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SN0820C70002-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/12/2020 11:36 (SGT) SUBMITTED BY: Ross Bin Abdul Wahab VERSION: 2 (07/12/2020 12:14 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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.

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 Submission Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

07/12/2020 11:36 (SGT) 04/12/2020 17:10 (SGT) CTE, Singapore CTIY (ANG MO KIO AVENUE 3)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLN6603E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address

Mobile Phone No Alternative Phone No

YY HEALTHY FAMILY SERVICE

5XXXX720A

hengmp68@gmail.com (Phone) +65-90275426 (Office) +65-65693479

VEHICLE PARTICULARS

Manufacturer

Model Variant

Honda Vezel

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number NTUC

Comprehensive

5090881383-03

DRIVER

Name of Driver NRIC No

HENG MOK PHENG SXXXX949G

 Date Of Driving Pass 26/07/1990 Driving experience 30 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90275426 Alt, Phone Number Email Address hengmp68@gmail.com Address BLK 910 #04-283 Address complement JURONG WEST STREET 91 Postcode 640190 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name ONG CHOW MOY Gender Female. DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18002689999 Alt. Police Station Phone No. (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 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 **GBJ2555B** Vehicle Manufacturer

Toyota

Vehicle Colour	
Vehicle Category	The state of the s
- Name of Driver	Commercial vehicle
Work Permit No	AI RUIQIANG
Contact Number	OXXXXX0026
Address	(Phone) +65-91499847
Address complement	
Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	- U
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

ONG CHOY MOY

SLIGHT INJURY

SLN6603E

Yes

No

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.
- 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.
- 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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ketch Plan	CTE	TOWARDS	city	NIKAR	AMK	AUR	3	EYIT	
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A) SLN 6603E B) GBJ 2555B

scribe Circumstances of t	he Accident
在 04-12-2020	下午我到了我的好放至我大概一起去完的,当时
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eclaration	
Ve declare the foregoing particula	ors are true in every respect.
olicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting/Centre
125	10.40 a.m
	No. 10 No

ACCIDENT'STATEMENT

ACCIDENT DATE: (04. 1.12) 2020 (DD/MM/YYY), TIME: (11: 10) (HH:MM)
LOCATION: CTE TOWARD CITY: (AVE 3)
1. DETAILS OF VEHICLE GIVENICLE NUMBER: SLN 6603 E
DINSURANCE COMPANY: MCOME
CIPOLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: HONUA VEZEL
F)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
I APE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO).
IF NO. PLEASE STATE (THIRD PARTY CLAUM REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YY HEALTHY FAMILY SERIVICES (MALE / FEMALE)
1/ (TOW 2. INSURED / POLICY HOLDER
AINAME: YY HEALTHY FAMILY SERIVICES (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: CONTACT: 13 07 59/7
c)ADDRESS: B
* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER
Chale of passanges DRIVER MOK. PHENG MOK. PHENG (MALE FEMALE)
(Including chiver) binRiC/FIN/PASSPORT: 568189496 CONTACT: 90275426
(2) CLADDRESS: PUL 9(0) JURING HECT CT. 42
#04-282 SINGAPOKE (640910)
*d) DATE OF BIRTH: (25/ D5/ 68)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR) OUTDOOR)
FIDATE OF DRIVING PASS 16 JUL 1990
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
b)ROAD SURFACE: (DRY / WET) OTHERS
6. WAS ANYBODY INJURED (YESY NO)
7. a) REPORTED TO POUCE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE COT 2 MCCD TOVETA
4 No of passenger of VEHICLE NUMBER: GBT 2555 MODEL: TOXOTA
(Including driver) b) DRIVER'S NAME: GI RUI GIANO CONTACT: 91499847
(_) NRIC/FIN/PASSPORT: 07 08 0076 CONTACT: 9177984/
" VODEL
Ho of passanger el DRIVER'S NAME:
(Including diviver) NRIC/FIN/PASSPORT: CONTACT:
the state of the s
email = heng nP68 @gmail . com.
email = Nong Mroo
A NIMAN
, Albert
tg2kspcs a s

Jurong West NPC 700 Corporation Road Singapore 649818 Tel: 62689999 Fax: 62672438



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

Traffic Police Annex D

NOTICE OF REPORTING

Informant Name

: Heng Mok Pheng

Identity Card No

S6818949G

Sex / Age / Race

: M/52vrs/Chinese

Address

: B/910 Jurong West St 91 #04-283

Occupation

: TCM Physician

Telephone No

90275426

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred along CTE(CITY) near Ang Mo kio Ave 1 on 04/12/2020 at 1715 Hrs involving the following vehicles: SLN6603E and GBJ255B.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	:	Sgt Kwan Shyan
Date / Time	:	05/12/2020 @ 1000hrs
Station Diary No	:	32
Police Post	:	Jurong West NPC

Signature of Informant	:	Oky.X
Signature of Issuing Officer	:	d

Original

- to be issued to informant

Duplicate

- to be submitted to Traffic Police

JURONG WEST NPC 700 Corporation Rd Singapore 649818 Tel: 6268 9999 Fax: 6267 2438

Claim Handling Accident MT/1112591

Policy No.	5090881383-03		Véhicle No.			MANAGE PROPERTY.
Certificate No.	-1-0001000-03		vacilitie NO,	SLN6603E		GST Registration No
Policyholder Name	YY HEALTHY FAM	ULY SERVICE				Secretaria de Constitución de
Product Code	PRIVATE CAR IN		V 98440004 98444			Policyhelder NRIC
Contact No.(Mobile)	90275426	DURANCE	Cover Type	drive CLASSIC		Loading
Email Address	2027/34/20		Contact No.(Office)	65693479		Contact No.(Home)
KFK	No Yes		Special Remark			eCode.
NCD Protection			TCA	No Yes		eCode Reason
	No		NCD Entitlement(%)	20		Private Hire
Report Date	d7/12/2020 11:	53	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	04/12/2020		Time of Accident hhomm	17:10		Country of Accident
Reporting Centre			Grange Force			ICM No.
Accident Location	CTE TOWARDS (CITY NEAR AND MO KIO	AVENUE 3 EXIT			
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess		100.00	
OD Standard Excess		600.00	TP Standard Excess		0.00	
YIED OD Excess		0.00	YIED TP Excess			T2000000000000000000000000000000000000
Additional Excess			TIEST IF EXCESS		0.00	Driver is Covered?
		0				
Total OD Excess Applicable Benefits		600.00	Total TP Excess Applicable		0.00	
	275000					
	tion			2000-00110-0		
GST Registered		No		GST Registr		
GST Registration No. Modification History				GST Status	Verified	Yes
Hodincadon History		D7/12/2020 12:01:43 2	System changed GST Status Verified from I	NO TO YES		
⇒ Policyholder Mailing Add	ress					
Address 1	BLX 414 #01-75	77	Address 2	JURONG WEST STRE	FT 42	Address 3
Address 4			Address Type	Singapore address	MALE PARTY	Post Code
Unit No.	01-797		Related Policy Number	5090881383-03		(Charles and a
	**************************************		Contract of the Contract of th	3250001103.03		
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	HENG MOK PHE		Driver NRIC	S6818949G		Driver DOB
Register Date of Driver License	26/07/1990		Driver Age	52		Driving Experience
Contact No.(Mobile)	90275426		Contact No.(Office)	65693479		Contact No.(Hame)
Address 1	BLK 910 #04-26	17	Address 2	JURONG WEST STR		Address 3
Address 4	DEK 310 904-20	13			ET 91	Post Code
Unit No.	04-283		Address Type	Foreign address		Post Code
Does he own a Singapore			A SOURCE STREET	EWASSE		27/10/2007/08/07
Registered car?	Yes No		Driver Vehicle No.	SLN6603E		Oriver Insurer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
THE CONTRACT OF THE CONTRACT O						
Claim Type *					OD-MX	✓ Insured YY HEAI
21						Contact
Contact No.(Mobile)						No. (Home)
Provide Address					1	01
Email Address						Vehicle SLN660 Number
Claim Description					SLN6603E / GB3255	
CHART INCREMENT						
					Tarana and American	30 014 1 041 2224
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Preferred	Prefer V Repai	r Preferred Worksh	t Fault GIA Receive	ved 🔻	300000000000000000000000000000000000000	Claim

ROSLI WAHAB

Print AK letter

Save Submit Attachment Accident No. MT/1112591 Claim No. 001 Last Doc. Received Yes ○ No Upload Date 07/12/2020 12:04 Path * Category . Confidential Choose File No file chosen Clear Please Select * Choose File No file chosen Clear Please Select ٠ NO Choose File No file chosen Clear Pfense Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ¥ NO Choose File No file chosen Clear Please Select ٧ Attachment List Attachment Uploaded By/Date Category Urgency NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:04 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Photos 2 n 07 Dec 2020 12:04 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 n 07 Dec 2020 12:04 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 Photos Normal: Photos 2 n 07 Dec 2020 12:04 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:04 Photos Normal Priotos 2 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:04 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 n 07 Dec 2020 12:03 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:03 Photos Normal: Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o in 07 Dec 2020 12:03 Photos Normal Photos 2 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 n 07 Dec 2020 12:03 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:03 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 07 Dec 2020 12:03 Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Photos 2 n 07 Dec 2020 12:03 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 n 07 Dec 2020 12:03 NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:03 Photon Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 67 Dec 2020 12:03 Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 12:03 15/828 NRIC/ Driving License Normal NRIC/ Driving Li-



NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 H 07 Dec 2020 12:03

SAS

Normal

SAS 20

Uploaded By/Date

Folder Date

File Name.

Display in New Window Scan and uploading

eBaoTech

Hello, NAC_PAYA_UBI_800601

· Change Language

· Change Password

· Log Out

My Desktop Notice of Loss

Policy Query

Policy No.

Vehicl∈ No.(For Motor)

SLN6603E

FAMILY

SERVICE

Date of Accident

Certificate Number

drivo CLASSIC

04/12/2020 10:27

Search

Select Policy No. 5090881383-03

Certificate Number Policyholder Name YY HEALTHY

Policyholder NRIC 52884720A

Product Cover Type

Vehicle No. Insured Object SLN6603E SLN6603E Commence Date

12/05/2020 11/05/2021

GeneralClaim

Expiry Date

Continue

GPC



Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

			ADDE	NDUM						
)	PARTICULARS OF PE	RSONMAKINGTHEAN	MENDM	ENTS:						
	Original Report No	: SNO820C70002	8	Vehi	cle Regis	tratio	n No:	SUY		
	Name(as shownin NRIC)	: HENG MOK P	HANG	NRIC	/FIN/Pa:	ssport	No :	56818	29	erg
		ehicle Owner) (*) Please								
	Address	t				_		Singa	por	·e(
	Contact (Tel)	1		Mob	ile No. :_	91	1775	470		
	Email Address	4		121						
	Date of Accident	: 04/17/2020		Time	of Accid	ent:				
	Place of Accident	. OR NOWARDS					kio	AVA	3	6×17
	Insurance Company	: MILL								
	-3	un to Huma								
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	-					7_				
					1/	1/1	0	nlw	h	on
	Policyholder / Driver	r's Signature		R	eporting	Centr	e Perso	nnel's Si	gna	ture

Name: