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SN0820C00005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 24/12/2020 14:15 (SGT) SUBMITTED BY: Rouli Bin Abdul Wahab VERSION: 1 (24/12/2020 14:15 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly 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.
- 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.

- 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 aforesald.

ACCIDENT STATEMENT

Date of Submission 24/12/2020 14:15 (SGT) Date of Accident 23/12/2020 16:20 (SGT) Exact Location of Accident Irwell Bank Rd, Singapore TOWARDS RIVER VALLEY ROAD Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU7192T

INSURED/POLICYHOLDER

Is company? No TOH JIAN HUAH JOLIN Name Of Registered Owner NRIC No SXXXX679G Email Address ym_poh83@yahoo.com.sg Mobile Phone No (Phone) +65-96440759 Alternative Phone No. +65-98459978

VEHICLE PARTICULARS

Manufacturer Lexus Model Es300h 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

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5118946398 Cover Note Number

DRIVER

Name of Driver POH YONG MING (FU YONGMING) NRIC No SXXXX832H

23/02/2005 Date Of Driving Pass 15 YEARS AND 10 MONTHS Driving experience Gender Mobile Number (Phone) +65-98459978 Alt, Phone Number Email Address ym poh83@yahoo.com Address 15 WEST COAST WALK Address complement #06-25 Postcode 127162 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? 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 Clear 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? No 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? Yes Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SLV8387Z Vehicle Manufacturer Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

SXXXX134I

Contact Number

Address complement

SLV8387Z

-

SKETCH PLAN

Veh A: SMU 7192 T Veh B: SLV 8387Z

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</u> and <u>accurate</u> as <u>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.
- 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:
 - 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:

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Date & Time: NRIC/FIN No : 100 04		Date & Time	nis poncynuluer)		108 dy 1101

NRIC/FIN No.:

Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident: 23/12/2020 *Time of Accident: *Accident Location: Turning Zion Road Irwell Bank Rd Vehicle Details * Make & Model: Lexus 300H *Vehicle Number: Smu 71927 Insured / Policyholder *NRIC: \$901679G John Joh Jian Hugh *Owner Name: *Address: 15 WEST COAST WALL #64-15 S127162 Yun-poh 83 @ Yahoo. com-sg (Indoor V Outdoor) *Occupation: Driver () same as above *NRIC: 383378544 *Driver Name: MAIK #06-25 *Address: 15 West (oast *Driving Pass Date: * HP: *Date of Birth: *Gender: Male / Female * Tel/H/Other: CAUSGA78 Director (Indoor/ Outdoor) *Driver an employee: Yes / No)*If no, what is relationship with the policyholder: Space Passengers Details * P/Name: (Male/Female) * P/Name: (Male/Female) (Male/Female) * P/Name: * P/Name: (Male/Female) Insurance Company *Insurer: *Coverage: C / TPFT / TPO *Policy No: _ Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: Vehicle No.: Make & Model: Make & Model: Vehicle Category: Vehicle Category: ___ Name of Driver: Jamie Bethany koh Guan You Name of Driver: S77321341 NRIC : 90176806 No. of Passengers (Including Driver): No. of Passengers (Including Driver):

For Official Use Only

-I/Name:

-I/Name:

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident		
*Type of accident: Heed-Rear / Side swip	e / others:	
*Weather conditions: Gear / Raining / o	thers:	*Any video cam: 78 / No
*Road Surface: Dry / Wet / others:		#1 ##10 MI
*Witness: Yes / No (Name:	NRIC:	HP:
*Accident reported to police: Yes / 100	*Summon against whom:	
*Injured party: Yes //No	*No. of passengers (inc	lude driver):

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling Accident MT/1114939

Accident M1/1114939						
Policy No.	5118946398	Vehicle No.	SMU7192T		GST Ren	istration No
Certificate No.			MICHAEL PL		- Continue	terr error. Te
Policyholder Name	JOLIN TOH JIAN HUAH				Madienday	des birthe
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	der NRIC
Contact No.(Mobile)	98459978	Contact No.(Office)				Na.(Hame)
Email Address		Special Remark			eCode	va trame
KFK	No Yes	TCA	No Yes		eCode Re	
NCD Protection	No	NCD Entitlement(%)	o.			
▼ Accident Details			8		Private H	ore
Report Date	24/12/2020 14:51	Appldent Report Within 24 hrs	Yes		.194499000	MIC-111
Date of Accident	23/12/2020	Time of Accident hh:mm			Accident	
Reporting Centre		Orange Force	16:20			of Acciden
Accident Location	IRWELL BANK TOWARDS RIVER VALLEY ROAD	Statige (dice			ICM No.	
▽ Total Excess Applicable	THE PARTY OF THE P					
Excess Type	Per Accident	Wind a een Excess		24-24L0		
				100,00		
OD Standard Excess	600,00	TP Standard Excess		0.00		
VIED OD Excess	0,00	YIED TP Excess		0.00	Driver is	Caused?
Additional Excess	:0			71-35-7	Street is	-pyered)
otal OD Excess Applicable	600,00	Total TP Excess Applicable		0.00		
♥ Benefits				0.00		
♥ GST Registered Informat	tion					
GST Registered	No					
GST Registration No.	5000		GST Statu	tration Date		
fodification History			601, 21011	s verming		Yes
Policyholder Malling Add	ress					
Address 1	15 WEST COAST WALK	Address 2			Pro Proposition III	
Address 4	NECOSETION SHEET MADERA	Address Type	#06-25 THE PARC	CONDOMINE	Address 3	
Jnit No.			Singapore address		Post Code	
OI Driver Info		Related Policy Number	5118946398			
Oriver Name	POH YONG MING	Patricia Transis	199201002000200000000000000000000000000			
Innamed driver Name		Driver Type	Named Driver			
Register Date of Driver License	23/02/2005	Driver VRIC	58337832H		Driver DC)音
Contact No.(Mobile)	98459978	Driver Age	37		Driving E	xperience
Address 1	49723370	Contact No.(Office)			Contact N	ia.(Home)
Address 4		Address 2			Address 3	
Jnit No.		Address Type	Foreign address		Post Code	
Does he own a Singapore						
Registered car?	Yes No	Driver Vehicle No.	SMU7192T		Driver Ins	urer Comp
doasoseauconn						
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ontact No.(Mobile)	Insured Liability Not at Fault Preferred Repair Option Preferred Workshop, Name		•	96440759 jelletoh@live.com.sg	Name Contact No. (Home) OI Vehicle Number	JOLIN TO

Report Taken By

ROSLI WAHAB

Print AK letter

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Attachment Accident No. MT/1114939 Claim No. 001 Last Doc. Received ● Yes ○ No Upload Date 24/12/2020 14:55 Path * Category * Confidential Choose File No file chosen Clear Please Select Y NO Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select V NO Choose File No file chosen w No Clear Please Select Choose File No file chosen v NÚ Clear Please Select Choose File No file chosen Clear Please Select Y NO

Desc	Urgency	9	Category	Uploaded By/Date	Attachment
Photos 2	Normal		Photos	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Dec 2020 14:55	Trees
Photos 2	Normal		Photos	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Dec 2020 14:55	£25
Photos 2	Normal		Photos	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Dec 2020 14:55	ALAN SEL
Photos 2	Normal		Photos	NAC_PAYA_UBI_BD0501(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Dec 2020 14:55	
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					Video List

Folder Date

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--- criticate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5118946398

1 Index mark and Registration Number of Vehicle Cover : drivo CLASSIC

: SMU7192T Chassis Number

: JTHBW1GG902131821 2. Name of Policyholder : JOLIN TOH JIAN HUAH 3. Effective Date of Insurance

: 08 Sep 2020 4. Expiry Date of Insurance : 07 Sep 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 Usen

(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 55100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES +UNO NCD PROTECTION TRANSPORT ALLOWANCE NO. : NO **EXCESS WAIVER**

TOH JIAN HUAH, JOLIN (DU JIANHUA) PRIMARY DRIVER

POH YONG MING NAMED DRIVER (1)

N/A NAMED DRIVER (2)

HIN LUNG AUTO PTE LTD HIRE PURCHASE COMPANY

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

ARK INSURANCE AGENCY (00000615246)

: 08 Sep 2020 11:59 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive