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SN0920CN000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 23/12/2020 14:38 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (23/12/2020 14:38 (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

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

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

23/12/2020 14:38 (SGT) Date of Submission 23/12/2020 10:35 (SGT) Date of Accident North Bridge Rd, Singapore Exact Location of Accident Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG6972B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YAP TECK YI DARYL SXXXX898J NRIC No YEDEYI@GMAIL.COM Email Address (Phone) +65-91170830 Mobile Phone No +65-91170830 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Civic Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private car Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5119178170 Policy Number Cover Note Number

DRIVER

YAP TECK YI DARYL Name of Driver SXXXX898J NRIC No 13/12/1986 Date Of Birth Occupation Indoor

Date Of Driving Pass	17/09/2007
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91170830
Alt. Phone Number	+65-91170830
Email Address	YEDEYI@GMAIL.COM
Address	BLK 730 WOODLANDS CIRCLE #10-31
Address complement	•
Postcode	730730
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	18 A S S S S S S S S S S S S S S S S S S
GENERAL INFORMATION OF THE ACCIDENT	
SENERAL IN CHIMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	
Road Sullace	Dry
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?	No
Was any injured conveyed to hospital by ambulance?	
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	ZHOU YI DUO
4 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	N-
Was notice of intended Prosecution given?	No No
If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
	CO.
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Valida Desistation Number	0.1042450
Vehicle Registration Number	SJS1315S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
17.1.1.0.1	

Private car

Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address	2000
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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>.
- 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 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
 - 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;

For complying with the requirements under any regulations, law or court orders.

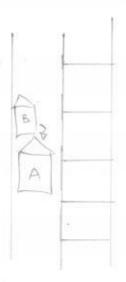
Policyholder's Signature Date & Time: Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/ FIN No:

SKETCH PLAN



VEHICLE B - STS 1315 S

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DECLARATION

I/ We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/ FIN No:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8635898J





Name

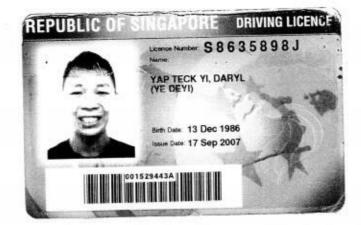
YAP TECK YI, DARYL (YE DEYI)



CHINESE Date of birth 13-12-1986 Country/Place of birth

SINGAPORE

Sex M 506358904



5812169



þ

Date of issue 10-10-2017

Address APT BLK 730 WOODLANDS CIRCLE #10-31 SINGAPORE 730730 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Sep 2007 of the driver; and other motor vehicles =< 2500kg

Licence No: \$8635898J

- NP 428A



Certificate of Insurance

Cover : drivo CLASSIC

: JHMFD46208S200238

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: 5119178170

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

SLG6972B

YOU: FAPTECK YI DARYL

24 Sep 2020

: 20 Nov 2021

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
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

 UNNAMED DRIVER EXCESS
 : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES

INSURE WITH COE : YES

NCD PROTECTION : NO

TRANSPORT ALLOWANCE : NO

EXCESS WAIVER : NO

PRIMARY DRIVER : YAP TECK YI DARYL

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

HIRE PURCHASE COMPANY : TAN WEI CREDIT PTE LTD

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 : ASSI

: ASSURE PTE. LTD. (00000572842)

Date of Issue : 23 Sep 2020 12:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

DATE OF ACCIDENT	23/12/2020 ·cc. 1.6
TIME OF ACCIDENT	10:36 AM/PM
LOCATION OF ACCIDENT	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT PRIVATE USE PRIVATE HIRE
	ENFLOTMENT FRIVATE USE / PRIVATE HIRE
NAME OF OWNER	
EMAIL yedegi@gmuil-c	Office, MOBILE 9 17083
NRIC 58635898J	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
LEET POLICY.	YES / NO ?
NSURANCE CO.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
OLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO.
VRIC	S 86358983
DATE OF BIRTH	13/12/1986
ANY PASSENGER	YES/NO: I
NAME OF PASSENGER	ZHOY VIROUD
GENDER OF PASSENGER	MALE / FEMALE
CCUPATION	Outdoor / Indoor
PATE OF DRIVING PASS	17 10912007
ENDER	Male / Female
ONTACT NO.	111 6 12002 Cm
MAIL	
A Deporture of the Control of the Co	yedegi (a) gmail.com
DDRESS	BLIC 730 WOODLANDS CIRCLE 10-31
OES DRIVER OWN OTHER VEHICLES?	NO / If yes Reg No: INSURER.
ELATIONSHIP	Employee / If No.
VEATHER CONDITION	Clear / Raining / Other:
OAD SURFACE	Dry / Wet / Other:
NY INJURIES	No If yes . Who?
ONTACT NO.	91170830
OLICE REPORT	No / If yes . Where?
OTICE OF INTENDED PROSECUTION GIVES EHICLE B NO.	111/11111111111111111111111111111111111
AME	SJS 1315 S Any Passenger.
ONTACT NO.	JOE
EHICLE C NO.	91550023
EHICLE D NO.	Any Passenger :
CHICLE E NO.	
EHICLE F NO.	Any Passenger . Any Passenger .
NY WITNESS	Any rassenger i
TINESS CONTACT NO.	***
WAS THERE ANY VIDEO CAPTURE?	(YES) NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
**WORKSHOP:	The state of the s