Date In:	Done by  16 8 19 12:24
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OD : TP Reporting Only  i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax / Hand to Owner/Wksp  Preferred Wksp / INC Assign Wksp / QW: ( Tel: F  TP Particulars: Veh No: (D716) INC () / Non-INC ()  Owner / Driver: ( Tel:	
I-Photo Uploaded   Assessment/Survey Report   Assessment/Survey Report   Ass't Report by Fax / Hand to Owner/Wksp	ex:
I-Photo Uploaded   Assessment/Survey Report   Asset Report by Fax / Hand to Owner/Wksp	ax:
Preferred Wksp/INC Assign Wksp/QW: (  Tel: F  TP Particulars: Veh No: (D700) INC ()/Non-INC ()  Owner/Driver: (  Policy No: (	ax;
Preferred Wksp/INC Assign Wksp/QW: (  Tel: F  TP Particulars: Veli No: (D700) INC ()/Non-INC ()  Owner/Driver: (  Policy No: ()	ax:
Preferred Wksp / INC Assign Wksp / QW: ( Tel: F TP Particulars: Veli No: ( ) / Non-INC ( ) Owner / Driver: ( Tel:	ax:
TP Particulars: Veh No: (DINC()/Non-INC()  Owner / Driver: (  Policy No. ()	•••
Owner / Driver: ( Tel:	124
Policy No. (	1
TOTAL TIDE: 1	
Confirmed by : ( Date: Time:	
Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-1	00041
Year of Registration: ( ) Warranty: YES ( )/NO( )	
Excess: (\$ ) Loading: \$1,000 ( )/\$2,000 ( )	
General Remarks	PECINE WITE
The state of the s	LOT DE L
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.	7
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (	<del></del> -
Remarks:- (INC hotline: 6788 6616) Date&Tirre Completed	Done by
1) Apply for Transport Allowance ( )/Courtesy Car ( )	32.13.
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	
Injury:	
injury:	-
1 CANADA CONTROL OF THE PROPERTY OF THE PROPER	
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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,
- 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 aforesaid.

aforesaid.	Harden Harden in 190 Statem Break Brands Marines Harden Statement (1906) 180 (1907) Brands Brands Brands Brand
	ACCIDENT STATEMENT
Date Of Report	16/08/2019 12:11
Date Of Accident	16/08/2019 08:40
Exact Location Of Accident	CLEMENTI AVE 6 TWDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH5574S
Insured/Policyholder	
Name Of Registered Owner	OOI ZHU PEI (HUANG ZHUPEI)
NRIC No	S9217162J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91339193
Alternative Phone No	OFFICE-91339193
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111446939
Cover Note Number	
Driver	

ricet rolley	110
Policy Number	5111446939
Cover Note Number	
Driver	
Name of Driver	OOI ZHU PEI (HUANG ZHUPEI)
NRIC No	S9217162J
Date Of Birth	23/05/1992
102/25/00/00/50/35/90/V	

 Date Of Birth
 23/05/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 04/11/2010

Driving Experience 8 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91339193

Fax Number

Contact Number OFFICE-91339193

EMail Address NOEMAIL

Address BLK 1F PINE GROVE

#16-30

Postcode 595001

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

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?

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

XD7262J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver SEAH TEK KET

NRIC/Passport Number

Contact Number

84017838

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 14

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode OOI ZHU PEI (HUANG ZHUPEI)

BODY

SJH5574S

YES

NO

## SKETCH PLAN

## IMPORTANT NOTICE

- 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</u> and <u>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 is not the policyholder)

Thu Pin

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN CLEMENT AVE 6 TOWARDS PIE

A. SUTISSTAS

B. - X D 7262 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 Aug 2019 at 0840 Hrs, I was travelling on Clementi Avenue 6 between
Commonwealth Ave West and Clement loop on Lane 3 when I was hit by
a tipper lorry trying to filter from Lane 2 to Lane 3.
The impact caused me to veer left into the concrete wall divider on
the left. Impact from the accident is on the right side,
Further subsequent damages from the wall is on the left whole side.
Following the accident, I noted a soreness to my lower back, shoulded and neck.

# 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)

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnell's Signature Name:

NRIC/FIN No.:

Vehicle No.	18JH55748 Model/Make Honda & tream
Date of Accident	1608 2019
Time of Accident	0840 HRS
ocation of Accident	Clementi Ave 6 Towards PLE
exact purpose use during acci	dent Private Used
Name of Owner	Ooi Znu Pei
Telephone No.	H/P:91339193 Home 64692562 Office:
VRIC	392171625
Address	BIK IF Pine Grove #16-30 8'595001
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5111446939
Name of Driver	( As Above )If No,
NRIC	S 92171623 Any Passengers: 0
Date of birth	23/05/1992
Occupation	Outdoor / (Indoor)
Driving License Pass Date	04 NOV 2010
Gender (	Male / Female
Contact No.	H/P:9133 9193 Home: 64692562 Office:
Address	BIK IF Pine Grove # 16-30 5' 595001
Driver have any own vehicle	
Relationship	Employee, If no, state
Weather condition	(Clear) Raining Other
Road Surface	(Dry ) Wet Other
Any Injuries	No, (If Yes, Who? Ooi Zhu Pei
Name And Contact No.	
Name And Contact No.	
Police Report	(No,) If Yes, Where?
Vehicle B No.	XD 72625 Any Passengers: Unknown
Name of Driver	Seah Tek Ket Contact No.: 84017838
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 & Left whole portion
Camera Recorder	(Yes) No
Email Address	ooi. zhupei Ogmail. com
PARTICULAR WORKSHOP	TWINCOR Antomotive PIL
CONTACTNO	6842 0051 / 6744 0510
CONTACT NO.	
CONTACT NO.	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9217162J



Name

OOI ZHU PEI (HUANG ZHUPEI)



CHINESE

23-05-1992

SINGAPORE

B9217162J



4051202



01-06-2007

APT BLK 1F PINE GROVE #16-30 SINGAPORE 595001

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

EFFECTIVE DATE

Motor Cars=< 9000kg with =<7 passengers, exclusive 04 Nov 2010 of the driver; and other motor vehicles =< 2600kg

For LKK/NAC Use Only

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: 5111446939 Cover : drivo CLASSIC

: SJH5574S 1. Index mark and Registration Number of Vehicle

Chassis Number RN61064268

: OOI ZHU PEI (HUANG ZHUPEI) 2. Name of Policyholder : 27 Jul 2019 3. Effective Date of Insurance

: 26 Jul 2020 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.

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) · \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS · \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO : OOI ZHU PEI PRIMARY DRIVER

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

: MAYBANK SINGAPORE LIMITED 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)

: DQ INSURE (00000572952) Agency : 26 Jul 2019 14:15 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 



Policy No.	5111446939	Policyholder Name	001 ZHU I	PEI (HUANG ZHUPEI)	Policyholder NRIC	S9217162J	
Certificate No.							
Address	1F PINE GROVE #16-30 PINE	GROVE SINGAP	ORE 595001	les .			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/07/2019	Effective Date	27/07/201	9 00:00	Expiry Date	26/07/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
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			Young	g/Inexperience Driver Excess
Agent	DQ INSURE	Agent Tel.	64522788		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy!	holder Mailing Address						
Address 1	1F PINE GROVE	Addre	ss 2	#16-30 PINE GROV	/E	Address 3	SINGAPORE 595001
Address 4		Addre	ss Type	Singapore address		Post Code	595001
Jnit No.		Relate Numb	ed Policy er	5111446939			
	ed Object: SJH5574S						
D Insure							
	sements						

Claim Handling Accident HT/1057963					
Policy No.	5111446939	Vehicle No.	SJH55745	GST Registration No.	
Certificate No.		* a. / m. a. / m.	20132770	sor registration no.	
Policyholder Name	OOI ZHU PEI (HUANG ZHUPEI)			Policyholder NRJC	59217162)
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91339193	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark	0.00.	eCode	Tra V
CFK	® No ○ Yes	TCA	No	eCode Reason	Manager
NCD Protection	No	NCD Entitlement(%)	9	Private Hire	No
Accident Details					
Report Date	16/08/2019 12:22	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	16/08/2019	Time of Accident hincmin	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 6 TWDS PIE				
Total Excess Applicable					
excess Type	Per Acodem	Windscreen Excess	100.00		
SENVISE					
OD Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	.0				
Total OD Excess Applicable  Benefits	600.00	Total TP Excess Applicable	0.00		
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
GST Registration No.	99450		GST Status Venfield	Yes	
Hodification History					
	13				
Policyholder Mailing Ad		72.00			
Address 1	1F PINE GROVE	Address 2	#16-30 PINE GROVE	Address 3	50WGAPORE 595001
Address 4		Address Type	Singapore address	Post Code	595001
one No.  OI Driver Info		Related Policy Number	5111445939		
Driver Name	OOI ZHU PEI	Driver Time	Main Driver		
Urinamed driver Name	MANUAL PROPERTY.	Driver Type Driver NRIC	Main Driver 892171623	Driver DOB	23/05/1992
Register Date of Driver License	04/11/2010	Driver Age	27	Driving Experience	23/05/1992
Contact No.(Mobile)	91339193	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	1F PINE GROVE	Address 2	PINE GROVE	Address 3	SINGAPORE 595001
Address 4	20 10 10 10 10 10 10 10 10 10 10 10 10 10	Address Type	Singapore address	Post Code	\$95001
Unit No.	16-30	Printing Cape	Singapore autress	PORT LODGE	395001
Does he own a Singapore	O Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?		and the second		briver trializer Company	
Declaration					
Breathalyser or Blood Test. Reading?	0 mg	Any injury?	Yes ○ No		
			1.00		
fodification History					
Claim 001 New					
					\$92171623
laim Type *	CD-MX	Insured Name	DOLDHU RELAWISHED THE ISSUE		
	91539193	Insured Name	OCE ZHU PET (HUANG ZHUPET)	Insured NRIC	
contact No.(Mobile)	91539193	Contact No.(Nome)	64692562	Contact No. (Office)	64606195
ontact No.(Mobile) mail Address	91539193 oyt@np.edu.sg		64692562 5JH5574S		
ontact No.(Mobile) mail Address Samant Type Claimant Type*	91539193 oyt@np.edu.sg Please Select	Contact No.(Home) Of Vehicle Number	64692562	Contact No. (Office)	64606195
contact No.(Mobile) mail Address Samant Type Claimant Type * Varmant Name *	91539193 oyt@np.edu.sg	Contact No.(Home) DI Vehicle Number Type of Senett *	64692562 5JH5574S	Contact No. (Office)	64606195
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