



Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190502/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2019 18:12			Vide Report No.: T/20190421/7009	Station Dlary No.:		
Informant	s Particu	lars of the same		TO THE PROPERTY OF THE PROPERT		
Name of Informant: PEH XING WEI			Address: APT BLK 17 LORONG 7 TOA PAYOH #08-228 SINGAPORE 31,0017			
ID Type / II NRIC NO /	D No.: \$931428	0B	Contact No.: Home/Office:	Mobile: 93362918		
Nationality: SINGAPORE CITIZEN			Email: pehxingwei@hotmall.com			
Sex: Age: Date of Birth: Male 26 19/04/1993			Type of Informant: Vehicle Owner			
Race: Chinese		-	Language: English	Institution / School Name:		
Occupation: Police officer			Driving Licence Information: Class:	Date of Explry:		

General Information of the Accident						
Type of Accident:	Non-Injury Attended by Police	D	rink rive:	Date/Time of Accident: 21/04/2019 14:		Type of Location: Multi Story Carpark
Location:		•				
LORONG 6 TOA	PAYOH					
Weather: Clear	 	Road Sui Dry	face:		Roa	d-Speed Limit:
Traffic Flow: Traffic Control: Not Controlled					Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle A	gainst - Parked Vehic	ele				one conveyed by ulance:

200 0 000	hicle involved		on the same of the same	Calabara	or an extra data	Salari I
Vehicle No.	Type	Make H	Model	Color	Condition	No of Passenger
FN3627C	Motorcycle	DUCATI	916	Red	Seriously Damaged	0
SJC5564T	Car					0

Details of Ve	hicle, insurance	grand Millian Committee Committee	a salah di	
Vehicle No.	Insurance Company	Insurance No	Effective 1	Expiry Date
FN3627C	NTUC Income Insurance Co-Operative Limited			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190502/7017

CONTINUATION OF REPORT

Details of Person Involved: Table 1992 And Advanced Table 1992 And Advanced Table 1992 And Advanced Table 1992							
Any Pedestrian Ir							
No. of Pedestrians Injured: NIL Use of Pe					destrian Crossing: NA		
Vehicle Owner	disənsi ilki qərib ə ili i	可能的程值		K Line	W. S. W.	The same of the sa	
Name	PEH XING WEI		ID No		S9314280B		
Related Vehicle	NIL			Conta	ct No,	93362918	
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis			harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

I would like to amend my report as I've stated a wrong date for the accident in my first report. Reference: T/20190421/7009

The actual date when I parked my vehicle and left it stationary is on the 20/04/2019 (Saturday) and I've only realised the damages on the 21/04/2019 (Sunday)

I was told to make the amendments on the accident report as i was unable to make the GIA report until I've amended it.





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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2019 18:12
Officer In Charge Of Case: TP / TPIB / RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:

Authentication Stamp

NP168

MLTM19962199 / Lim Tan Moor Pie Ltd - HQ ENTRY DATE & TIME: 22/04/2019 17:43 SUBMITTED BY: Ang Wel Gueng, Richard

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 03/05/2019 09:11

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number 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 insurence Association of Singapore (GIA) for archiving and thet 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 aforeseld.

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	ACCIDENT STATEMENT
Date Of Report	22/04/2019 17:43
Date Of Accident	21/04/2019 14:40
Exact Location Of Accident	18A LOR 6 TOA PAYOH MULTI-STOREY CAR PARK DECK 3A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FN3627C
insured/Policyholder	
Name Of Registered Owner	PEH XING WEI
NRIC No	S9314280B
Email Address	PEHXINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93362918
Alternative Phone No	OTHERS-93362918
Vehicle Particulars	
Manufacturer	DUCATI
Madel	916 BIP-916CC (M)
Exact Purpose for which vehicle was being used at time of accident.	
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095196843-01
Cover Note Number	
Driver	
Name of Driver	PEH XING WEI
NRIC No	S9314280B
Date Of Birth	19/04/1993
Occupation	INDOOR
Date Of Driving Pass	27/06/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE

(LOCAL) +65-93362918

PEHXINGWEI@HOTMAIL.COM

OTHERS-93362918

BLK 17 LORONG 7 TOA PAYOH Address #08-228 Postcode 310017 Was driver an employee of the Insured's Company YES If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General information of the Accident Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Weather Conditions **INDOOR** Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 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? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Datails of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE **Police Station Contact** TEL NO: 65470000 - FAX NO: Was notice of intended Prosecution given? NO If Yes against whom? Circumstances of Accident AS PER ATTACHED POLICE REPORT. (REPORT NO. T/20190421/7009) Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? YËS Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

WILLIAM

92308168

Vehicle Registration Number SCJ5564T

Vehicle Make/Model/Colour **MERCEDES BENZ**

Details Of Properties

Details of Witness 1

Phone Number

Email Address

Name

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 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:

- (b) 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 s
 - 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 dalms;
 - (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 Newd 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 Signature

Date & Time:

0 3 MAY 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: ANG WEI GUANG

NRIC/FIN No.: \$8410708E

Sketch Plan #2

SKETCH PLA	N .	
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DECLARATION			\
I/We declare the foregoing particular	s are true in every respect.		
An.			<u> </u>
Policyholder Signatura	Oriver's Signature		Reporting Charge Borrone V. Sleeve
No. of The co	(If driver is not the policyh	older)	Reporting Centre Personnel's Signature Name: ANG WEI GUANG
Dale & Time: 0 3 MAY 2019	Date & Time:	±	NRIC/FIN No.S8410708E
F g 1 m = 2			



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: 5095196843-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FN3627C

Chassis Number

: ZDM916S006278

2. Name of Policyholder

3. Effective Date of Insurance

: PEH XING WEI

: 14 Dec 2018

4. Explry Date of Insurance

: 31 Oct 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

- - (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 **EXCESS (SECTION 2)** N/A INSURE WITH COE N/A NAMED DRIVER (1) PEH XING WEI NAMED DRIVER (2) JAMES TAN KIAN ANG HIRE PURCHASE COMPANY N/A :

SUM INSURED : N/A

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

: INCOME-BRANCH SERVICES (00000081333)

Date of Issue

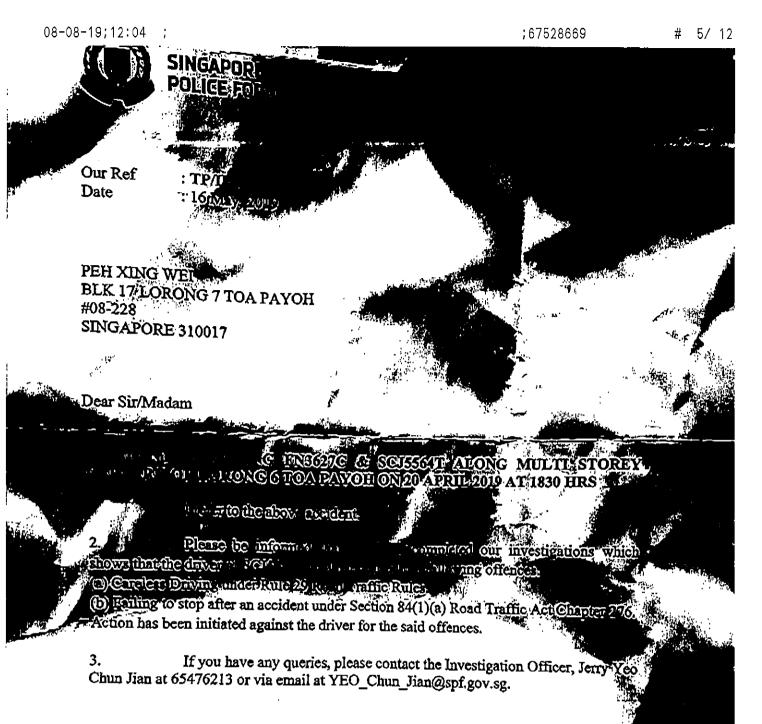
: 31 Oct 2018 15:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE UMITED

Countersigned By:

Authorised Officer

Chief Executive



Yours faithfully

