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	2784Y	. INC(
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Insured/Driver Liability: (%) [No	ote-Est. Status (W	O): N: 0-2)%; P: 21-79%. P: 8	0-[0070]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	21/01/2020 14:50
Date Of Accident	20/01/2020 19:10
Exact Location Of Accident	BOON LAY WAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SLE5269R
Insured/Policyholder	
Name Of Registered Owner	SOH MEV-LIN
NRIC No	SXXXX167D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91818138
Alternative Phone No	OFFICE-91818138
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
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	5113522727
Cover Note Number	
Driver	
Name of Driver	MICHELLE LIM SHU HUI
NRIC No	SXXXX436H

SXXXX436H NRIC No 17/06/1992 Date Of Birth INDOOR Occupation 06/08/2012 Date Of Driving Pass

7 YEARS AND 5 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-91818138 Mobile Number

Fax Number

Contact Number NOEMAIL EMail Address

140 JLN SENANG Address

418504 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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 NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

NO

NO

1 Number of Passengers (Including Driver)

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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

XE2784Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

KER KIM CHOON Name of Driver SXXXX705Z NRIC/Passport Number 81203056

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MICHELLE LIM SHU HUI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLE5269R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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>.
- 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.
- 7. 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: 21 50n 2020

Driver's Signature

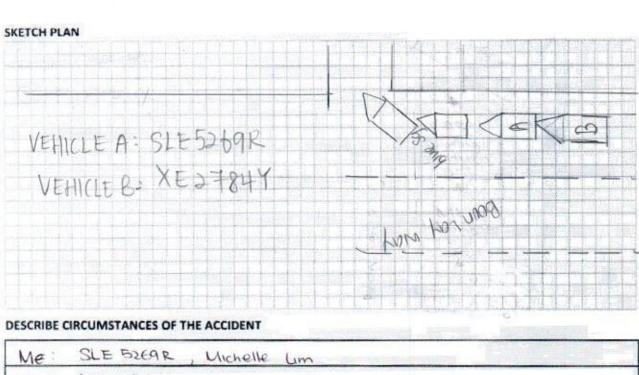
(If driver is not the policyholder)

Date & Time: 21 Jan 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ME: SLE 5269R, Michelle Lim
WRRY: XE 2784 y, Ker kim Choon
Date: 20 Jan 2020
Time: 7.07 pm
location: Boon lay Way turning right to Jarong East Cent
SLE 5269R
ht onto my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 21 Jan 2010

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21 Jan 2010

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPO	RE ACCIDENT STATEMENT
A Company	CCIDENT STATEMENT
Date Of Accident	* 20 Jan 2020 Time 19.07 Hrs
Exact Location Of Accident	* BOON LAY WAY
DETAILS (OF OWN VEHICLE (VEHICLE A)
fehicle Registration Number	* QE 5269 R
nservice (Serie Angleich	THE REPORT OF THE PARTY OF THE
Name of Registered Owner	· Son Mev-lin
NRIC/FIN/Passport Number	* SK1916142 *
And the factor of the state of	
Manufacturer	VULKINAGEN
Model	GULF
Exact Purpose for which vehicle was bein	9 4 5
used at time of accident	Private use Commercial use Hire & reward Others - please specify
Are you claiming under your own insur	
policy for repair to your vehicle?	* Yes No Others * Third Party Claim Reporting Only
If No, please state action to be taken	* Private Commercial Motorcycle
Vehicle Category	Private Z Commercial Motorcycle (_)
Instruction of the second	· Ntoc
Name of Insurance Company	* druo Classic
Type of Coverage	Yes No
Fleet Policy	• 5113522727
Policy Number	31189-1-1
Cover Note Number	
Driver	* Michelle Lim Shu Hui
Name of Driver NRIC/FIN/Passport Number	* 39222436H
The state of the s	
Date of Birth	· Business Executive Indoor.
Occupation Date of Driving Pass	* 6 August 2012
Gender	* Mate Female
Mobile Number	91918138
Address	40 Jalan Senang S(418504)
Address	MO JAMES SECTION
Email Address	Riley Chel @ hotmail.com
Was driver an employee of the Insured's	
Company?	* Yes No
If no, Relationship of the Driver with the	[
	· Doughter

Zerogravity

Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable)	
General information of the Accident	
Type of Accident	FRONT TO REAR
Weather Conditions	Clear Raining Others
Road Surface	Dry Wet Others
Other Information	
Was any body injured in the Accident?	Yes Ano
Was any other material or property damaged?	Yes No
Details of Injured Persons	
Name .	Michelle Lim Shu Hui
Address	140 Jalan Sanana SC 418504)
Approximate Age	- 28
	Whip loch
If vehicle Occupants, state in which vehicle?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by	
ambulance?	* Yes No
Details of Police Action	Security in the second section of the security of the
Was the Accident reported to the Police?	* Yes No
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	Yes No
If Yes, against whom?	
DETAILS OF OTHER VI	EHICLE(S) / PROPERTIES (VEHICLE B)
Vehicle Registration Number	* XE 2784 Y
Vehicle Make / Model / Colour	
Detail Of Properties	
Name of Driver	* Ker Kim Choon
NRIC/Passport Number	S1505705 2
Contact Number	8120 3056
Email Address	
Address	
Insurance Company Name	
Nature of Damage	
Details Of Winners	
Name	
Phone Number	
Email Address	



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: 5113522727

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLE5269R

Chassis Number

: WVWZZZ1KZ9W472955

2. Name of Policyholder

: SOH MEV-LIN

3. Effective Date of Insurance

: 29 Oct 2019

4. Expiry Date of Insurance

: 28 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.

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 : 5\$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 : SOH MEV-LIN

NAMED DRIVER (1) : N/A 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)

Agency

: GUI JIA YI (00000602648)

Date of Issue

: 21 Oct 2019 14:35 hrs

Countersigned By:

Authorised Officer

Chief Executive

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Claim Handling(accident reporting Claim Task) 1/21/2020 Claim Handling Accident MT/1081214 GST Registration No. Vehicle No. SLE5269R 5113522727 Policy No. Certificate No. \$1419167D Palicyhalder NRIC SOH MEV-LIN Policyholder Name Loading drivo CLASSIC PRIVATE CAR INSURANCE Cover Type Product Code Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 91818138 No T eCode Special Remark Email Address eCode Reason - No Yes TCA . No Yes KEK Private Hire NCD Entitlement(%) Accident Details Collision - Head to Rear Accident Report Within 24 hrs Accident Type 21/01/2020 14:59 Country of Accident Singapore. Time of Accident hh:mm 19:10 Date of Accident 20/01/2020 ICM No. Orange Force Reporting Centre Accident Location BOON LAY WAY ▼ Total Excess Applicable 100.00 Windscreen Excess Per Accident Excess Type 0.00 600.00 TP Standard Excess **OD Standard Excess** Covered Driver is Covered? YIED TP Excess 0.00 500.00 VIED OD Excess 0.00 1100,00 Total TP Excess Applicable Total OD Excess Applicable ▽ Benefits GST Registered Information GST Registration Date **GST Registered** GST Status Verified Yes GST Registration No. Modification History Policyholder Mailing Address Address 3 SINGAPORE 418504 140 JALAN SENANG Address 2 Address I 418504 Address Type Singapore address Address # Related Policy Number 5113522727 Unit No. Unnamed Driver Drivet Type Unnamed Driver Driver DOB 17/06/1992 MICHELLE LIM SHU HUI Driver NRIC Unnamed driver Name Driving Experience 27 Register Date of Driver License 06/08/2012 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) Address 3 Address 2 SINGAPORE 418504 140 # JALAN SENANG Address 1 418504 Singapore address Post Code Address Type Address 4 Unit No. Driver Insurer Company Driver Vehicle No. Does he own a Singapore Registered car? Yes. - No Breathalyser or Blood Test Reading? e Yes No Any injury? Modification History Claim 001 New ▼ Insured SOH MEV-LIN 51419: OD-MX Claim Type * Contact No. (Office) Contact No. (Home) 64411233 81111115 Contact No.(Mobile) TP Vehicle Numbe OI Vehicle SLE5269R XE2784 meviin_soh@hotmail.com Email Address 0 SLE5269R / XE2784Y DN 20 Jan 2020 Claim Description Insured Liability Not at Fault Preference Rapair Preferred Workshop, Nar Option Preferred Workshop Bomet No. Finalisation Preferred Workshop, Name unknown Date Received 21/01/ 21/01/2020 15:02 Date Registered LIEW SHAN HU! Report Taken By Print AK letter Save Submit Attachment Claim No. 001 Arrident No. MT/1081214 21/01/2020 15:03 Last Doc. Received * Yes No Urgency * Category * Confidential Path * T NO * Normal Please Select Clear Choose File No file chosen . * NO * Normal Please Select Clear Choose File No file chosen * Normal Clear Please Select NO Choose File No file chosen Normal * NO

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Hessage Read Attachment List

Claim Handling(accident reporting Claim Task)

AREACHMENT NAC_PAYA_UBL_BOOGDI_NATIONAL_ASSESSMENT CENTRE SERVICES] 0 NOTIONAL Photos 2020-1-21 NAC_PAYA_UBL_BOOGDI_NATIONAL_ASSESSMENT CENTRE SERVICES] 0 NOTIONAL Photos 2020-1-21 NAC_PAYA_UBL_BOOGDI_NATIONAL_ASSESSMENT CENTRE SERVICES] 0 NOTIONAL Photos 2020-1-21		Uploaded By/Date	Folder Date:		File Name		9	Source	
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