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OD / TP ! Reporting Only	i-Photo Upload		1			
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TP Insurer:	Ass't Report by		Owner/Wksn			
Preferred Wksp / INC Assign Wksp / QW: (	A33 ( Report by	Tax Tiand	Tel:	F:	ax:	
TP Particulars: Veh No:	7112.02	INC (	)/Non-INC(			
Owner / Driver: (	14.81	. INC (	Tel:	1.	· )	
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	[Note-Est. Status (W			F: 80-1	00%1	
			776, F. 21-7576.	1. 30-1	.070]	
Year of Registration: ( )	Warranty: YES (	)\NO(	/			VAIT OF
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 (	ADDRESS STATE	Summers A. J. M. C.	8 1 July 1 3 1		7/1
General Remarks;-					Som Sill	
( ) Walk-In Customer: Customer's int	formation strictly Conf	idential & Str	ictly NO refer of r	epairer.		
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Drive-In ( )/ Towed-In ( ); Invoid	ce: YES( ) / NO	)();T	owing Co: (	•		100
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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.

aforesaid,	
And the first seeks for an elementary to the own	ACCIDENT STATEMENT
Date Of Report	24/07/2020 10:42
Date Of Accident	24/07/2020 05:00
Exact Location Of Accident	JOO CHIAT RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG2529T
Insured/Policyholder	
Name Of Registered Owner	CHUAN SOON HUAT SOH KEE
Co Reg No	1XXXX400J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83881333
Alternative Phone No	OFFICE-83881333
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE 3.0 A
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092561357-03
Cover Note Number	
Driver	
Name of Driver	SOH JIN CHONG (SU RENZHONG)

 NRIC No
 SXXXX180G

 Date Of Birth
 24/10/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/05/2002

Driving Experience 18 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83881333

Fax Number

Contact Number OFFICE-83881333

EMail Address NOEMAIL

Address BLK 18 MARINE TERRACE

#13-112

Postcode 440018

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 0

**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

1 = 4

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJT4282C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver NG YONG WEE

NRIC/Passport Number

Contact Number 97818813

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.
- 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 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:
  - (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

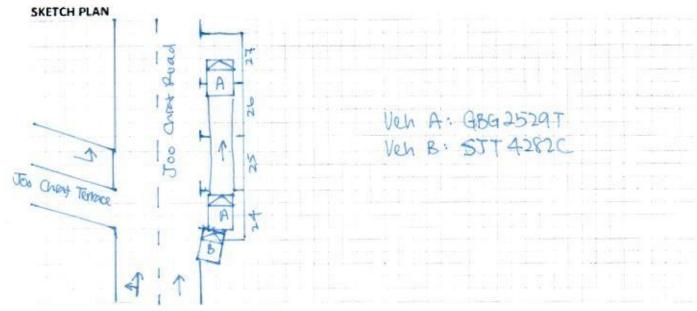
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On above date 4 time, my vehicle A (GBG 2529T) was partied at
Joo Chrost Road open space car park lot No. 24 Since 23 7 2020@
1830HR and I ensured my vehicle was in good condition while
I'm leaving my vehicle. I came back to my vehicle on 24/7/2020
the near portion of
morning and realized my venicle was bady changed. The driver of
vehicle B (SJT4282C) claimed that his vehicle was collided onto
the rear portron of my vehicle time around 0500 Hes. We managed to
exchange both parties particular and regot to our insurance.

# DECLARATION

If We declare the foregoing particulars are true in every respect.

(98, JOO CHIAT)I

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Vehicle No.	GBG 25297 Model/Make Toyota Hince
Date of Accident	24 7 2020
Time of Accident	OSOO HRS
Location of Accident	Along Joo Chrat Road Lot No. 24
Exact purpose use during acci	
Name of Owner	Chuan Soon Huat Son Kee
Telephone No.	H/P: 8388   335 Home: Office:
NRIC	104524007
Address	98 Joo Chiat Road #01-01A s(427392)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5092561357-03
Name of Driver	As Above If No, Soh Jin Chong
NRIC	S 83341809 Any Passengers:
Date of birth	24 10 1983
Occupation	Outdoor / Indoor
Driving License Pass Date	7/5/2002
Gender	Male / Female
Contact No.	H/P: 8388 1333 Home: Office:
Address	BLK 18 Marine Terrace #13-112 S(A40018)
Driver have any own vehicle	No, If yes, Reg No. STC 1333Z
Relationship	Employee, If no, state Cuner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SJT4282C Any Passengers :
Name of Driver	Na Yora Wee Contact No.: 97818813
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 portron
Camera Recorder	Yes /No
Email Address	renzhona_10@hotmail.com
PARTICULAR WORKSHOP	N-51 Automotive the Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51·com·s9



# 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: 5092561357-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

**GBG2529T** 

Chassis Number

: KDH2015023353

2. Name of Policyholder

: CHUAN SOON HUAT SOH KEE

3. Effective Date of Insurance

: 10 Jul 2020

4. Expiry Date of Insurance

: 09 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.
  - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - # 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

: \$\$100

INSURE WITH COE

YES

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK 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

: ABWIN PTE LTD (00000614234)

Date of Issue

: 03 Jun 2020 15:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

eBaoTech					On topic	· Change	Language	· Change		IClaim
	cy Query						1000 - 1000 - 1000			
Policy N	Va.				Date	of Accident	24	/07/2020 05	00	
Vehicle	No.(For Motor)	GBG25	GBG2529T		Certificate Number					
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5092561357- 03		CHUAN SOON HUAT SOH KEE	10452400)	GCV	Comprehensive	GBG2529T	GBG2529T	10/07/2020	09/07/202
	Policy ! Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor)  Select Policy No.	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number  5092561357-	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number Name CHUAN SOON HUAT SOH	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Name  Select Policy No.  Certificate Number Name  CHUAN SOON HUAT SOH 10452400)	Policy Query           Policy No.         Date           Vehicle No.(For Motor)         GBG2529T         Certificate           Select         Policy No.         Certificate         Policyholder         NRIC         Product           Select         Policyholder         NRIC         Product         NRIC         Product           O 5092561357-         CHUAN SOON         HUAT SOH         10452400)         GCV	Policy Query  Policy No.  Vehicle No.(For Motor)  GBG2529T  Date of Accident  Certificate Number  Search  Select Policy No.  Certificate Number Name Name Name NRIC  CHUAN SOON HUAT SOH 10452400)  GCV Comprehensive	Policy Query  Policy No.  Date of Accident 24  Vehicle No.(For Motor) G8G2529T Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No.  CHUAN SOON HUAT SOH 10452400) GCV Comprehensive G8G2529T	Policy Query  Policy No.  Dete of Accident  24/07/2020 05  Vehicle No.(For Motor)  Search  Select Policy No.  Certificate Number  Search  Select Policy No.  Certificate Number  Number  Name Name NRIC  NRIC  No.  Object  CHUAN SOON HUAT SOH 10452400)  GCV Comprehensive GBG2529T GBG2529T	Policy Query  Policy No.  Vehicle No.(For Motor)  Search  Search  Select Policy No.  Certificate Number Policyholder Number  Search  S

Policy No.	5092561357-03	Policyholder Name	CHUAN SC	ON HUAT SOH KEE	Policyholder NRIC	104524003	
Certificate No.					0.000		
Address	98 JOO CHIAT ROAD #01-01A S	INGAPORE 42	7392				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	03/06/2020	Effective Date	10/07/202	0 00:00	Expiry Date	09/07/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	98 JOO CHIAT ROAD	Addres	s 2	#01-01A		Address 3	SINGAPORE 427392
Address 4		Addres	s Type	Singapore address		Post Code	427392
Unit No.	01-01A	Relate	d Policy	5092561357-03			
▶ Insured	Object: GBG2529T						
♥ Endorse	ements						
	A DESCRIPTION OF THE PARTY OF T						

Trestant No.	Claim Handling								
Marie   Mari	Accident MT/1097777								
Marie   Mari	Policy No.	5092561357-03	Vehicle No.		GBG25291			GST Registration No.	
Control   Cont	Certificate No.								
Marie Mari	Palicyholder Name	CHUAN SOON HUAT SOH KEE						Policyhalder NRIC	104524003
Second Heaves   Second Heave	Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	- 3	Comprehe	nsive		Loading	0
May 100 May 1	Contact No.(Mobile)	83681333	Contact No.(Office)	1 6	0			Contact No.(Home)	0
Marchen   March   Ma	Email Address		Special Remark					eCode	19.90
## Month Date	KFK	® No ○Yes	TCA		® No □ Y	es		eCode Reason	
March Sale   March March   March M	NCD Protection	No	NCD Entitlement   %	9	20			Private Hire	No
March   Marc	Accident Details								
March   Marc	Report Date	24/07/2020 11:05	Academ Report Wit	thin 24 hrs - 1	165			Accident Type	Damaged whilst parked
Control Control   Control Control   Control Control   Control	Date of Accident	34/07/2020	Time of Accident no	mm	05:00			Country of Academs	
Column   C	Reporting Centre		Orange Engle						7.05750.01
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Per Auguste									
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Name Type *   GD-MX   Insured Name   CAUAN SOON HAAT SOH KEE   Insured NAIL   104524003   Insured No. (Home)   MIL   Contact No. (Morele)   Contact No. (Home)   MIL   Contact No. (Office)   TP Vehicle Number   S714282C									
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Same In Type Claimant Type   Please Select   V   Type of Benefit   Please Select   V	Contact No.(Moorle)		Contact No.(Home)	9	VII.			Contact No. (Office)	
Description	Email Address		Oli Vehicle Number		GBG2529T			TP Vehicle Number	S3T4282C
Taken Description  GBG25297 / S)T4282C ON 24 Jul 2020  Tinsured Liability * Not at Fault V  Equire Finalisation  Yes Preferend Repair Option  Preferred Workshop, Name unknown V  GIA report Received V  24/07/2020 11:11  Claim Close Date  Save Submit  Attachment  Pint AK letter  Claim No. 001  Browse Clear Pease Select V  No Normal V  Received V  Normal V  Description:  Browse Clear Pease Select V  Normal V  Received V  Receiv	Claimant Type Claimant Type •	Please Select	Type of Benefit *	f	Please Sel	ect V			
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