Date III. Dan Latena	1 1 1 1		D	Done	n las
Date In: און בלוב ואים בארות בייון	Jeb description		Date &Time Completed	Delli	2 07
Res No: Ha INCLOUTED TY	SAS e-filing		j .		
Veh No: Sky 9687B	E-mail (within 8h	irs, AIC 2hrs)			
D.O.A: 13/2/10-08:45	i-Motor Claim	Form	ICE-YIFF POILLW	23/3/201	YY: YY
	i-Motor W/O (	(Within: OD 2hrs	, TP 4hrs)		
OD : TP Reporting Only	i-Photo Upload	ded			72-9-7-7
TD	Assessment/Surr	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No:SK	CALWH	INC (	)/Non-INC( )		V. C. C
Owner / Driver: (	- 10		Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WC	O): N: 0-20	%; P: 21-79%. F: 80	-100%]	
Year of Registration: (		)/NO(	)		A
Excess: (\$ ) Loading:		)			
General Remarks:	nunda ka ti ka zaka ina na mujin taka na sa	ESEC27297889	CONTROL OF CONTROL	<u>लबर हिटा</u> र	
( ) Walk-In Customer: Customer's	the state of the s	All and the second second second second	the NO sefer of seeding	the state of the s	
The state of the s		idential & Str	cuy NO refer of repairer	·	
( ) Total Loss Case : to e-mail In			3 10 7 7		
Drive-In ( )/ Towed-In ( ); Inv	roice: YES ( ) / NO	) ( ) ; To	wing Co: (		)
Remarks: (INC hotline: 6788 6616	6)		Date&Time Completed	Done	hy
	######################################	DATES DESCRIPTION OF STREET	25 000000000000000000000000000000000000	18 11 1 1 2 1 1 A	P
1) Apply for Transport Allowance (	)/Courtesy Car ( )				THE PARTY NAMED IN
Apply for Transport Allowance (     OC Check / Post Renair Inspection					
2) QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost:	( )		. *		
	( )				
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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.

	ACCIDENT STATEMENT
Date Of Report	23/07/2020 14:34
Date Of Accident	23/07/2020 08:40
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS CLEMENTI RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ9687B
Insured/Policyholder	
Name Of Registered Owner	NG KANG RONG NICKI
NRIC No	SXXXX373B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98636819
Alternative Phone No	OFFICE-98636819
Vehicle Particulars	
Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102679180-01
Cover Note Number	
Driver	

Name of Driver NG KANG RONG, NICKI

 NRIC No
 SXXXX373B

 Date Of Birth
 02/03/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 03/10/2009

Driving Experience 10 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98636819

Fax Number

Contact Number OFFICE-98636819

EMail Address NOEMAIL

Address

70 CASHEW ROAD

#03-04

Postcode

679646

OWNER

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

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

WET

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

700

GENDER: : FEMALE

**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

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

SKC7624H

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)

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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. 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
  - (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
- 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 Personnel's Signature Name:

NRIC/FIN No .:

SKC 7624H

425

Ughicle A - SKJ 9687B Ughicle B - SKC 7624H

vehicle.

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

/ehicle No.	SKJ 9687B Model/Make BMW 316;
Date of Accident	23 Jul 20
ime of Accident	0540 HRS
ocation of Accident	Upper Bukit Timsh toward Clemensi Prod direction.
xact purpose use during accid	
Name of Owner	Ng Kong Rong Nicki
Telephone No.	H/P: 9863 6819 Home: Office:
NRIC	589093738
Address	70 CASHEW ROAD # 03-04 5(67 9646)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5102679180-02
Name of Driver	As Above If No,
NRIC	Any Passengers: 1 (Female)
Date of birth	02/03/1989. (wife)
Occupation	Outdoor / Indoor
Driving License Pass Date	03 00 2009
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	le masy tries
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SKC 7624 H Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	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	Rear Portion.
Camera Recorder	Yes/ No
Email Address	
Email Address	
PARTICULAR WORKSHOP	Twincar Automotive Pte Utd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
	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: 5102679180-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKJ9687B

Chassis Number

: WBA3A12020J720405

2. Name of Policyholder

: NG KANG RONG NICKI

3. Effective Date of Insurance

: 27 Jul 2020

4. Expiry Date of Insurance

: 26 Jul 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 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 headings,

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

: N/A : 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

: NG KANG RONG NICKI : RACHEL LIM YIJUN

NAMED DRIVER (1) NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE 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)

Agency

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 14 May 2020 16:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

<b>eBao</b> Tech	GeneralC								alClaim		
Hello, NAC_PAYA_UBI_80	0601			-	THE PERSON NAMED IN		• Change	e Languag	e • Char	ige Password	· Log Out
My Desktop	Poli	Policy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	8	23/07/2020	08:40	
	Vehicle Na. (For Motor)		5KJ9687B		Certificate Number		[				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102679180- 01		NG KANG RONG NICKI	\$89093738	GPC	drivo CLASSIC	SKJ96878	SKJ9687B	27/07/2019	26/07/2020
					C	Continue					

Policy No.	5102679180-01	Policyholder Name	NG KANG F	ONG NICKI	Policyholder NRIC	S8909373B	
Certificate No.							
Address	70 CASHEW ROAD #03-04 CAS	SHEW PARK CO	NDOMINIUM	SINGAPORE 679646	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/05/2019	Effective Date	27/07/2019	00:00	Expiry Date	26/07/2020 23	:59
xcess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Υ.	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	70 CASHEW ROAD	Addre	ss 2	#03-04 CASHEW P	ARK CONDO	Address 3	SINGAPORE 679646
Address 4		Addre	ss Type	Singapore address		Post Code	679646
Jnit No.	03-04	Relate Numb	d Policy er	5102679180-02			
) Insured	d Object: SKJ9687B						
▽ Endors	ements						
				Туре		Status	

March   Marc	Claim Handling					
Marie   Mari	Accident HT/1097714					
Marchanich   Mar		5102679180-01	Vehicle No.	5K79687B	GST Registration No.	
Ministry						
Content   March   Ma					Policyholder NRIC	
Section   Sect				drivo CLASSIC	Loading	0
	Contact No. (Mobile)	98636819	Contact No. (Office)	0	Contact No. (Home)	0
March   Marc	mail Address		Special Remark		eCode	DARV-
## CONTROL STATE   ADDRESS   ADDRESS	YK.	No ○ Yes	TCA	No ○ Yes	eCode Reason	
March   Marc	ICD Protection	No	NCD Entitlement(%)	10	Private Hire	No
The plane   2007/100   The plane   2007/100   2009   The plane   200	Accident Details					
Comparison   Com	eport Date	23/07/2020 14:41	Accident Report Within 24 h	rs Yes	Accident Type	Corrsion - Head to Rear
Married Part   Marr	ate of Acodent	23/07/2020	Time of Accident his min	08:40	Country of Accident	Sindagore
The Note   The Note   Though Clark (Print)   The Note   Though Clark (Print)   The Note   The Not	eporting Centre		Drange Force			
## A PACIDITY   PA PACIDITY   PA PACIDITY   PATRIMITY EXEMS   100.00   PRINTING EXEMS   PRINTIN	ccident secation	UPP BUKIT TIMAH RD TWOS CLEMENTI RD			0.598.00386	
10 Col Nation   10 Col Natio	Total Excess Applicable					
10 Col Nation   10 Col Natio	scess Type	Per Accident	Windscreen Excess	100.00		
100 O Discuss				404		
March   Marc	O Standard Excess	600.00	TP Standard Excess	0.00		
March   Marc	TEO OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
## CENT PROPRIETE STRUCTURE STRUCTUR	dditional Excess	0				
## CENT PROJECT STATE   1900	otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
17 - 19   19   19   19   19   19   19   19		000000	meny transmitted	577		
This procession   This		ation				
ST Signature No.   ST Data Whether   No.   St Data W				GST Receptorion Care		
Variable Matter   Variable M					Yes	
## Parkyholer Malling Address   100 Cabrelle RADO   Address 2   90 04 Cabrelle RAD   Address 3   Styluschild 6 59444				500 C C C C C C C C C C C C C C C C C C	3563	
Address   AD CASHEW SCADE   ABDRES   BOO 44 CASHEW PARK CONDOY   ABDRES   STACKADE   BOOSE   CPACK						
Address 2	Policyholder Mailing Ad	dress				
March   Marc			Address 2	#03-04 CASHEW PARK CONDO	Address T	STREAMOR STREAM
March   Marc						
### To Briver Table    10		01-24			Post Cope	679040
March Enter   NG KANG RONG NICK    Driver Type		03-34	Heleced Policy Number	5102679180-02		
Driver Name   Paper   Driver Differ   Driver Locals    Driver Name   September   Driver Driver   Dri		NG KANG BONG MICKS	Petitar Time	Maria Projecto		
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