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AND COMPANY OF THE PARTY OF THE	-Motor W/O	Withles OD Thrs.	TP (brs)		-17.2.4- :
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	Assessment/Sur	rey Report			
TP Insurer:	Ass't Report by	Pax/Handle	Owner/Wksn		
Proformed Wkep / INC Assign Wkep / QW: (ensoll - sure		Tel:	Faxt	
TP Phiniculars: Veh Nor	MG 4873E	, INC(,)/Non-INC()
Owner / Driver: (Tel:		.)
1010) 1101 (erlod: (Date:	Cover Type: ()
Confirmed by : ([Note-Est Status (W	Dates,		P: 80-100%]	
)/NO()		
Year of Registration: ()	Warranty: YES ()			THE PERSON NAMED IN COLUMN 2
Baccss: (\$) Londing: \$1		WAY NAME	新疆域的	12 3 Cont	8
Could Addition Customer : Customers In	Associated and space	Idential & St	rictly NO refer of r	epalter.	
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	STUDY WINDS TO THE	WAY STORY			Shauphy
1) Apply for Transport Allowance ()/	Courtesy Car ()		·	
2) QC Cheole / Post Repair Inspection	(·)				
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		· ·	سلسنين	
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Injury:	THE	ATTAILUPADA VAIT	ANN SECTION SOCIETY		South .
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ontact No:		6) THE RE- lung	A + SMRT Survey	\$160	
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	10-10-10-10-10-10-10-10-10-10-10-10-10-1	Invoice dated	,	ves Charges	

SN0820CN0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/12/2020 17:04 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (23/12/2020 17:04 (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 policy liability.

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

23/12/2020 17:04 (SGT) 22/12/2020 18:30 (SGT) Jln Berseh, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKU7300Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

SOH CHAN WAH SXXXX794B

sohchanwah@hotmail.com (Phone) +65-91790770

+65-91790770

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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

Honda

Vezel

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5119285652

DRIVER

Name of Driver NRIC No

SOH CHAN WAH SXXXX794B

Date Of Driving Pass 26/10/1992 Driving experience 28 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-91790770 Alt. Phone Number +65-91790770 Email Address sohchanwah@hotmail.com Address 12 DERBYSHIRE ROAD Address complement #04-01 Postcode 309466 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Road Surface 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) 1 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 Bishan Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18005529999 Alt. Police Station Phone No. (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20201222/2141 ATTACHMENT(S) 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 VEHICLE PROPERTY 1 Vehicle Registration Number SMG4873E Vehicle Manufacturer Audi Vehicle Model Q7 Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

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

SKETCH PLAN

IMPORTANT NOTICE

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

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' 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

10.14 P. 1 P. 10.15 P	경 - ' - ' - ' - ' - ' - ' - ' - ' - ' -	ingapore, for one or more of the above Purposes.	
16/m >3/1	2 2020 J.50pm	mv 23/12/2020	
Policyholder's Signature Time Sketch Plan	Driver's Signature (If driver is & Time	Personnel	re
	Sugnanger		
	180	A) SKU 7300Y	
	63	B) SMG 4873 E	

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	Orre	20	Atres	angrow 1	-/-	/	
	Keffer	C 1/V	PSLICH	(CHIPOK)	7/20.	20/222/3	2/4/
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We declare the foregoing particulars are true in every respect.

23/12/2010 2.50pm

Jul 23/11/2020

ACCIDENT STATEMENT

	ACCIDENT DATE (32 / 12 / 3030)	(DD/MM/YYY), TIME:(/8. :30)(HH:MM)
	LOCATION: Jalan Berseh	
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SKU	73004
	DINSURANCE COMPANY:	NTUC INCOME
	IDOUGY MILLIPED. 5119	1285652
	CIPOLICY TYPE- (COMPREHENSI)	VE / THIRD PARTY / THIRD PARTY FIRE &THEFT
	THE PLANTING AT ONLY	1 VEZUL.
	FITYPE-ISALOON / COUPE / MPV	/VAN/LORRY/MOTORCYCLE/OTHERS)
	-IVELIO E CATECOPY (PRIVATE	COMMERCIAL/ MOLORCICLE
40	PURPOSE OF HISING AT ACCID	ENT TIME: WOTHER
	DARFOSE OF OSING AT AGE	OUP OWN INSURANCE (YES NO)
525	IF NO DIEASE STATE (THIRD PA	RTY CLAIM REP.ORTING ONLY)
	2. INSURED / POLICY HOLDER	
	AINAME . SOH CHAIN	WAH (MALE / FEMALE)
	HINDIC/FIN/PASSPORT: \$ 153	9794 B CONTACT: 911901
	C)ADDRESS: 12 Derbust	ure Road, HO4-01 Adna
		1309406/
	* CONTINUE TO 3.d IF DRIVER AL	SO POLICY HOLDER
No of pas	consist DRIVER	
C CONTRACTOR	- CINAME:	
Including ,	driver) BINRIC/FIN/PASSPORT: AS	a boulCONTACT:
(1)	CIADDRESS: AS a	poul
7		19/3/2000
		(1962)(DD/MM/MM) : :
	e)OCCUPATION: (INDOOR OU	JDOOR 26/10/1982 .
(3)	FIDATE OF DRIVING PASS	THE MICHIED'S COMPANY? (YES KNO
	4. WAS DRIVER AN EMPLOYEE C	OF THE INSURED'S COMPANY? (YES YNO
	5. a) WEATHER CONDITION: (CLEA	OTHERS
	b)ROAD SURFACE: (DRY / WET /	NOI
	6. WAS ANYBODY INJURED (YES A) 7. a) REPORTED TO POUCE (YES A)	VOI 4 2 1 1/20
33	7. a) REPORTED TO POUCE (LEST) IF YES, PLEASE STATE WHICH PO	OLICE STATION: Bishan NPC
		1.2.
٥	8. THIRD PARTY VEHICLE SMG	4873E MODEL: AUDI Q7
le of passi	"	
unduding .	GIVING A CCDOPT	CONTACT:
()	9. THIRD PARTY VEHICLE	- X
	VEHICLE MILMBER!	. MODEL:
No of pas	Stanger el DRIVER'S NAME:	
	driver) f) NRIC/FIN/PASSPORT:	CONTACT::
Liver on Collinson	, , , , , , , , , , , , , , , , , , , ,	
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email = schehanwah @ hotmail.com





Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

1 of 3

Report No. T/20201222/2141

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 020 20:54	Made:	Vide Report No.: Station Diary 71		
Informa	nt's Partic	ulars			
	f Informant: IAN WAH		Address: 12 DERBYSHIRE ROAD #04	-01 SINGAPORE 300466	
	/ ID No.: O / S15397	94B	Contact No.: Home/Office: Mobile: 91790770		
Nationa SINGAF	ity: ORE CITIZ	EN.	Email:		
Sex: Male	Age: 58	Date of Birth: 04/07/1962	Type of Informant:		
Race: Chinese	1		Language: English	Institution / School Name:	
Occupat Other ca drivers r	r and light	goods vehicle	Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/12/2020 18:30	Type of Location Straight Road	
Location: JALAN BERS Weather: Clear	EH	Road Surface:		Road Speed Limit:	
Traffic Flow:		Dry Traffic Control:		Traffic Volume:	
Two Way Type of Collis		Not Controlled		Light	

ehicle Invo	lved				
Туре	Make	Model	Color	Condition	No of Passanger
Car	HONDA	VEZEL 1.5X	Silver	Slightly	0
Car	AUDI		Black	No	0
	Type Car	Car HONDA	Type Make Model Car HONDA VEZEL 1.5X	Type Make Model Color Car HONDA VEZEL 1.5X Silver A	Type Make Model Color Condition Car HONDA VEZEL 1.5X Silver Slightly Damaged

Details of Ve	ehicle Insurance	PARTIES NO.	the branching	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU7300Y	NTUC Income Insurance Co-Operative Limited		02/10/2020	01/10/2021





2 of 3

Report No. T/20201222/2141

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In					00000		
Ally Pedestrian in	- Laivead: NIII		Use of Ped	destrian	Cross	ing: NA	
No. of Pedestrian	s injured. NIL		000 011 0			一門。但是是實質是	
Driver				ID No		S1539794B	
Name	SOH CHAN WAH		ID No.		313337345		
				Conta	ct No.	91790770	
Related Vehicle	NIL		Coma		24/65/00		
	V			Class	of	Class: 3,4	
Hospital/Clinic	NIL			Driving		Date of Expiry: NIL	
				Licence &		0419 01 - 1917	
				Expiry	Date		
Data Tanatmont	NIL		Date Disc	charge	NIL	00-14 00-4V - 20	
Date Treatment		NIL	Degree o		NIL		
No. of Days gran	ited Medical Leave	INIL	Dogroo	,	-		

Brief Details.

On 22/12/2020 at around 1830 hours I was inside my parked my car (SKU7300Y) awaiting for my Grab passenger along Jln Berseh at the side of the road, when a Black Audi car (SMG4873E) reversed from the opposite side of the road and bumped into my car's rear.

I alighted from my vehicle to exchange particulars with the driver, however he disregarded the damages from my car and drove off while I was still checking my rear bumper. I did not suffer any injury and there were no damages to government properties. Traffic Police was also not called to the incident.

I had managed to capture the collision from my in-car rear camera. The collision resulted in a palm-sized dent on the right rear side of my car, slightly above the bumper. I am lodging this report to put up an insurance claim with the insurance company and Grab.





1/20201222/2141

3 of 3

Report No. T/20201222/2141

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 1 MUHAMMAD HARITH ISKANDAR SYAH BIN HALIM SAH	Wh
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2020 20:54
Officer In Charge Of Case: TP / HRT / SI TAN JEOK LENG	Classification Of Case:
Contact No.: 65476144 Authentication Stamp	

SINGAPORE POLICE FORCE

SIGNATURE

SN 061

Claim Handling

Jaim Handling						
Accident MT/1114789		Market and	ava Carra an			
Policy No.	5119285652	Vehicle No.	SKU7300Y		GST Regist	tration No
Certificate No.	Debo onto da cita da c					
Policyholder Name	SOH CHAN WAH	A 150 (150 (150 (150 (150 (150 (150 (150			Policyholde	er NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	022210072
Contact No.(Mobile)	91790770	Contact No.(Office)			Contact No	o.(Home)
Email Address		Special Remark			eCode	
KFK	No Yes	TCA	No Yes		eCode Rea	ison
NCD Protection	No	NCD Entitlement(%)	0:		Private Hir	e
Report Date	23/12/2020 16:53	Accident Report Within 24 hrs	Yes		Accident T	уре
Date of Accident	22/12/2020	Time of Accident hh:mm	18:30		Country of	Accident
Reporting Centre		Orange Force			ICM No.	
Accident Location	ALONG JALAN BERSEH					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00		
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is C	overed?
Additional Excess	0					
Total OD Excess Applicable	2000.00	Tot 4 To Excess Applicable		1,500.00		
→ Benefits						
GST Registered Informat	ion					
GST Registered	No		GST Regist	ration Date		
GST Registration No.			GST Status	Verified		Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	12 DERBYSHIRE ROAD	Address 2	#04-01		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5119285652			
OI Driver Info						
Driver Name	SOH CHAN WAH	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S1539794B		Driver DO	В
Register Date of Driver License	26/10/1982	Driver Age	58		Driving Ex	perience
Contact No.(Mobile)	91790770	Contact No.(Office)			Contact N	o.(Home)
Address 1	12 DERBYSHIRE ROAD	Address 2	#04-01		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		557.541.0530				
Does he own a Singapore	Yes No	Driver Vehicle No.	SKU7300Y		Driver Ins	urer Com
Registered car?	C.100 W.110	onter temperter	38073001			
Declaration						
Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 New						
				-	The same	percent
Claim Type *				OD-MX	Insured Name	SOH CH
Contact No.(Mobile)				91790770	Contact No.	NIL
Service started towns of				Saraning	(Home)	INIL
Email Address				SOHCHANWAH@HOTMAIL.CO	OI Vehicle	SKU730
Service and an appropriate to the service of the se				the state of the s	Number	
Claim Description				SKU7300Y / SMG4873E ON 2	2 Dec 2020	
- Committee of the Comm						
Destant	Toward Health Co.					
Preferred Workshop	Insured Liability Not at Fa	ault Y				
	Preferered Preferred Workshop, Option	GIA	d 🗸]	Claim	

Folder Date

Uploaded By/Date

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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: 5119285652

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKU7300Y

Chassis Number

: RU11021183

2. Name of Policyholder

: SOH CHAN WAH

3. Effective Date of Insurance

: 02 Oct 2020

4. Expiry Date of Insurance

: 01 Oct 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)

: \$\$2,000

EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS

: S\$1,500 : \$\$100

UNNAMED DRIVER EXCESS

: N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: YES

NCD PROTECTION

: NO : NO

TRANSPORT ALLOWANCE **EXCESS WAIVER**

· NO

PRIMARY DRIVER

: SOH CHAN WAH : LEE SUAT PENG

NAMED DRIVER (1) NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: PRIME MOTOR & LEASING 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

: PRIME MOTOR & LEASING PTE LTD (00000572224)

Date of Issue

: 02 Oct 2020 14:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Enquire Vehicle Information

Vehicle No.

Vehicle No.: Vehicle Details

SKU7300Y

Vehicle Type:

Passenger Motor Car No Attachment

Vehicle Attachment 1:

Make / Model:

HONDA / VEZEL 1.5X A

Primary Colour: Year of Manufacture:

Silver 2015

Maximum Laden Weight: Unladen Weight:

1465 kg 1190 kg

No. Of Axles:

2

Engine No.: Chassis No.:

L15B3521199 RU11021183

Engine Capacity:

1496 cc

Maximum Power Output: IU Label No.:

96.0 kW (128 bhp)

Propellant:

1125907585

Passenger Capacity:

Petrol 4

Original Registration Date:

13 Aug 2015

First Registration Date:

13 Aug 2015

Open Market Value :

\$17,931.00

Additional Registration Fee Rate:

First \$17,931.00 (100%)

Actual ARF Paid:

\$7,931.00

PARF Eligibility:

Yes

Minimum PARF Benefit:

\$3,965.00 12 Aug 2025

PARF Eligibility Expiry Date: COE No.:

COE Category:

2015080101002630H

A - Car up to 1600cc & 97kW (130bhp)

COE Expiry Date:

12 Aug 2025 \$55,889.00

Quota Premium (QP): QP Paid:

\$55,889.00

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise :

\$55,889.00

CO2 Emission:

117.00 (g/km)

CEV/VES Rebate Utilised Amount:

\$10,000.00

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Previous

OK