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Owner / Driver: (	y woods Copy	71	Tel:	,	)	
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Confirmed by : (		Dates,	Timer		)	
Insured/Driver Liability: ( %)	Note-Est Status (WC	): N: 0-209	6; P: 21-79%.	P: 80-100	<b>%</b> ]	(*)
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.

<b>学科工作的 新华州大学院</b> 的 计算数字 基础设置	ACCIDENT STATEMENT
Date Of Report	09/01/2020 15:25
Date Of Accident	24/12/2019 15:10
Exact Location Of Accident	HOUGANG STREET 21 OPEN CARPARK
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PROPERTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFK5595M
Insured/Policyholder	
Name Of Registered Owner	WEE HWEE JOON
NRIC No	SXXXX747D
Email Address	GWEEZ747@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91288158
Alternative Phone No	OTHERS-91288158
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (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	REPORTING ONLY
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	5101631579-01
Cover Note Number	
Driver	
Name of Driver	WEE HWEE JOON
NRIC No	SXXXX747D
Date Of Birth	03/09/1961
Occupation	INDOOR
Date Of Driving Pass	15/04/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91288158

GWEEZ747@GMAIL.COM

OTHERS-91288158

Address

21 KOVAN ROAD

#16-16

Postcode

548192

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

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

NO COLLISION

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

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

PLEASE REFER TO POLICE REPORT T/20200105/2069

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

UNKNOWN

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)

### 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 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:

- (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 & Jime: 09/01/-

NO

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sig

NRIC/FIN No -

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	. ACCIDENT SIX	WIENNEINI.
ACC	IDENT DATE: 24 .12 2019 100/MM	15 76
I M	MM/OO/MM	MYM), TIME:((1/2::/0)(HH:MM)
loca	ATION: Houfay 87 21	
120		
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	a) VEHIOLE NUMBER! SPEAN	10 W
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	CIPOUCY NUMBER:	
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Ø	ALA CULTE CUTECOLATION NIE / COMP	MERCIANA MOTORCYCLE)
	TYPUKPOSE OF USING AT ACCIDENT TIME	1000 MK4 314
	I) ARE YOU CLAIMING UNDER YOUR OWN	HINSURANCE (YES NO)
920	IF NO. PLEASE STATE (THIRD PARTY CLAIR	M / REPORTING ONLY)
2,	. INSURED / FOLICY HOLDER	
	Chamber 1112	(MALE) FEMALEL
	DINRIC/FIN/PASSPORT: 51499 PYF	12 CONTACT 9048158
	C) ADDRESS: 21 COVAN ROAD	#16-16
	\$54.490	
Λ	. CONTINUE TO 3.4 IF DRIVER ALSO POLICE	CY HOLDER
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SHANNER.	b) NRIC/FIN/PASSPORTI	CONTACTI
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		J(DD/MM/YYYY)
	DOCCUPATION: (NDOO) /OUTDOOR)	0.3
	FIDITE OF DRIVING PASC 19	92
4,	WAS DRIVER AN EMPLOYER OF THE IN	NSURED'S COMPANY? (YES (10)
	IF NO, RELATIONSHIP OF THE DRIVER	R WITH INSURED! 6 WALTER
5.	D) WEATHER CONDITION (CLEAR / RAINII	NG / OTHERS
	DIROAD SURPACES (DR) / WET / OTHERS	1 1
	WAS ANYBODY INJURED LYES / (6)	0.97
7.		ATION! PAYA LEBAR POLICE PO
	IF YES, PLEASE STATE WHICH POLICE STA	ATIONI PHYN COURT PURISE!
.0 8,	THIRD PARTY VEHICLE	CA-O
of prosencium	O VEHICLE NUMBER! VINCENIO	MODELL
negliny already	D) DRIVER'S NAME!	
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A Company	e DRIVER'S NAME:	
lualing drives	) f) NRIC/FIN/PASSPORTI	CONTACTI
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email: gweez747@gmail.com





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 3. Report No. T/20200105/2069

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 20 15:45	Made:	Vide Report No.:	Station Diary No.: 24	
Informa	nt's Partice	ulars			
	Informant: VEE JOON		Address: 21 KOVAN ROAD #16-16 SIN	NGAPORE 548192	
Charles and the second second	D Type / ID No.: NRIC NO / \$1499747D		Contact No.: Home/Office: Mobile: 91288158		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 58	Date of Birth: 03/09/1961	Type of Informant: Driver		
Race: Chinese		1/1	Language:	Institution / School Name:	
Occupation: DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injurý Others	Drink Drive: No	- Date/Time of Accident: 24/12/2019 15:10	Type of Location Open car park
Location: Along Road 1 HOUGANG S	TREET 21			
Weather: Clear	8	Road Surface: Dry	0	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Traine Flow.				

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SFK5595M	Car	HONDA	ODYSSEY 2.4 A	Purple		0	

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SFK5595M	NTUC Income Insurance Co-Operative Limited	5101631579-01	02/07/2019	01/07/2020			





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1,#01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 of 3 Report No. T/20200105/2069

### CONTINUATION OF REPORT

Details of Perso		Renal Co.				
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	Cross	line: NIA
Driver	THE RESERVE THE PROPERTY OF	The Colons		destria	101088	ang. NA
Name	WEE HWEE JOON			1.5.	7	
				ID No	Ü	S1499747D
Related Vehicle	SFK5595M (Car)			6		
The second secon	(Odi)			Conta	ct No.	91288158
Hospital/Clinic	NIL					72
	INCL		Class of Driving		Class: 3	
· V			95	Licen	ce &	Date of Expiry: NIL
Date Treatment	NIL		0		Date	
	ted Medical Leave	Lem	Date Disc	harge	NIL	
o. Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 05/01/2020, I discovered that I received an letter from traffic police ref number TP/IP/79841/2019 informing me that I was involved in a traffic accident along Hougang Street 21.

On 24/12/2019 at about 1510hrs, I was driving my car vehicle number SFK5595M along Hougang Street 21 at the open car park.

I was at driving near the junction of the Car park exit and Hougang Street 21 when I noticed this yellow coloured car(unknown vehicle number) coming out from my right and came very near to my car and as such I made an emergency brake to avoid colliding into to it. In my knowledge, there was not collision then between me and the said yellow coloured car. I then proceeded on to exit the said car park towards Upper Serangoon Road.

I am unable to confirm if there is any damages done on my car due to the said incident as there is already existing damages on it due to wear and tear and the car is shared between me and my son.

I have an In car CCTV installed on both front and rear of my car, however I will need to go back to the workshop to see if I can retrieve the CCTV footages on that day.





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 3 of 3 Report No. T/20200105 2069

CONTINUATION OF REPORT

## Sketch Plan

NP168

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:
Sgt 2 KOH PEI QI	- We wo
Signature Of Interpreter:	Date/Time:
Not applicable	05/01/2020 15:45
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
SSI 2 YEO GEAK ENG CECILIA	
Contact No.: 65476404	
Authentication Stamp	

REPUBLIC OF SINGAPORE

For LKK/NAC Use Only

WEE HWEE JOON

9

CHINESE Date of meth 03-09-1961

M

Country Place of birth SINGAPORE



5917440



For LKK/NAC Use Only

Date of lease

18-04-2018

Address

21 KOVAN ROAD #16-16 SINGAPORE 548192 Class 3 Motor Case and Motor Tractors the weight of which utiliseen does not exceed 2000 infograms

For LKK/NAC Use Only

NF 4284

Claim Handling					
Accident MT/1077380	11/40-10/41/10				
Posty No. Cartificate No.	5001654579-01	Vehicle No.	\$P\$50504	DST Registration No.	
Ashcyfrolder Name	WEE HINEE JOON				
harlast Code	PRIVATE DAI INSURANCE	Cores Trace	TERRORES.	Policynation NIUC	514997470
Services No. (Mobile)	76.	Girtlett Na (Office)	HTML CLASSIC	Leading	(4)
maf Address		Special Remarks		Contact No.(Home) #Code	Terror I
ra.	- Per 1724	TOA	) No. Too	eCourt Reason	No F
KCD Protection	tes	NCD Combaniers(Nr)	(90)	Private this	Not examine
Accident Details				VADER 1998	
appliet: Date	27522019 11:16	Accident Report, Workin 24 hrs.	701	#colitext( fops	College - Major Minor Road
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millery Location:	we are annual to an action of the control of	Grange Perse		HIPK No.	
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tores Type	Avr Account	Windscreen Excess			
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D Standard Recent	p.06	TP Standard Excess	0.00		
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9 Benefits	9.00	Total TP Excess Applicable	0.00		
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PERSONN			2000		
n 697 Registered Informa	tion		0.000		
7 Registerest	No		GST Registration Date		
F Registration No.			GET Status Vermen	Yes	
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threes 4		Address Type	Singapore address	Artitional 1 Funt Code	SHIDAPORE SHAYAD
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ntact No.(Mobile)		Driver Age Certiact Hs (Drites)		Denoting Keperlands	
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CCact No. (Materia)			QD-94X	Trained WEE HWEE 300% Contest	MAC BITTONALD
			141204194	No. BYERTIA	Contact (Office) #8923178
nall Address			Water-walling a	10	TP
			geogi747@gmai.	Norther SPESSOR	Norther Managem Cas
HIS DESCRIPTION			SZECEPON / LANCE	CWR CAR ON 24 Dec 1016	Berne of Properties
derred orkshop	Distance Liability Not at Feeth				Wickston
more No. Yes	Y Repair Preferred Workshop, Name of	manuso + SIA Releval	•		
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Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel: 6547 0000

Fax: 6547 6259

Date : 28 Dec 2019

Your Ref

Our Ref

: TP/IP/79841/2019

WEE HWEE JOON 21 KOVAN ROAD #16-16 SINGAPORE 548192

<u> Արքերիկից Արեփգիկիի</u>

Dear Sir / Madam.

CASE OF TRAFFIC ACCIDENT INVOLVING SFK5595M ALONG HOUGANG STREET 21 ON 24 DEC 2019 億 3.10 PM

000066

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer GOH GEOK LYE PAMELA at his / her office number: 65476148 or the supervisor TAN CHIN YONG at 65476178 if you have any further queries.
- 5 Thank you.

Yours faithfully.

PUTEH BTE SHARIFF (DSP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.



### 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: 5101631579-01

Cover : drivo CLASSIC

 Index mark and Registration Number of Vehicle Chassis Number

: SFK5595M

: JHMR818508C202863

2. Name of Policyholder

3. Effective Date of Insurance

: WEE HWEE JOON

: 02 Jul 2019

4. Expiry Date of Insurance

: 01 Jul 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)

: N/A

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

· \$\$100

ADDITIONAL EXCESS

: N/A : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

: YES

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: YES : WEE HWEE JOON

PRIMARY DRIVER NAMED DRIVER (1)

: WEE KENG LIM, RYAN

NAMED DRIVER (2)

- N/A

HIRE PURCHASE COMPANY

: N/A

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)

: SPEEDO CAPITAL PTE: LTD. (00000615301)

Date of Issue

: 07 Jun 2019 21:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive