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G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 Submission 15/12/2020 18:40 (SGT) Date of Accident 14/12/2020 14:15 (SGT) Kheam Hock Rd, Kheam Hock Park, Singapore Exact Location of Accident KHEAM HOCK RD & BUKIT TIMAH RD JUNC Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SMM6884D Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? GAN WEILI Name Of Registered Owner SXXXX736J NRIC No Email Address nevtby@gmail.com (Phone) +65-98893876 Mobile Phone No Alternative Phone No. +65-98893876

VEHICLE PARTICULARS

Manufacturer Honda Fit Model Variant Exact purpose for which vehicle was being used at time of Private hire

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

Vehicle Category

No - Claiming third party Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Comprehensive Type of Coverage Fleet Policy 5110906801-01 Policy Number Cover Note Number

DRIVER

GAN WEILI Name of Driver NRIC No SXXXX736J Date Of Birth 26/05/1982 Occupation Outdoor



Date Of Driving Pass 11/07/2006 Driving experience 14 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-98893876 Alt. Phone Number +65-98893876 Email Address nevtby@gmail.com Address BLK 323 SERANGOON AVENUE 3 Address complement #10-232 Postcode 550323 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Side Swipe
Weather Conditions AFTER RAIN
Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Tanglin Division Headquaters

(Phone) +65-18003910000

(Fax) +65-63964900

21 Kampong Java Road Singapore 228892

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: E/20201215/7011

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

SXXXX890J

Axio

Axi

Contact Number	(Phone) +65-81112266
Address	
Address complement	
Postcode	
Insurance Company Name	40000 (*)
Nature Of Damage	
Details of property damaged in accident	Herman (S. C.)
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAN WEILI
Address	() • ()
Address Complement	n: 190
Post Code	- ·
Approximate Age Years Old	
Injuries Sustained	WOKE UP IN THE MORNING AND FEELING NOT WELL
Injured person in which vehicle?	SMM6884D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	N .

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are
 permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not policyholder)

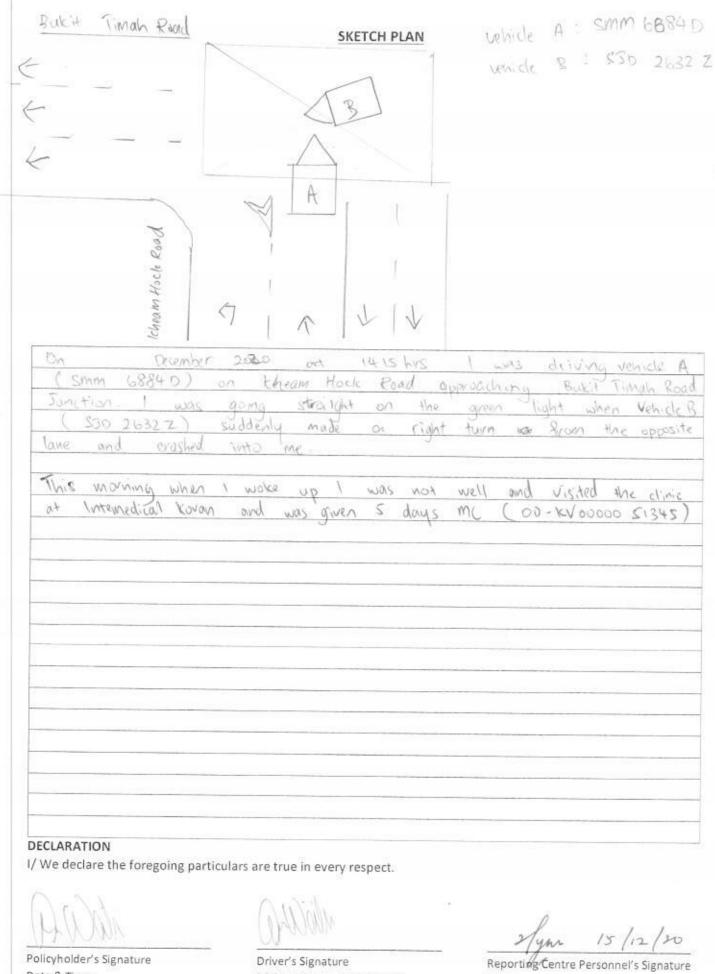
Date & Time:

Reporting Centre Personnel's Signature

Mgm 15/12/20

Name:

NRIC/ FIN No:



Date & Time:

(If driver is not policyholder)

Date & Time:

Name:

NRIC/ FIN No:





1 of 1

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Report No. E/20201215/7011

Date/Time Report Made 15/12/2020 11:17	Vide Report No.			Station Diary No.	
Name Of Informant GAN WEILI	Address 323 SERANGOON AVENUE 3 #10-232 SINGAPORE 550323				
ID Type / ID No. NRIC NO / S8215736J	Contact No. Home/Office: Mobile: 98893876				
Nationality SINGAPORE CITIZEN	Email Address WEEELI@GMAIL.COM				
Occupation	Sex	Age	Date of Birth	Race	
Driver	Male	38	26/05/1982	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 14/12/2020 14:15 - 14/12/2020 14:35	Location Of Incident BUKIT TIMAH ROAD				
Brief details.	1-4111				

On 14 December 2020 at 1415hrs I was driving vehicle SMM6884D on Kheam Hock Road approaching Bukit Timah Road junction. I was going straight ont the green light when vehicle SJD2632Z suddenly made a right turn from the opposite lane and crashed into me.

This morning when I woke up I was not well and visited the clinic at Internedical Kovan and was given 5 days Mc (OD-KV0000051345)

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2020 11:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Date of Accident	: 14/12/20 Accident Time: 14/5 (24-HR-Format)
Accident Place	: Kheam Hock Rd + Buk't Timah Rd Junction
Vehicle, No. (Car Plate No.)	Smm 6884 D Make Model: Handa Fit Hybrid
Insurace Company	NTUC SHOROGO (-O) Policy No:
Owner or Company Name /IC No.	: Gan Weste (582157365)
Owner or Company Contact No.	98893876 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Gain Welli
DRIVER'S Date Of Birth	: 26 05 82 DRIVER'S License Pass Date 11 2 2006
Relationship of Owner & Driver	. Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BIK 323 Serongoon Aue 3 \$10-232 S(550323)
DRIVER'S Contact No./ Alt No.	:1) 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	nevtby @gmail.com
Weather & Road Surface	: CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	Reporting Only Chaim Other Party Claim Own Insurance
Number of Passengers (Including D	Oriver);
Was there any video Captured by c Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	ar camera: VES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle, No: \$30 2632 Z	Vehicle, No:
Vehicle Make Model: Toyota A	Vehicle Make Model:
Name Driver Tan Boon keng	Name Driver:
IC No. Driver/Contact: \$731289	o 7 IC No. Driver/Contact:
8111 22	10.6

* NEW - Passenger's name & gender:

WATTING FOR PAYL



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number

: 5110906801-01

The Policyholder

: GAN WEILI

BLK 323 #10-232

SERANGOON AVENUE 3 SINGAPORE 550323

Period of Insurance

: 10 Jul 2020 To 09 Jul 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Capacity

NCD Protection

: 1500cc

Premium (inclusive GST)

: \$\$2,406.94

Interest Insured

 Cover Type
 : drivo CLASSIC

 Primary Driver
 : GAN WEILI

 Named Driver (1)
 : N/A

Named Driver (1) : N/A

Named Driver (2) : N/A

Make/Model : HONDA/FIT

 Registration Number
 : SMM6884D
 Registration Year
 : 2019

 Chassis Number
 : GP51334223
 Off-peak Car
 : No

 Repair at Owner's Preferred Workshop
 : No
 Insure with COE
 : Yes

 Excess (Section 1)
 : S\$2,000
 NCD Entitlement
 : 10%

Excess (Section 1) : \$\$2,000

Excess (Section 2) : \$\$1,500

Windscreen Excess : \$\$100

Additional Excess : N/A

Unnamed Driver Excess : Please refer to Terms and Conditions
Hire Purchase Company : GENIE FINANCIAL SERVICES PTE LTD

Optional Cover

Transport Allowance : No Excess Waiver : No

Memo A: 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency

GENIE FINANCIAL SERVICES PTE LTD (00000573508)

Date of Issue

: 22 Jun 2020 16:33 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Sun

Claim Handling

### Accident Details	
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Second Harman	0
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Marchen No	rep •
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Date of Accident 14/31/2020 Direct of Accident (th num 14/3 Country of Acci	
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District Excess	
District Districts	
VIED DP DESSES	
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Address 1 0.00 *** Name	Covered
Treat Process Applicable 2,000.00 Treat Process Applicable 2,000.00 Process Appl	,uvereo
## Application 100 1	
Mary	
March Marc	
State Stat	
### Address 1	
## Policyholder Mailing Address ## Address 2 SERANDOCH AVENUE 3 Address 3 ## Address 3 ## Address 7 pe	
Address 1 Bix 322 #18-232 Address 7pe Singapore address 1 Post Code Address 7pe Singapore address 1 Post Code ***P OF Driver Info **	
Address 1 Bix 322 #18-232 Address 7pe Singapore address 1 Post Code Address 7pe Singapore address 1 Post Code ### Of Driver Info ### Of Driver	
Address 1 Address Type Singspore address Post Code Unit No. 09-203 Balled Policy Number \$11000683-03 Balled Policy Number \$11000683-03 Post Code OP-203 Balled Policy Number \$11000683-03 OP-203	
Marked Policy Number	SINGAPORE 550
## Direct Name GAN WEILI	550323
Driver Name GAN WELL! Driver Type Main Driver Driver MRIC SE2157361 Driver PART SE2157361 Driv	
Uncarried driver Name Register Date of Driver License 11/07/2006 Driver Age 38 Driving Experience Register Date of Driver License 11/07/2006 Driver Age 38 Driving Experience Contact No. (Office) 0 Contact No. (Office) No. (Office) 0 Contact No. (Office) 0 Contact No. (Office) 0 Contact No. (No. (Office) 0 Contact No. (Office) 0 Contact No. (No. (Office) 0 Contact No. (Office) 0 Contact N	
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Register of Bood Test	26/05/1982
Contact No. (Mobile) 98893876 Contact No. (Office) 0 Contact No. (Hobine) Address 3 Address 3 Address 3 Address 3 Address 4 Address 4 Post Code Unit No.	
Address 1 BLX 323 Address 2 SERANGORN AVENUE 3 Address 3 Address 3 Address 4 Address 5 Yipe Singspore address Post Code Unit No. Post Code Unit No. Priver Insurer Company Post Code Unit No. Priver Code	14
Address 1	0
Unit No. 810-232 Does to own a Singapore Ves No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Declaration Breathfolyser or Blood Test Reading? Claim 1920 * O mg Any Injury? Yes No Addingston History Claim 1920 * O mg No. 1 No.	SINGAPORE 550:
Designation of the control of the strain of	550323
Registered car? Ped a No Driver Venue No. Driver Insurer Company Declaration Any Injury? Ves No Pedaration OD-MX Insured GAN WEILL Contact No. (Mobile) Pa893876 No. Contact No. (Mobile) Email Address OD-MX Insured GAN WEILL Contact No. (Mobile) Semant Address OU Venicle Number Semant Number	
Any injury? Yes No Any injury? Any injury? Yes No Any injury? Any injury? Any injury? Yes No Any injury? Any	
Any injury? Yes No Any injury? Any injury? Yes No Any injury? Any injury? Any injury? Yes No Any injury? Any	
Reading? The Preferred Workshop, Name unknown V report Attachment	
Claim 901 OD-MX New Claim 902 *	
Claim Type * Contact No. (Mobile) Email Address Contact No. (Mobile) SMM6884D / SJ02632Z ON 14 Dec 2020 Claim North Name Preferred Workshop, Name unknown V report Received V report Taken By ROSLINDA Workshop Repairer Attachment	
Claim Type * Contact No. (Mobile) Email Address Contact No. (Mobile) SMM6884D / SJ02632Z ON 14 Dec 2020 Claim North Name Preferred Workshop, Name unknown V report Received V report Taken By ROSLINDA Workshop Repairer Attachment	
Contact No. (Mobile) Small Address Small Address Small Address Small Address Small Address Contact No. (Mobile) Small Address Small Address Small Address Small Address Contact No. (Mobile) Small Address Small Address Small Address Contact No. (Mobile)	
Committee Contact No. (Mobile) Semail Address	
Small Address Smm6884D Simm6884D Si	
Contact No.(Mobile) Page Same	
Contact No.(Mobile) Page Same	Insured
### Save Submit 98893876 No. 66433320 10	NRIC
Email Address Claim Description SMM6884D / SJ02632Z ON 14 Dec 2020 Claim Close Date Preferred Workshop, Name unknown V report Received V report Taken By Print AK letter Save Submit	No.
Vehicle Number SMM6884D Side	(Office)
SMM6884D / SJ02632Z ON 14 Dec 2020 Claim Inalisation Option Option Option Option Option SMM6884D / SJ02632Z ON 14 Dec 2020 Claim C	Vehicle
Preferred Morkshop Referred Workshop, Name unknown Preferred Workshop, Name unknown Preport Received Date Registered Report Taken By Attachment Attachment Insured Liabliky Not at Fault Preferred Workshop, Name unknown Preport Received Freport Taken By ROSLINDA Save Submit	Number
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12/15/2020 Claim Handling(accident reporting Claim Task 001 OD-MX) Last Doc. Received ● Yes ○ No Upload Date 15/12/2020 00:00 Category * Confidential Urgency * Choose File No file chosen ₩ NO Clear ✓ Normal Choose File No file chosen Clear Please Select NO ✓ Normal Choose File No file chosen ٧ Clear Please Select ٧ NO ∨ Normal Choose File No file chosen Clear ♥ NO Please Select ✓ Normal * Choose File No file chosen ♥ NO Clear Please Select ✓ Normal ~ Choose File No file chosen w NO Clear Please Select ٧ ✓ Normal Attachment ? Uploaded By/Date Category Urgency Description N WALL NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:46 NRIC/ Driving License NRIC/ Driving License 2020-12-15 Line 言言 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:46 NRJC/ Driving License Normal. NRIC/ Driving License 2020-12-15 LESSEE REFERENCE LANGE NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:46 SAS Normal SAS 2020-12-15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:46 Photos Photos 2020-12-15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:45 Photos Normal Photos 2020-12-15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Photos 2020-12-15 15 Dec 2020 19:45 NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:45 Photos Photos 2020-12-15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:45 Photos 2020-12-15 NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:45 Photos Normal Photos 2020-12-15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:45 Photos Photos 2020-12-15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:45 Photos Normal Photos 2020-12-15 NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:45 Photos Normal Photos 2020-12-15

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