Date In: 8/13/19 - 19: 01	Job descripti	ion	Date &Time Completed	Don	e pi.
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TP Insurer:	Assessment	Survey Report			-ME-E-VA
II moute.	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 57	46234	. INC ()/Non-INC()		
Owner / Driver: (100	Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (1100	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-1	00%1	-
Year of Registration: ()	Warranty: YES (1		
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Drive-In () / Towed-In (); Invoice	e: YES () /	NO(); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616)				Server of	y-1
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			Annual Contract of the Party of		
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Apply for Transport Allowance () / (2) QC Check / Post Repair Inspection	Courtesy Car ()		3	
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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

Andreas Anna Anna Anna Anna Anna Anna Anna An	ACCIDENT STATEMENT
Date Of Report	08/10/2019 19:01
Date Of Accident	08/10/2019 08:10
Exact Location Of Accident	SLIP RD SEMBAWANG RD TWDS ADMIRALTY RD EAST
Country/State of Loss	SINGAPORE
PROPERTY OF THE PROPERTY OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3505L
Insured/Policyholder	
Name Of Registered Owner	KWOK WEE MUN
NRIC No	S7624594J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97537445
Alternative Phone No	OFFICE-97537445
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	5113038882
Cover Note Number	
Driver	
Name of Driver	KWOK WEE MUN (GUO WEIMIN)
NRIC No	S7624594J
Date Of Birth	10/08/1976
Occupation	INDOOR
Date Of Driving Pass	19/09/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97537445
Fax Number	
2000 Open a registration 195	

OFFICE-97537445

NOEMAIL

BLK 602 WOODLANDS DRIVE 42 Address

#09-61

Postcode 730602

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 - HEAD TO REAR

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? YES

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) 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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

2

NO

YES

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

SJE4623G

Vehicle Make/Model/Colour

Details Of Properties

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)

DETAILS OF INJURED PERSON 1

Name

KWOK WEE MUN (GUO WEIMIN)

Page 2 of 13

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJU3505L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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.

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.:

SKETCH PLAN		ton
	(A) SJU 3505 L.	
		3
	(B) SJE 4623G	1
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		71111 3
		3
	(10)	//
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	Sembanang Rand.	
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	
On	08/10/19 at @ 0810 h	3, I was travelling in my
vehicle (SJU		0 1 1 10 11
0.0	a 1 1	y head slip road ento
Admiralty 1	Road East. I slow o	lown and stopped due to
the vehicle	Enfront of me stopp	
	1 : 11	led for the pedastrain to
cross at	the zelone crossing!	When the vehicle sufort
of me me	ove off, as I was	about to move, a wheat
	12 P was	,
(872 4623	(a) from behind collider	anto the rear portion
of my vehe	cle .	
		The same of the sa
	SALTAURING CO.	
DECLARATION	0: //.	A
I/We declare the foregoing	particulars are true in every respect.	
	0	V
		06.
Policyholder's Signature	Driver's Signature	Popular Communication Communic
Date & Time:	Disdriver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	Name: NRIC/FIN No

Vehicle No.	SJU 3505 L Model/Make Toyota Wash.
Date of Accident	08/10/19.
Time of Accident	08 10 HRS
Location of Accident	Sembowang Road Sty Road Admiralty Road East
Exact purpose use during acci	
Name of Owner	Kwok Wee Mun.
Telephone No.	H/P: 9753 7445 Home: Office:
NRIC	\$ 76245947.
Address	BUK 800 Woodbands Drue 40 #08-81 (8) 730800
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5113038882 .
Name of Driver	As Above If No.
NRIC	Any Passengers: N-A
Date of birth	10/08/1976.
Occupation	Outdoor / Indoor
Driving License Pass Date	19/09/1997
Gender	Male Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Kwok whe Mun (H/P: 9753 7445)
Name And Contact No.	Auto and the first
Police Report	No, If Yes, Where?
Vehicle B No.	SDE 4623 G - Any Passengers: A- A -
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	N-A Witness Contact : N-A
Accident Portion	Rear_Portion.
Camera Recorder	Yes (No.)
Email Address	james kuok 76 @ gmail. com.
PARTICULAR WORKSHOP	Twentar .
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51 · com · sg



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: 5113038882

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJU3505L

Chassis Number

: JTDGJ20W405001456

Name of Policyholder

KWOK WEE MUN

3. Effective Date of Insurance

: 04 Oct 2019

4. Expiry Date of Insurance

: 03 Oct 2020

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) : S\$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 : YES : NO : NO : NO

PRIMARY DRIVER

TRANSPORT ALLOWANCE

KWOK WEE MUN

NAMED DRIVER (1) NAMED DRIVER (2)

INSURE WITH COE

NCD PROTECTION

EXCESS WAIVER

: N/A : N/A

HIRE PURCHASE COMPANY

: ARWIN PTF LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: ABWIN PTE LTD (00000614234)

Date of Issue

: 03 Oct 2019 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_800	601						• Change	e Languag	c - Char	nge Password	· Log Ou
My Desktop	Policy Query									20.0	
Notice of Loss	Policy f	No.(For Motor)	S3U3505L			Date of Accident Certificate Number		<u>į</u>	08/10/2019 08:10		_
			2001			Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113038882		KWOK WEE	\$7624594)	GPC	drivo CLASSIC	SJU3505L		04/10/2019	03/10/2020

Sequenc	ce Date of Endorseme	nt E	ndorsemen	t Tuno	Endorsement	Charles .	Endorsement Content
▽ Endorse	ements						
Insured	Object: SJU3505L	-0000000000					
nit No.		Related Numbe	Policy r	5113038882			
ddress 4		Addres		Singapore address	- 1	Post Code	730602
ddress 1	BLK 602 #09-61	Addres	s 2	WOODLANDS DRIV	E 42	Address 3	SINGAPORE 730602
→ Policyh	older Mailing Address						
Certificate nfo							
olicy Info							
lag Open							
lo- nsurance	No						
lgent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
D Excess	000	Singapore TP Excess	0			Young/	Inexperience Driver Excess
Outside Singapore	600	Outside					
Additional Excess	0	OS Premium	925.28				
Excess	, u	damage Excess	600		Excess	100	
Third Party	0	Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	03/10/2019	Effective Date	04/10/20	19 00:00	Expiry Date	03/10/2020 23	1:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 602 #09-61 WOODLAND:	S DRIVE 42 SING	SAPORE 73	0602			
Certificate No.					THE STATE OF THE S		
	5113038882	Name	KWOK WI	EE MUN	Policyholder NRIC	S7624594J	

Claim Handling The premium on this policy ha	s not been collected.					
Accident MT/1065997 Palicy No.	5113038882	Marking His	F11,0000			
Certificate No.		Vehicle No.	SJU350SL		GST Registration No.	
Policyholder Name	KWOK WEE MUN				120100000000000000000000000000000000000	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive de a cons		Policyholder NR1C	\$76245943
Contact No.(Mobile)	97537445	Cover Type Contact No.(Office)	drivo CLASSIC 0		Loading	0
mail Address		Special Remark	*		Contact No.(Home) eCode	0
(FK	® No ⊜ Yes	TCA	® No ⊜Yes		eCode Reason	tuc 🗸
NCD Protection	No	NCD Entitlement(%)	50		Private Hire	No
Accident Details		10.00			0.0000	
eport Date	08/10/2019 19:13	Accident Report Within 24 hrs.	Yes		Accident Type	Collision - Head to Rear
ate of Accident	06/10/2019	Time of Accident hh;mm	08:10		Country of Accident	Singapore
Laporting Centre		Orange Force			SCM No.	Singapore
ccident Location	SLIP RD SEMBAWANG RD TWDS ADMIRAL				300-1 (400	
Total Excess Applicable	•					
cess Type	Per Accident	Windscreen Excess		100.00		
				10-500005-00		
D Standard Excess	600.00	TP Standard Excess		0.00		
IED OD Excess	0.00	VIED TP Excess		0.00	Driver is Covered?	Covered
dditional Excess	-0					
xal OO Excess Applicable	600.00	Total TP Excess Applicable		0.00		
7 Benefits						
GST Registered Inform			2000000			
ST Registered ST Registration No.	No			tration Date		
odification History			GST Statu	s venneu	Yes	
Policyholder Mailing Ad	ldress					
ddress 1	BLK 602 #09-61	Address 2	WOODLANDS DR	IVE 42	Address 3	SINGAPORE 730602
ddress 4		Address Type	Singapore address		Post Code	730602
nit No.		Related Policy Number	5113038882			730002
OI Driver Info						
river Name	KWOK WEE HUN	Driver Type	Main Driver			
named driver Name		Driver NRIC	576245941		Driver DOB	10/08/1976
egister Date of Driver License	19/09/1997	Driver Age	43		Driving Experience	22
ontact No.(Mobile)	97537445	Contact No.(Office)	0		Contact No (Home)	0
Odress 3	BLK 602	Address 2	WOODLANDS DRI	VE 42	Address 3	SINGAPORE 730602
Sdress 4		Address Type	Singapore address	L.	Post Code	730602
nit No.	09-61					10000
oes he own a Singapore :	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
en transfer and transfer						
claration						
eathalyser or Blood Test eading?	0 mg	Any injury?	⊕ Yes ○ No			
dification History						
5.00 %						
Claim 001 New						
im Type *	00-мх	Insured Name	KWOK WEE MUN		Insured NRIC	576245941
ntact No.(Mobile)		Contact No. (Home)	64891314		Contact No. (Office)	0.051070
ned Address		OI Vehicle Number	S3U3505L		TP Vehicle Number	SJE4623G
imant Type Claimant Type •	Please Select	Type of Benefit *	Please Select	V		- Constitution of the Cons
imant Name +	22	Claimant NRIC *				
mant Address						
m Description	SJU3505L / SJE4623G ON 8 Oct 2019				Name of Preferred Worksho	0
ferred Workshop Contact		Insured Liability *	Not at Fault	V		(NO. 2) N
quire Finalisation	Yes	Preferered Repair Option	Preferred Worksho	pp, Name unknown	GIA report	Received
te Registered	08/10/2019 19:14	Claim Close Date			Date Received	08/10/2019 00:00
port Taken By	Jackson					**********
Print AK letter						
		9	Save Submit			
ttachment						
107						
odent No.	MT/HOCCOO'S	Carlotte Co.	- 00			
	MT/1065997	Claim No.		01		
tt Doc. Received	® Yes □ No	Upload Date	.01	8/10/2019 19:15		
	Pach *		I second process	Cabegory *	and the second s	ency * Description
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