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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.
- 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 unitarity to the consent to the unitarity to the consent to the

r, by the longement of this report to the insurers, your aforesaid.	or nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/03/2020 14:15
Date Of Accident	28/02/2020 15:40
Exact Location Of Accident	ALONG PIE TOWARDS BKE
Country/State of Loss	SINGAPORE
To sale in the little with the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE2993C
Insured/Policyholder	
Name Of Registered Owner	GOH HUA KWEE (WU HUAGUI)
NRIC No	SXXXX967I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87426875

Alternative Phone No Vehicle Particulars

Manufacturer HONDA Model STREAM

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

OTHERS-87426875

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5104049699-01

Cover Note Number

Driver

Name of Driver GOH HUA KWEE (WU HUAGUI)

NRIC No. SXXXX9671 Date Of Birth 25/10/1981 Occupation OUTDOOR Date Of Driving Pass 20/12/2002

Driving Experience 17 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87426875

Fax Number

Contact Number OTHERS-87426875

EMail Address NOEMAIL Address BLK 13 TOH YI DRIVE

#02-01

Postcode 590013

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OW

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

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)

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?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

Vehicle Registration Number

SBS3728R

Vehicle Make/Model/Colour

VOLVO (SBS TRANSIT)

Details Of Properties

Vehicle Category

BUS

Name of Driver

WANG FENG XIANG

GXXXX428U

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKZ7293H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOYOTA AXIO

PRIVATE CAR

SKETCH PLAN

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.
- 3. 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 flability.
- 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. 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:
 - (i) 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)

Date & Time:

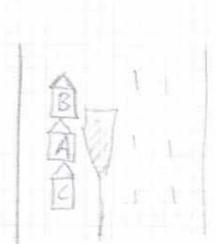
Reporting Centre Pe

Name:

NRIC/FIN No.:

SKETCH PLAN

Floring Pine Johnnas BKE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT The mention Date I time of accident 28/02/2020 alt 1540pm
I was driving along towards PIE Expressiony towns BKE, From left
Filler love driving straight up to prease into PIE Expressioney,
vehich B" Skz 7293 H" and Intent vehicle all slow down and stop
us so I follow and slow dum come to stop, subderly vehicle a
"SBS 3728R" collided ands my vew car pourton with import
quite hary and my car was fish formed and collided outs
vehicle B" SKZ 7293H" ner parton became chain collision.

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) Date & Time:

ACCIDENT DATE & LOCATION						
Date & Time of Accident *	Date: 28/02/2070 Time: /5-40 pm (24 hr formet)					
Exact Location of Accident *	PIE Expressive founds BICE					
INSURED / POLICY HOLDER / VEHICLE PARTICUL	ARS / DETAILS OF OWN VEHICLE					
Vehicle Registration Number *	SLE 2993 C Make & Type : Han 114 Streem					
Name of Registered Owner*	Goh Line lange					
NRIC / FIN / Passport /Co Regn No. *	S 813 5767 I					
	8742 6875 Email/Fax No: —					
Contact Number * Exact Purpose for which vehicle						
was being used at Time of Accident	Private Usage / _ Commercial or Company's Usage					
Are you claiming under your own	☐ Yes / ☑No If No, Please state action to be taken					
insurance policy for repair to your vehicle?* INSURANCE COMPANY (OWN VEHICLE)	Third Party Claim (SYH / Other workshop?) / Reporting Only					
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine/ Great American (NTMC)					
Type of Policy *	Comprehensive) / Third Party / Third Party Fire & Theft					
Policy No. (Certificate No.) / Cover Note No.	5/04049699-01					
DRIVER	The bound of the same of the s					
Name of Driver *	Goh Hung Kwet (Was Link Gui) Gender Male) Female					
NRIC / FIN / Passport Number *	5 8135967 I					
Date of Birth *	75 / (6/)981 (dd/mm/yyyy)					
Occupation *	☐ Indeer / ☐ Outdoor					
Date of Driving Pass (Pass Date) *	20 112 /2002					
Contact Number *	8742 6875					
Address	BIK 13 Toh Yi Drive # 07-01 5 (590013)					
Email Address / Fax Number *	Email: Fax:					
Relationship of the Driver with the Insured *	(Swnet) / Employee / Spouse / Friend / Others:					
Does Driver Own any Vehicle, If YES pls indicate	Veh No: 1) 2) 3)					
Vehicle Number & Insurance Company *	Ins Co: 1) 2) 3)					
GENERAL INFORMATION OF THE ACCIDENT	Chain Collision / Side-Swipe / Front to Read/ Others:					
Type of Collision	Cear / Raining / Others:					
Weather Conditions * Road Surface *	Wet / Bry / Others:					
OTHER INFORMATION	Wet 1 by 1 Outs.					
Was anybody Injured in the accident? *	No / DYes (Police Report required)					
Was any injured conveyed to hospital	☑No / □Yes					
by ambulance?						
Was any foreign vehicle involved in this accident?	EtNo / DYes Veh No: Veh Category:					
Number of vehicles involved in the accident	(03)					
Was there any witness?	□No / □Yes					
Was any other VEHICLE / Property involve /damage?*	□No / □Yes					
Was there any video captured by Car Camera?	ÐÑo/ DYes					
DETAILS OF POLICE ACTION						
Was the Accident Reported to the Police? *	☑No / □Yes If Yes, Please state which Police Station					
Was Notice of Intended Prosecution given?*	ONo / Dres If Yes, against whom?					
Number of Passengers (Including DRIVER)?*	(0)					
Passengers	Name: Name:					
To the State of th	Gender : Male / Female Gender : Male / Female					
Have you been approached by unknown per-	son(s) soliciting/offering accident claims assistance? Yes /(No					

DETAILS OF OTHER VEHICLE(S) / PROPERTIES	
Vehicle Registration Number * 2)	SKZ 7293H 2) SBS 3728R
Vehicle Make / Model / Colour	1=77 Atio (fold Indus / SBS Toms of Bus
Damage to Vehicle/Property? Vehicle Category *	[M] 00 / NOS 1542 1 B.D.
Name of Driver	WANT FENT XI ANT
NRIC/Passport Number	G 66 89428 U
Contact Number	1 6 0 2 (4 2 2 0)
Address	
Insurance Company Name	
DETAILS OF WITNESS	
Name	
Contact No. / Email Address	

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Claim Handling(Claim Task)

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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT	(CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RUL	E5, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	

Certificate Number: 5104049699-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

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.

: SLE2993C

: RN61087249

: 16 Oct 2019

: 15 Oct 2020

: GOH HUA KWEE

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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) : \$\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : 55100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP SE NO INSURE WITH COE O VES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : GOH HUA KWEE

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)

: JG MOTOR AGENCY (00000613374)

Date of Issue

: 27 Sep 2019 16:07 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive