICY NUMBER: SIO 715761
d)POLICY TYPE: ICOMPRESSED IN THE PROPERTY OF
TYPE (SALOON / COURSE (VEN CO.)
MIPURPOSE OF HISING AT A COLOR MOTORCYCLE)
IF NO. PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)
PAX - F DINRIC/FIN/PASSPORT:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER Cincluding driver) a) NAME: TOH U PING.
(2) binric/fin/passport: Salvosog (MALE / FEMALE) claddress: 3126 Chmang Unk #DS-163 S(B2312)
ODATE OF BIRTH: 1 07/11/1991 (DD/MM/YYYY) ODOCCUPATION (INDOOR TOUTDOOR) ODATE OF BIRTH: 1 07/11/1991 (DD/MM/YYYY) ODOCCUPATION (INDOOR TOUTDOOR)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIKEP DIROAD SURFACE: (DRY RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET) OTHERS
IF YES, PLEASE STATE WHICH POLICE TATION (Viscol trul of H. P. I.
(Including driver) b) DRIVER'S NAME: CHURAL RIVER MODEL: Unknown.
() NRIC/FIN/PASSPORT: SI64 B46 C CONTACT: Untway P. THIRD PARTY VEHICLE WODE:
(Indudice detay) ORIVER'S NAME:
(_) NRIC/FIN/PASSPORT:CONTACT:

email = +.11.png@hotman com





TOH LI PING

杜声

莉

Plane
CHINESE
Date of birth

07-11-1991 Country of birth SINGAPORE **a**



412590



NRIC No. S9140229G

For LKK/NAC Use Only

Date of Insus 05-11-2007

APT BLK 312C SUMANG LINK #05-163 SINGAPORE 823312

NRIC No: \$91402296

Data: 05/12/2014

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

OFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passangers, exclusive 07 Feb 2011 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only

NF 428A





Certifi	cate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (I	SATION) RULES, 1960
Certificate Number: 5107152611	Cover : Third Party
Index mark and Registration Number of Vehicle Chassis Number Name of Policyholder Effective Date of Insurance	: SKD1962R : WVWZZZ13ZAV427957 : SRS AUTO HOLDINGS PTE. LTD. : 21 Jan 2019
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.	: 16 Feb 2020
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dr 6. Limitations as to Use#	n accordance with the licensing or other laws or regulations to drive ad is not disqualified by order of a Court of Law or by reason of any living the Motor Vehicle.
(a) Use for social domestic and pleasure purposes This Policy does not cover	and in connection with the Policyholder's or Hirer's business.
 (a) Use for racing, pace-making, reliability trial or s (b) Use for the carriage of goods (other than sample) (c) Use for any purpose in connection with the More # Limitations rendered inoperative by Section 8 of 	les) in connection with any trade or business.
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: \$\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	
SUM INSURED	: N/A
5UM INSURED I/We hereby Certify that the Policy to which this Certific	cate relates is issued in accordance with the provisions of the Moto pter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
: 21 Jan 2019 16:22 hrs	
Zmf	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	

Authorised Officer

Chief Executive