NATIONAL Assessment Centre S	COURT SEC SUCCESS	HINITE	Date & Time C	ompleted	Done	by .
Date In: 41370-15:17	Jcb description		Date termine			
Ref No: 49 /46 2002574/74	SAS e-filing					100
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D.O.A: 4/712-09:35	i-Motor Claim F		m 10868	22.000	4/3/20	16:10
	i-Motor W/O (W	ithin: OD 2hrs,	P 4hrs)			
OD / TP. Reporting Only	i-Photo Uploade	d				
	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	F	ax:	
TP Particulars: Veh No: 517 97	ATB .	. INC(	)/Non-INC	( ).		
Owner / Driver: (		¥11	Tel:		)	
Policy No: ( ) Perio	od: (	)	Cover Type:			
Confirmed by: (		Date:	Tim		)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO	): N: 0-20	%; P: 21-79%	6. P: 80-1	100%]	1
Year of Registration: ( ) Wa	arranty: YES ( )	/NO(	)			
Excess: (\$ ) Loading: \$1,000	)()/\$2,000(	)				
General Remarks:	+.7. * * * *				A	v
( ) Walk-In Customer : Customer's inform	nation strictly Confid	lential & Stri	ctly NO refer of	of repairer.		
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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 archiving of this report at the centre and to copies of the report being made available

aforesaid.	
He with the same of	ACCIDENT STATEMENT
Date Of Report	04/03/2020 15:57
Date Of Accident	04/03/2020 09:35
Exact Location Of Accident	KPE BEFORE AIRPORT RD EXIT
Country/State of Loss	SINGAPORE
Sales	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD84G
Insured/Policyholder	
Name Of Registered Owner	HO SENG GUAN
NRIC No	SXXXX716H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88778484

Alternative Phone No. Vehicle Particulars

MERCEDES-BENZ Manufacturer A200 AMG LINE AUTO Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

6 YEARS AND 3 MONTHS

OFFICE-88778484

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5113487125 Policy Number

Cover Note Number

Driver

HO YUAN LIANG Name of Driver SXXXX256A NRIC No Date Of Birth 06/07/1995 INDOOR Occupation

Date Of Driving Pass 22/11/2013

**Driving Experience** MALE Gender

Mobile Number (LOCAL) +65-96357989

Fax Number

Contact Number OFFICE-96357989

NOEMAIL **EMail Address** 

84 PASIR RIS TERRACE Address

518727 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LYNETTE CHAN

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLJ9755B

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

Page 2 of 17

#### No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SML5841P

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 HO YUAN LIANG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKD84G
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name LYNETTE CHAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKD84G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address

Postcode

## SKETCH PLAN

## 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.
- 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 aforesald.
- 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.

x flo

Policyholder's Signature Date & Time: \$.

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

#### DECLARATION

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

2

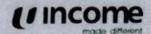
Do

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.:

/ehicle No.	SKD844 Model/Make MERC A200
Date of Accident	04/03/20
ime of Accident	0935 HRS
ocation of Accident	KPB entrance, before Airport Road exit.
Exact purpose use during accid	
Name of Owner	HO SENG GUAN
Telephone No.	H/P: 8577 8454 Home: Office:
VRIC	S6818716H
Address	54 PASIR RIS TETTALE S (518727)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5113487125
Folicy No.	, , , , , , , , , ,
Name of Driver	As Above If No, 40 Suan Hanh
NRIC	Sas 24256 A Any Passengers: 1 (Female)
Date of birth	06 JUL 1995
Occupation	Outdoor / Indoor
Driving License Pass Date	22 Nou 2013
Gender	Male / Female
Contact No.	H/P: 9635 7989 Home: Office:
Address	84 PAGIR RIS TETTALE S (518727)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state SON
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Ves, Who? (MONITORING)
Name And Contact No.	HO YUAN WANG, 9635 7989
Name And Contact No.	LYNETTE CHAN, 9678 2068
Police Report	No. If Yes, Where?
Vehicle B No.	SLS 9755 8 Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	SML 58419 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	from laspa
Camera Recorder	(Yes)/NO FRONT AND REGA
Email Address	Ho-Yuantzanus @ Hornast.com
Endi Fied 633	
DARTICH AR WORKSHOP	N-51 Automotive Pte Ltd
PARTICULAR WORKSHOP	6842 0051 / 6744 0510
CONTACT DEPSON	
CONTACT PERSON	1AN
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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113487125

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SKD84G : WDD1770872J027703

Chassis Number 2. Name of Policyholder

: HO SENG GUAN

3. Effective Date of Insurance

1 30 Oct 2019

4. Expiry Date of Insurance

: 29 Oct 2020

Persons or Classes of Persons entitled to drivell
 (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

**EXCESS (SECTION 1)** : \$\$600 **EXCESS (SECTION 2)** WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

**UNNAMED DRIVER EXCESS** : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

: TAN KIM TEE NAMED DRIVER (1) : HO SENG GUAN NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : SHUN HENG CREDIT PTE 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)

: JKR TRADING (00000571801) Date of Issue : 23 Oct 2019 12:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

<b>eBao</b> Tech	GeneralClaim										alClaim
Hello, NAC_PAYA_UBI_800	601			Control Control Control Con			· Change	Language	e · Char	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Lass	Policy N	10.				Date o	f Accident		04/03/2020	09:35	
	Vehicle	No.(For Motor)	SKD840	3		Certific	cate Number	[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113487125		HO SENG GUAN	S6818716H	GPC	drivo PREMIUM	SKD84G	SKD84G	30/10/2019	29/10/2020
						Continue	8				

Accident MT/1086852									
Date: No.		Vehicle No.	COMPAG		CET BANKENSKA	. 844			
Policy No.	5113467125	Venicle No.	SK084G		GST Registration	reo.			
Certificate No.	era valence and an analysis of				Martin Baldan Billi			5681871	for .
olicyholder Name	HD SENG GUAN				Policyholder NR1				ues.
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM		Contact No (Hon			0	
Contact No. (Mobile)	NA.	Contact No.(Office)			eCode	ne)		Mi V	
mail Address FK	® No ○ Yes	Special Remark TCA	No ○ Yes		eCode Reason			111111111111111111111111111111111111111	
	C2 5		14		Private Hire			Not avail	able
ICD Protection  Accident Details	No	NCD Entitlement(%)	50		Private rise			HOL BY BI	aure.
eport Date	04/03/2020 14:48	Accident Report Within 24 hrs.	Yes		Acodent Type			Unknown	e.
Date of Accident	04/03/2020	Time of Accident hh:mm	00:00		Country of Accid	ant		Singapor	
teporting Centre	ON/03/2020	Oranga Force	00.00		ICM No.			an gapon	7
Accident Location	NA .	300000 S0000			0700000				
♥ Total Excess Applicable									
xcess Type	Per Accident	Windscreen Excess	100.00						
- CONST. (185)									
O Standard Excess	600.00	TP Standard Excess	0.00						
TED OD Excess		YIED TP Excess			Driver is Covere	<b>a</b> ?		Not Appl	cable
Additional Excess	0								
fotal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00						
♥ Benefits									
♥ GST Registered Informa	tion		111170001110000000000000000000000000000						
ST Registered	No		GST Registration Date						
ST Registration No.			GST Status Venfied		Yes				
fodification History									
Policyholder Mailing Add		22232	DATE OF STATE OF STATE		Address 3			CHICAR	ORE 518727
Address 1	84 PASIR RIS TERRACE	Address 2	PASIR RIS BEACH PARK		Post Code			518727	WE STOLEY
Address 4		Address Type	Singapore address		Post Cope			518/2/	
Jnit No.		Related Policy Number	5113487125						
9 OI Driver Info		NA COMPANY							
Oriver Name Unnamed Oriver Name		Oriver Type Oriver NRIC			Driver DOB				
		Driver Age			Driving Experien	re.			
		15000 PA				rie i			
Contact No.(Mobile)		Contact No. (Office)			Contact No. (Hor	ne)			
Contact No.(Mobile) Address 1		Contact No.(Office) Address 2	Enter the second		Contact No. (Hor Address 3	ne)			
Contact No. (Mobile) Address 1 Address 4		Contact No. (Office)	Foreign address		Contact No. (Hor	ne)			
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