

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 withholding 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.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------------|
| Date Of Report | 10/03/2020 10:42 |
| Date Of Accident | 03/03/2020 07:20 |
| Exact Location Of Accident | TRAFFIC JUNCTION OF BEDOK NORTH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------|
| Vehicle Registration Number | SC61H |
| Insured/Policyholder | |
| Name Of Registered Owner | SNG SOK MOEY |
| NRIC No | SXXXX130I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96932619 |
| Alternative Phone No | OFFICE-96932619 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 216I |
| Exact Purpose for which vehicle was being used at time of accident | COLLECTING FOOD FROM MY MOTHER |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D-19093809MVPC |
| Cover Note Number | |
| Driver | |
| Name of Driver | SNG SOK MOEY |
| NRIC No | SXXXX130I |
| Date Of Birth | 30/07/1956 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/02/1979 |
| Driving Experience | 41 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96932619 |
| Fax Number | |
| Contact Number | OFFICE-96932619 |
| Email Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 27 KINGSMEAD ROAD |
| Postcode | 267978 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 |
| 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) | 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 | SMK9130L |
| 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) | |

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: 5111945142-000007

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV3345B**
Chassis Number : JHMFD36209S206287
2. Name of Policyholder : AUTOMOBILE TYRE PTE. LTD.
3. Effective Date of Insurance : 17 Jan 2020
4. Expiry Date of Insurance : 16 Jan 2021
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 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) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$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 | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : REVO FINANCIAL 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)

Agency : KINETIC INSURANCE AGENCY (00000573090)
Date of Issue : 15 Aug 2019 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

SKETCH PLAN

IMPORTANT NOTICE

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

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

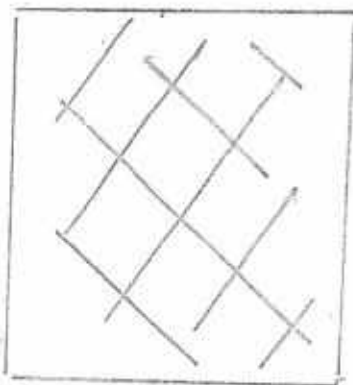
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

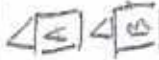
Reported Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - SMK 9130 L

B - SC 61 H



BEDOK NORTH JUNCTION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was waiting at the traffic light junction waiting to turn green. I was not aware that my car had slid and touched the front vehicle SMK 9130 L. My vehicle was in total good condition and no dents or scratches. There was a slight dent on vehicle SMK 9130 L.

DECLARATION

I/We declare:

that the particulars are true in every respect.

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.:

10/03/2020

[Handwritten signature]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

| | | | |
|---|---|--|--------------|
| Date and Time of Accident | * | Date: 3 March 2020 | Time: 07.20 |
| Exact Location of Accident | 1 | Bedok North Road, Junction of Traffic Light | |
| DETAILS OF OWN VEHICLE | | | |
| Vehicle Registration Number | * | SC 61 H | |
| INSURED / POLICYHOLDER (OWN VEHICLE) | | | |
| Name of Registered Owner (See Insurance Cert.) | | | |
| Personal Identification - NRIC (Singaporean/PR) | | | |
| - FIN/Passport Number | | | |
| - Not Applicable | | | |
| VEHICLE PARTICULARS (OWN VEHICLE) | | | |
| Vehicle Make / Model | | Manufacturer: _____ | Model: _____ |
| Type of Vehicle | | <input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____ | |
| Exact Purpose for which vehicle was being used at time of accident | * | Collecting food from my mother | |
| Are you claiming under own insurance policy for repair to your vehicle? | | <input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input type="radio"/> Reporting) | |
| INSURANCE COMPANY (OWN VEHICLE) | | | |
| Name of Insurance Company | | | |
| Type of Policy | | <input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only | |
| Fleet Policy | | <input type="radio"/> Yes <input type="radio"/> No | |
| Policy Number | | | |
| Motor CI | | | |
| DRIVER | | <input type="radio"/> Same as Insured above | |
| Name of Driver | 1 | Sng Sok Maey | |
| Personal Identification - NRIC (Singaporean/PR) | 2 | S1195130/I | |
| - FIN/Passport Number | 3 | K1008737K | |
| Date of Birth | 4 | 30 /dd 07 /mm 1956 /yy | |
| Driving Date Pass | 5 | 20 /dd 02 /mm 1979 /yy | |
| Year of Driving Experience | 6 | 41 Year(s) Month(s) | |
| Occupation | 7 | Housewife <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor | |
| Gender | 8 | <input type="radio"/> Male <input checked="" type="radio"/> Female | |
| Contact Number / Mobile Phone / Fax No. | 9 | 96932619 | |

| | | |
|---|----|---|
| Address of Driver | \$ | 27 Kingsmead Road Singapore (267978) |
| Email Address | # | |
| Was Driver An Employee of the Insured's Company? | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If No, Relationship of the Driver with the Insured | | |
| Vehicle Registration Number of Driver's Own | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 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 Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear) | ↓ | My vehicle rolled down and touched the front vehicle | | |
| Weather Conditions | # | <input checked="" type="radio"/> Clear | <input type="radio"/> Raining | <input type="radio"/> Others |
| Road Surface | # | <input checked="" type="radio"/> Dry | <input type="radio"/> Wet | <input type="radio"/> Others |

OTHER INFORMATION

| | | |
|---|--|--|
| a. Was anybody injured in the accident? | | <input type="radio"/> Yes <input type="radio"/> No |
| b. Was any other vehicle or property damaged? (Including Witness) | | <input type="radio"/> Yes <input type="radio"/> No |

DETAILS OF POLICE ACTION

| | | |
|---|---|--|
| Was the Accident reported to the Police? | ↓ | <input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, please state which Police Station.) |
| Police Station Name | | |
| Police Station Address | | |
| Police Station Contact | | Tel No. Fax No. |
| Was notice of Intended Prosecution given? | | <input type="radio"/> Yes <input type="radio"/> No (if Yes, against whom?) |

DETAILS OF OTHER VEHICLE / PROPERTY 1

| | | |
|---|----|-----------|
| Vehicle Registration Number | \$ | SMK 9130L |
| Vehicle Make/ Model/ Colour | | |
| Details of Properties | | |
| Name of Driver | | |
| Personal Identification - NRIC (Singaporean/PR) | | |
| - FIN/Passport Number | | |
| Contact Number | | |
| Vehicle Make/ Model/ Colour | | |
| Address of Driver | | |
| Name of Insurance Company | | |
| No. of Passenger (Including Driver) | | |

(Note - Please use page 6 if you need to add more vehicles)

CERTIFICATE OF INSURANCE**ORIGINAL**

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)

Type of Policy: PRIVATE MOTOR CAR INSURANCE

Type of Cover: Comprehensive

Certificate No.: D-19093809MVPC

Vehicle No / Chassis No.: SC81H / WBA5A52090G390341

Name of Insured: SNG SOK MOEY

Period Of Insurance: 25.08.2019 To 25.08.2020

Insured Estimated Value: Market Value At Time Of Loss

Excess:

SGD600.00 SECTION I ON ANY AUTHORISED DRIVER

SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

SNG SOK MOEY AND ANY AUTHORISED DRIVER

Persons or classes of persons entitled to drive*

1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

2) Any other person who is driving on the Insured's order or with his 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*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

ITHMINAH/B0174/MX1F

Issued at Singapore on 11.07.2019

Authorised Signature