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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.
- 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.
- 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.
- 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.

ACC	DEAT	OT A	4 - 4 1	
ACC	DEN	DIA	- N	IIEN:

Date Of Report

14/04/2020 11:33

Date Of Accident

14/04/2020 08:25

Exact Location Of Accident

ALONG NEW UPPER CHANGI ROAD OPPOSITE BLK 58

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP5246L

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

KOH CHEONG KEUN TONY

NRIC No.

SXXXX587J

Email Address

TONYKOH1966@GMAIL.COM

Mobile Phone No

(LOCAL) +65-91474125

Alternative Phone No.

OTHERS-91474125

Vehicle Particulars

Manufacturer

TOYOTA

Model

SIENTA

Exact Purpose for which vehicle was being used at

time of accident

BUYING FOOD AND SEND WIFE TO WORK

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

5112962576

Cover Note Number

Driver

Name of Driver

KOH CHEONG KEUN TONY

NRIC No

SXXXX587J

Date Of Birth Occupation 14/09/1966

Date Of Driving Pass

OUTDOOR 25/06/1984

Driving Experience

35 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91474125

Fax Number

Contact Number

OTHERS-91474125

EMail Address

TONYKOH1966@GMAIL.COM

1 TANAH MERAH KECHIL ROAD Address

#05-04

Postcode

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?

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

NO

ambulance?

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)

2

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TOA PAYOH CENTRAL

Police Station Address

ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO - FAX NO

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200401/2033

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

SKU3882K

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR FOO

NRIC/Passport Number

Contact Number

97901760

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH CHEONG KEUN TONY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SMP5246L

YES

NO

Page 3 of 30

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 aforesaid.
- S. 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: 14 | 4 | 2020

10-30 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No.:

	BLK58	
Jew Uppel shaing i Road	×	
shaws i Road	>>	
	8KU 3882K X SNP5246L &	
SCRIBE CIRCUMSTANCES OF THE ACCI	DENT accident Point	
310P at Traffic 1 at New Upper C	ight waiting to do hangi Road (BLK E SKU 3882K come	8 Opposite
Suddenly Vechile	Car SMP 5246L	e from behind
Police RAPORT 1/2	0200414/2022	
	7 (7 - 03)	
ARATION declare the foregoing particulars are true in	every respect.	(w/ou/2020 ,
holder's Signature Driver's S		ng Centre Personnebs Signiture
& Time: (4 4 70 70 (If driver)	s not the policyholder) Name: NRIC/FII	N Na.: Kald 1000

ACCIDENT STATEMENT

	7.001	SCIAL STATEMENT	
	ACCIDENT DATE: 14, 4, 30 H	2)(DD/MM/YYY), TIME:(8:	an 26
	LOCATION: NEW Upper	Chanci Road)(HH:MM
	DETAILS OF VEHICLE SMA	NTUC Insurance	
	I)TYPE: (SALOON / COUPE MP G) VEHICLE CATEGORY: (PRIVAT D) PURPOSE OF USING AT ACCIE I) ARE YOU CLAIMING UNDER YO	THIRD PARTY / THIRD PARTY / THIRD PARTY / THIRD PARTY / SIE MTA V/VAN / LORRY / MOTORCYCLE / COMMERCIAL / MOTORCYCLE / CO	LE/OTHERS) CLE) JAY 10 WA
	2. INSURED / POLICY HOLDER AJNAME: KOH CHEONG	RIY CLAIM / REPORTING ONLY))
NSFE	binric/fin/passport: S175; c) ADDRESS: BIK / Tanak	Merah Keehil Room	91474125
*Ho of passo Cincluding du (2)	* CONTINUE TO 3.d IF DRIVER AL	SO POLICY HOLDER	/ FEMALE)
	*d)DATE OF BIRTH: (4/09) e)OCCUPATION: (INDOOR / OUT	DOOR) Haliand	
	4. WAS DRIVER AN EMPLOYER OF IF NO, RELATIONSHIP OF THE I	PAINING (OTHERS	(YES / NO)
	6. WAS ANYBODY INJURED (YES / NO IF YES, PLEASE STATE WHICH POLICE))	K• 1//
He of passinge Including drive	O) VEHICLE NUMBER: 2KU 38		edes
() He of pesseng	C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	CONTACT: 97	90 1760
Including driv	e) DRIVER'S NAME:	CONTACT	
	***	8 8	i
	: email = TOM	y KoH 1966 @ grape . Go	n
	VIDEO	v.	





Fot 3

Report No. 7/20200414/2033

Police Station Of Origin. Toa Payon N.P.C. 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 320-13:47	Made	Vide Report No.	Station Diary No.		
Informa	nt's Partic	ulars				
	f Informant EONG KE		Address: 1 TANAH MERAH KECHIL R 486663	OAD #05-04 SINGAPORE		
ID Type / ID No.: NRIC NO / \$1753587.I			Contact No.: Home/Office: Mobile: 91474125			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age; 53	Date of Birth: 14/09/1966	Type of Informant: Driver			
Race Chinese			Language:	Institution / School Name:		
Occupation GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2020 08:2	Type of Location X-Junction	
	CHANGI ROAD LK 58 NEW UPPEI	R CHANGI ROAD Road Surface		Road Speed Limit	
		Dry		,	
O I Dai		the late on the		Traffic Volume: Moderate	
Traffic Flow: Dual Carriage	Way	Traffic Control: Traffic Light - Wo	rking		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKU3882K	Car	MERCEDES BENZ	E 250 SEDAN (R17	Silver	Slightly Damaged	0
SMP5246L	Car	ТОУОТА	SIENTA STANDARD (AUTO)	Brown	Slightly Damaged	1

ehicle Insurance			
Insurance Company	Insurance No	Effective	Expiry Date
	ehicle Insurance Insurance Company	Fundamental Programme Company	





2 of 3

Report No. T/20200414/2033

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP5246L	NTUC Income Insurance Co-Operative Limited	5112962576	30/09/2019	29/09/2020

Details of Perso	TOTAL CONTRACTOR OF THE CONTRA					
Any Pedestrian II			Line of D		P3	
No. of Pedestriar Driver	is injured. ML		Use of P	enesmar	Cross	sing. NA
	WOLLDI FOUND WE	10.1 100.00 0.10 0		Tree var		
Name	KOH CHEONG KEUN TONY			ID No	9	\$1753587J
Related Vehicle	SMP5246L (Car)			Conta	ict No.	91474125
	100 P					
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	14/04/2020		Date Dis			1/2020
No. of Days gran	ted Medical Leave	04	Degree o	of Injury Slight		
Passenger	real revisit falles					
Name	LIM SIOK HONG			ID No	¥.	S1590474G
Related Vehicle	SMP5246L (Car)			Contact No.		98473599
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 14/04/2020 at about 0825hrs, I was driving my vehicle (registration number SMP5246L) along New Upper Changi Road with my wife and stopped at the traffic light opposite Blk 58 New Upper Changi Road I was waiting for the traffic to be clear before making a U-turn. Out of a sudden, I felt an impact from the rear. I then alighted from my vehicle to make a check. The vehicle (registration number: SKU3882K) collided into my vehicle from behind. Due to the impact of the accident, my vehicle suffered dents on the boot area. Due to the accident, I suffered an injury such as a muscle pull on my right leg. I then took pictures of both vehicles and exchanged particulars with the other driver (Mr Foo. 97901760). Subsequently, I went to see the doctor and was given 4 days MC from the doctor.



Police Station Of Origin:

Tel No. 1800-2519999

Toa Payoh N.P.C.



93 Toa Payon Central #01-02 Toa Payon

Community Building SINGAPORE 319194 CONTINUATION OF REPORT

3.013 Report No. T/20200414/2033

Sketch Plan

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

Sgt 3 ESTHER CLARE KOH MEI CHIN	On f
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2020 13:47
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:



Mount Alvernia Hospital Medical Certificate

Emergency Department 24-Hour Walk-in Clinic and

No: M20000040548

14-Apr-2020 to 17-Apr-2020. This is to certify that KOH CHEONG KEUN TONY, S1753587J, is granted Outpatient Sick Leave for 4 day(s) from

Remark

This medical cettificate is not valid for absence from Court or judicial proceeding unless specifically stated. A&E / 24-HOUR WALK-IN CLINIC Mount Alvertin Hospital 8:10 Thomson Road Singapore \$7.4623 left: 63476210

MCR 08966D Dr. Oh Jen Jen

Date

14/04/2020

Claim Handling Scrident MT/1091375								144
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Contact tim (Messie)	91+79125	Contact No. (Office)				: No.(Hume)	(6)	
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Amerikat attain Name Regioner Date of Deser Learner	No. of the last of	Driver NULL	\$17535811		Driver D		14/00/1308	
Contact No. (Motale)	25/00/3004 91474125	Drivet Age	33			bigerrooce	26	
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/14/2020		Claim Handling(accident reporting Cl	aim Task.)	
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CAP 341	NAC, BUNIT, MERAY, SOSIMIL MATTOMA, ASSESSMENT CENTRE SERVICE S (BUNIT MERAY), NA 14 Apr 2020 35-18	Haris	Normal	Phonos 3020-4114	Edit
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	NAC, SCHIT, MERSH, BIDGYDI MATICHAL ASSISSINENT CENTRE BENIGE E IBLINIT MERSHI)) on 14 Apr 2020 SILIP	Photos	Normal	Printing 3030-4-44	Lait
1	AME DENIT HERAM BIDGES WATERMAN, MARTHINSTY DESIGN DEMINER I (DENIT HERAM)) on 14 Apr 2020 19 (A	Procos	normal	Photos 2020 4-) 4	EAR
4	NAC BURIT MERAH MURTH RATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 14 Apr 2020 15: TE	Protest	Normal	Printin 2020-4-14	test
-	NAC BURST MERAN BEOGRAL BATZERIN, ASSESSMENT CENTRE BEHVICE 8 (BURST MERAN) on 14 Apr 2020 12:49	Photos	Named	Physics 2000-4-19	f, etc.
	NAC BOKIT MERAN BUILDS NATIONAL ASSESSMENT CENTRE SERVICE BUILDIT MERAN () on 18 Apr 2020 15:19	Protos	Numai:	Frutus 2030 4-14	field
and a	NAC_BUKIT_MERAM_BETEVEL NATIONAL AGESSMENT CEMTRE SERVICE S (BUKIT MERAM) on 14 Apr 2020, 15:28	Photos	taxornal	Physiol 2020-4-14	ses
	NAC_BORTT_HERAN_BOURTS (NATIONAL ASSESSMENT CENTRE SCRUICE B (MURIT HERAN)) or TA Apr 2020-15-16	Photos	Numel	Physics 2520-4-14	600
Land .	NAC_BUKIT_MESAH_BOSCOS; NATIONAL ASGESSHENT CENTRE SERVICE S. (RUATE MENAH)) on 14 Apr 2028 15: 18	Phitos	Normal	Promis 2020-e-14	sais
No.	NAC BURTH MERSH BOOKSE BATTONIA ASSESSMENT CONVEX NEWFOLK TO CROSST MERSHIT ON 18 Apr 2028 10:18	Prettus	tearmer.	Photos 7030-0-14	EWIL
	NAC, SUALT, MERAIN, BUZDON, NATURNAL ASSESSMENT CENTRE SERVICE SCIENCE MERAIN), SILVA NO 2020 13-18	NRICI Drwing Leaves Y	Normal	NAIGI Devely Lizares 2020-4-14	EMIL
100	AND BOATS MERCH TROUBLE WATERING WISCOSPIECE CENTER SERVICE SCHOOL SCHOOL SERVICE SERVICE	545	Northal	SAS 7020-4-16	Exit

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Certificate of Insurance					
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN ROAD TRANSPORT ACT, 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAY MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (SATION) RULES, 1960 YSIA)				
Certificate Number: 5112962576	Cover : drivo CLASSIC				
1. Index mark and Registration Number of Vehicle	: SMP5246L				
Chassis Number	: MHFZ28H3700064555				
2. Name of Policyholder	: KOH CHEONG KEUN TONY				
3. Effective Date of Insurance	: 30 Sep 2019				
4. Expiry Date of Insurance	: 29 Sep 2020				
the Motor Vehicle or has been so permitted a	in accordance with the licensing or other laws or regulations to drive nd 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#					
	s 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 (b) Use for the carriage of goods (other than samp (c) Use for any purpose in connection with the Mo 	ples) in connection with any trade or business.				
# Limitations rendered inoperative by Section 8 Act (Chapter 189) and Section 95 of the Road T headings.	of the Motor Vehicle (Third Party Risks and Compensation) Transport Act, 1987 (Malaysia), are not to be included under these				
EXCESS (SECTION 1)	: \$\$2,000				
EXCESS (SECTION 2)	; S\$1,500				
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 PRIMARY DRIVER	: NO				
NAMED DRIVER (1)	KOH CHEONG KEUN TONY				
NAMED DRIVER (2)	: N/A : N/A				
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD				
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS				
I/We hereby Certify that the Policy to which this Certif Vehicles (Third Party Risks and Compensation) Act (Ch. Agency : ASSURE PTE. LTD. (0000057284) Date of Issue : 27 Sep 2019 10:37 hrs	ficate relates is issued in accordance with the provisions of the Motor apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 2) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED				
Countersigned By:	Sun				

Authorised Officer

Chief Executive