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TP   Insurer:   Assessment/Survey Report   Tot:   Fax:   TTP Particulars:   Veli No: JU83   INC ( ) / Non-INC ( )   Owner / Driver:   Tot:   )   Period:   Tot:   )   Owner / Driver:   Tot:   )   Owner / Driver:   Tot:   )   Owner / Driver:   ( ) Period:   Date:   Time:   )   Owner / Driver Liability:   %   Note-Best Status (WO): N: 0-20%; P: 21-79%; P: 80-160%   Year of Registration:   )   Warranty: YES ( ) / NO ( )   Excess: (\$ )   Loading: \$1,000 ( ) / \$2,000 ( )     Owner / Driver   ( ) / Total Lists Case: to e-mail Insurer URGENTLY.   Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )   Owner / Driver   ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )   Owner / Driver   ( ) / Owner		i-Motor W/O (Within: OD 2h)	-		
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TP Particulars:	IP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Owner / Driver: (	Preferred Wksp / INC Assign Wksp / QW: (	(	Tel: F	ax:	42.481
Policy No. (	TP Particulars: Veh No: 5	1283 [8] INC (	)/Non-INC( )		
Confirmed by: (	Owner / Driver: (		Tcl:	)	
Insured/Driver Liability ( %) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 80-160%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repailer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )  Remarks:- (INC hotline: 6788 6616): Date&Tirre Completed Done by  1) Apply for Transj-ort Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time   Actions      Actions	Policy No: ( )	Period: ( )	Cover Type: (	)	
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-in ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (INC horline: 6788 6616) Date-Circle Compile: d Done by  1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions: ( ) Anti-Circle Compile: d ( ) Anti-Circle Compile: d ( ) 2) DA - Damage Assument (\$100, INC (\$50)  )  Triver/Owner: ( ) Tri Follow-Through Survey (Resurvey) ( ) 2) Tri Follow-Through Survey (Resurvey) ( ) 2) Tri Follow-Through Survey (Resurvey) ( ) 2) Tri Reference Control ( ) ( ) Tri Respection ( ) 3) Tri Reference Control ( ) ( ) Tri Respection ( ) 3) Tri Reference Control ( ) ( ) Tri Respection ( ) 3) Tri Reference Control ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Confirmed by : (	Date:	Time:	)	
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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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	02/01/2020 10:18
Date Of Accident	01/01/2020 17:25
Exact Location Of Accident	SLIP RD AYE TWDS ALEXANDRA RD
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH5992T
Insured/Policyholder	
Name Of Registered Owner	GOH HUAN XUAN
NRIC No	SXXXX236E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90901123
Alternative Phone No	OFFICE-90901123
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G 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	5111868113
Cover Note Number	
Driver	
Name of Driver	TAH KOK MENG
Passport No/FIN	FXXXX666W
Date Of Birth	14/11/1986
Occupation	INDOOR
Date Of Driving Pass	07/05/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96810344
Fax Number	

OFFICE-96810344

NOEMAIL

BLK 670 CHOA CHU KANG CRESCENT Address

#07-517

680670 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

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

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

YES 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)

NAME:

: TOK CHEN VUN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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

SCZ8318J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 13

### No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name TAH KOK MENG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJH5992T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name TOK CHEN VUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJH5992T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## SKETCH PLAN

# **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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>.
- 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.
- 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 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.

X

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.:

SKETCH PLAN	N. S.	40
		ALEX ANDRA HOSPITAL
	(8	L'Rom
Vehicle A - SJH	5992T	
Vehicle B - SCZ	81.87	
Vehicle 13 - SCE	2000	3 - 7
	->	
	->	
		0 H = 0   0   0   0   0   0   0   0   0   0
	E I I I I I	
	G OLE	xanded road
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
I was alrivin	of along the slip road	· [ (AYE - ALEXANDRA)
, A. I	10 10	
into Alexandra	KOZOT , + NZS ON the	laft Isne.
While so the g	ine usy line of the stip	p road, I broke and stup
to give way to	the on-going remide.	which suddenly I felt a
. 2 /	3 3 1	ushide.
3 1 1	1 1	
Miled C	which and rodized	it was a webick (SCZ 831
Highled from m	SEMIOL PAS	17
that estided.	to the near of my wehice	ell.
1.11.0		
Jehide A - Vehide B -	SJH 59927	
Vehicle B -	SCZ 8318 J	
40.0		
DECLARATION	1 N 2 NO	
/We declare the foregoing part	iculars are true in every respect.	$\longrightarrow \Lambda$
2	/p/X	
tallar the I deed of the con-		
olicyholder's Signature oate & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

ehicle No.	SJH 5992T Model/Make HONDA FIT
ate of Accident	01/01/2020
ime of Accident	17-25 HRS
ocation of Accident	SUP ROAD FROM (ADR- DIEXANDRA ROAD) into ALEXANDRA ROAD
xact purpose use during accid	dent private use sient
Name of Owner	GOH HUAN XUAN
elephone No.	H/P: 9090 1123 Home: Office:
NRIC	587222366
Address	BUK 110 JURUNG REAST ST 13 # 13-296 5 (600110)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTMC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5111868113
Name of Driver	As Above If No, TAH KOK MENG
VRIC	F1798666W Any Passengers: ( Famale)
Date of birth	14 NOV 1986
Occupation	Outdoor / Indoor
Driving License Pass Date	07 MAY 2018
Gender	Male / Female
Contact No.	H/P · 9 681 0344 Home : Office :
Address	Black 670 chan chu Kany asscent #07-517 Stryapone 680670
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Seanual - IN LAW
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	TAH KOK MENH, 9681 0344
Name And Contact No.	TOK CHEN VUN PYLLY 2776
Police Report	No. If Yes, Where?
Vehicle B No.	SC 7 8318 J Any Passengers :
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	Witness Contact :
Accident Portion	REGR PORTION.
Camera Recorder	Yes / No
Email Address	
Email Address	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTINE PTE LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510



## 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: 5111868113 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJH5992T

Chassis Number : GE61088189

2. Name of Policyholder : GOH HUAN XUAN

3. Effective Date of Insurance : 14 Aug 2019
4. Expiry Date of Insurance : 13 Aug 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)
 : \$\$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

PRIMARY DRIVER : GOH HUAN XUAN

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

HIRE PURCHASE COMPANY : HONG LEONG FINANCE LIMITED

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)

Agency : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 13 Aug 2019 11:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					· Change	Languag	e Chan	ge Password	· Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date o	f Accident	1	01/01/2020 1	17:25	
	Vehicle No.(For Motor)	SJH5992	21		Certifi	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5111868113		GOH HUAN XUAN	58722236E	GPC.	drivo CLASSIC	SJH59921	SJH5992T	14/08/2019	13/08/2020
				(	Continue					

Policy No.	5111868113	Policyholder Name	GOH HUAN	XUAN	Policyholder NRIC	S8722236E	
Certificate No.							
Address	BLK 110 #13-296 JURONG EAST	STREET 13 )	URONG EAST	VILLE SINGAPORE	600110		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/08/2019	Effective Date	14/08/2019	00:00	Expiry Date	13/08/2020 2	3:59
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	PRO-LINK INSURANCE AGENCY	Agent Tel.	65674755		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 110 #13-296	Addre	ss 2	JURONG EAST STR	EET 13	Address 3	JURONG EAST VILLE
Address 4	SINGAPORE 600110		ss Type	Singapore address		Post Code	600110
Unit No.	07-17	Relate Numb	ed Policy er	5111868113			
	d Object: SJH5992T						
	ements						
R0024-00-00	ce Date of Endorsemen		Endorsement	4200	Endorsement	CVCV-02-02-0	Endorsement Content

ricy No.	5111868113		Venicle No.	5)H5992T	GST Registration No.	
rtificate No.						
Ricyholder Name	GOH HUAN XUAN				Policynolder NRIC	587222368
oduct Code	PRIVATE CAR INSURANCE	E	Cover Type	drive CLASSIC	Loading	0
ntact No. (Mobile)	90901123		Contact No. (Office)	o .	Contact No.(Home)	D
neil Address			Special Remark		eCode	S. 41
ĸ	® No ○Yes		TCA	® No ⊜Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	10	Private Hire	No
Accident Details			Name and the second of the sec			
port Date	02/01/2020 11:33		Accident Report Within 24 hrs	Yes	Accident Type	Calisian - Head to Rear
					Country of Accident	
ate of Accident	01/01/2020		Time of Accident hoursm	17:25		Singapore
eporting Centre			Orange Force		3CM No.	
ccident Location	SLIP RD AYE TWOS ALEX	ANDRA RO.				
▼ Total Excess Applicable						
cess Type	Per Accident		Windscreen Excess	190.00		
		***		0.00		
D: Standard Excess		600.00	TP Standard Excess	0.00	0.0000000000000000000000000000000000000	
ED OD Excess		500,00	YIED TP Excess		Driver is Covered?	
dditional Excess		0				
ocal OD Excess Applicable	3	100.00	Total TP Excess Applicable			
⊽ Benefits						
GST Registered Informa	ition					
ST Registered	No			GST Registration Date		
ST Registration No.				GST Status Venfied	Yes	
odification History						
Policyholder Mailing Ad			25000000	51967-9-211 <u>02</u> 0-00-00-46-	90000000	(2000)200000000000000000000000000000000
ddress \$	BLK 110 #13-296		Address 2	JURONG EAST STREET 13	Address 3	JURONG BAST VILLE
ddress 4	SINGAPORE 600110		Address Type	Singapore address	Post Code	600110
nit No.	07-17		Related Policy Number	5111868113		
□ OI Driver Info						
river Name	Unnamed Driver		Oriver Type	Unnamed Driver		
nnamed driver Name	TAH KOK MENG		Driver NRIC	PXXX566W	Driver DOS	14/11/1986
egister Date of Driver License	07/05/2018		Driver Age	33	Driving Experience	1
ontact No.(Mobile)	96810344		Contact No. (DMick)	0	Contact No.(Home)	0
ddress 1	BLK 670		Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680670
ddress 4			Address Type	Singapore address	Post Code	680670
	07-517					
init No. Poes he own a Singapore			WASTER TO SERVICE OF THE SERVICE OF		Driver Insurer Company	
tegistered car?	○ Yes ( No		Driver Vehicle No.		Drive Insulei Company	
eclaration						
treatharyser or Blood Test			Annual Mo	® Yes ○ No		
eading?	Omg		Any injury?	S 141 C/10		
adification History						
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Claim 001 New						
10.00						
Claim 001 New	loo.wy		Instruct Name	GOH HUMAN SOLAN	Insured NRIC	58722236E
Claim 001 New	OD-MX	V	Insured Name	GOH HUAN XUAN	Insured NRIC	58722236E
Claim 001 New Jaim Tape * Contact No. (Modile)	90901123		Contact No.(Home)	62654898	Contact No. (Office)	
Claim 001 New  Jaim Type *  consact No.(Mobile)  man Address	90901123 Josephskywalker13@hot	mail.co	Contact No.(Home) Of Vehicle Number	62654898 SJH5992T		\$8722236E \$C283183
Claim 001 New  laim Type * contact No.(Mobile) mos Address laimant Type *	90901123 Josephskywalker13@hot	mail.co	Contact No.(Horrie) Of Vehicle Number Type of Senefit *	62654898	Contact No. (Office)	
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