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1000	Assessment/Su	rvey Report			Carl Carl
TP Insurer:			Owner/Wksn		
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TP Particulars: Veh No:	A 6(88D	. INC(.)/Non-INC().	
Owner / Driver: (Tel:)
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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 misropresentation 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.
- 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	STAT	ΈM	ENT
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Date Of Report 16/03/2020 13:09
Date Of Accident 14/03/2020 22:30

Exact Location Of Accident JUNCTION OF TAMPINES AVENUE 2/TAMPINES AVENUE 9

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML3190Y

Insured/Policyholder

Name Of Registered Owner CHONG SENG KIT

NRIC No SXXXX617Z

Email Address VINCENTCHONGSK@YAHOO.COM

 Mobile Phone No
 (LOCAL) +65-98512475

 Alternative Phone No
 OTHERS-98512475

Vehicle Particulars

Manufacturer MAZDA

Model 3

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

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 5109920162

Cover Note Number

Driver

Name of Driver CHONG SENG KIT

 NRIC No
 SXXXX617Z

 Date Of Birth
 24/11/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/04/1996

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98512475

Fax Number

Contact Number OTHERS-98512475

EMail Address VINCENTCHONGSK@YAHOO.COM

Address BLK 623 BEDOK RESERVOIR ROAD

#12-1538

Postcode 470623

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? YES

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.

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: 1800-4719999 - FAX NO:

Tras notice of misriates 1 1000

**

If Yes, against whom?

Police Station Contact

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200316/2041

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJA6188D

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MDM CHUA

NRIC/Passport Number

Contact Number

97856232

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHONG SENG KIT

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SML3190Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 <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.
- 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.
- 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 & Time: 11.4501

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

Name:

NBIC/FIN No :

TAMPINER AVECLUER 9	
A) SML3190Y B) SJA 6188 D P) P)	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT TAMPHUM AVENUE 12	
ON 14/03/2000 AT ABOUT >2:30HES I WAS AT SLIP ROOM TAMPA AVENUE 12 13 GIVEWAY WO ON COMMA VEHICUM. SURPRAU IN I FELT A BROWN OW MY BAAR, I COME OUT & SOW A C STA 6178D BOWN ONNO THE BAAR OF MY CAR SMC3/90 THAT AU. POLICE PERPORT T/20200316/204/	LOR LOR
ECLARATION We declare the foregoing particulars are true in every respect. **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particulars are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular are true in every respect.** **Model of the foregoing particular	

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.: LOSS WHAT B

ACCIDENT STATEMENT

ACC	DENT DATE: (4 / 3 / 2820) (DD/MM/YY	M), TIME:(22:30)(HH:MM)
LOCA	ATION: Tampines Ave 12	T.
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SML 3190 Y b) INSURANCE COMPANY: NTUC	• •
	c)POLICY NUMBER: \$109920162 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARE) MAKE & MODEL: Mazda 3 f)TYPE:(SALOON / COUPE / MPV /VAN / LOR g)VEHICLE CATEGORY: (PRIVATE / COMMERCE) h)PURPOSE OF USING AT ACCIDENT TIME:	RY / MOTORCYCLE / OTHERS)
2.	I) ARE YOU CLAIMING UNDER YOUP OWN INS IF NO, PLEASE STATE FHIRD PARTY CLAIM F INSURED / POLICY HOLDER	REPORTING ONLY)
pax (f)	b)NRIC/FIN/PASSPORT:	(MALE / FEMALE) CONTACT:
the of passonger (Including driver)	Direction in the state of the s	
	*d)DATE OF BIRTH: (24/11/975)(DD. e)OCCUPATION: (INDOOR / OUTDOOR) FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WITH	1996 RED'S COMPANY? (YES (NO))
6,	a) WEATHER CONDITION: (CLEAR) RAINING / b) ROAD SURFACE: (DRY / WET / OTHERS	* * * * * * * * * * * * * * * * * * * *
this of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: STA 6188 D b) DRIVER'S NAME: NAME CAME	MODEL: HONDA
()	C) NRIC/FIN/PASSPORT:	CONTACT: 9785 6232
Eldo of passenger	e) DRIVER'S NAME:	

email = vincentchongska yahoo.com VIDBO





T/20200316/2041

1 of 3

Report No. T/20200316/2041

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 20 12:37	lade:	Vide Report No.:	Station Diary No. 24	
Informa	nt's Particu	ulars			
	Informant: SENG KIT		Address: APT BLK 623 BEDOK RESERVOIR ROAD #12-1538 SINGAPORE 470623		
ID Type / ID No.: NRIC NO / S7535617Z			Contact No.: Home/Office: Mobile: 98512475		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Age: Date of Birth: Male 44 24/11/1975			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na		
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2020 22:3	Type of Location Bend	
Location: Along Road 1 TAMPINES A Weather:		Road Surface:		Road Speed Limit.	
Clear		Dry			
Traffic Flow: One Way		Traffic Control: Traffic Light - W	orking	Traffic Volume: Light	
Traffic Flow: One Way		Traffic Light - VV			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJA6188D	Car					0
SML3190Y	Car	MAZDA	MAZDA3 5- DOOR HATCHBAC K 1.5L SP.6EAT	Grey	Slightly Damaged	1





0200310/2041

2 of 3

Report No. T/20200316/2041

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SML3190Y	NTUC Income Insurance Co-Operative Limited	5109920162	30/05/2019	13/07/2020			

Details of Person	n Involved	12 13			HENGIN TO SELECT
Any Pedestrian Ir	volved: No				1 190730
No. of Pedestrian	s Injured: NIL	Use of Ped	estrian	Cross	ing: NA
Driver					NAME OF THE OWNER.
Name	Ms Chua		ID No.	Şî.	NIL
Related Vehicle	SJA6188D (Car)			ct No.	97856232
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Dat		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	charge NIL		
	ted Medical Leave NIL	Degree of	Injury	NIL	
Driver					and partitioning
Name	CHONG SENG KIT		ID No	i.	S7535617Z
Related Vehicle	SML3190Y (Car)		Contact No.		98512475
Hospital/Clinic	HEALTHPLUS CLINIC & SUR	RGERY	Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	15/03/2020	Date Disch	Discharge 15/0		3/2020
	ted Medical Leave 03	Degree of	Injury	NIL	

Brief Details.

On 14/03/2020 at about 2230hrs I was driving at the slip road along Tampines avenue 12 to giveway to on coming vehicle, suddenly I felt a collision on my rear. I came out and saw my vehicle bang by the vehicle behind me. No one was injure at the point of time hence we exchanged particular and left. No police and ambulance is at scene. The next day my body felt pain and I went to see doctor and given 3days mc. I have in car CCTV footage and it captured the footage





T/20200316/2041

3 of 3

Report No. T/20200316/2041

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

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 <u>report number</u> as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: D / Sgt 2 LIAN YONG MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 16/03/2020 12:37
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp 13 SINCAPORE	CN 40

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try No.	SIDHUME	Vehicle No.	984.3195W		GAT Reput ption No.			
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iruholder Name	O4086 SF90 477				Porconnect NRIC	arkites of		
stuck Code	PRINCE CAR INSURANCE	Cover Type	time Contact		Lording	16		
cont No. (Milphe)	103426/9	Certificat (No.) GPT(ptr)			Corac to (Hone)			
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glater Date of Driver Utternet	22/04/1996	Curtact No. (QW/e)			Corract No (Home)			
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	6	NAC_BUNIT_MERAH_R006/Y6 RA E URURIT MERAH	TIONAL ASSESSMENT CENTRE LEAVICE I an III Mar 2020 14:22	Protos	Normal	Photos 2020-5-18	Cen
	6	NAC BURST MERAN BOSINES THE SUBJECT NEXAN	FIONAL RESENTATION TO THE SERVICE IS NO. 16 Per 2020 14 22	Plane	Nortel	Protein 2010-3-18	Kalit
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Certificate of Insurance

: SML3190Y

Cover : drivo CLASSIC

: JM68M44A8E0133666

: CHONG SENG KIT

: 30 May 2019

: 13 Jul 2020

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	Numb	oer:	51	099	20	162
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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.

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) : 5\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS ± N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : CHONG SENG KIT NAMED DRIVER (1)

: N/A NAMED DRIVER (2) : N/A HIRE FURCHASE COMPANY

TOKYO CENTURY LEASING (SINGAPORE) 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 : HUA YANG CREDIT PTE LTD (00000613824) Date of Issue

: 30 May 2019 10:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive