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SN0821160006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/01/2021 12:26 (SGT) SUBMITTED BY: Rosk Bin Abdul Wahab VERSION: 1 (06/01/2021 12:26 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

96/01/2021 12:26 (SGT) 06/01/2021 07:47 (SGT) Choa Chu Kang Way, Singapore CHOA CHU KANG AVENUE 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLF4880B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No. Email Address Mobile Phone No Alternative Phone No

No TEO KAY LENG SXXXX673B markteo751@gmail.com (Phone) +65-96587703 +65-96587703

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

Mitsubishi Attrage

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage ... Fleet Policy

Policy Number Cover Note Number NTUC Comprehensive 5111185422-01

DRIVER

Name of Driver NRIC No

TEO KAY LENG SXXXX673B

Date Of Driving Pass 26/03/1998 Driving experience 22 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96587703 Alt. Phone Number +65-96587703 Email Address markteo751@gmail.com Address BLK 751 CHOA CHU KANG NORTH 5 #12-193 Address complement Postcode 680751 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBD8640E** Vehicle Manufacturer Toyota Vehicle Model Hiace Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Address complement

Name of Driver Contact Number

Address

Doctoodo

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

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 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 ladgement 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 of agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan -) choa chu kana Vehicle A 3 SLE4880B Vehicle B: GBD8640E

Describe Circumstances of the Accident was travelling along choa chu Kana the junction, Vehicle B came from the and hit onto me.

Declaration

Ta

IWe declare the foregoing particulars are true in every respect.

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

Intressed by Reporting Centre

Personnel

PERSONAL PARTICULARS

Date of Accident: 06/01/2021	Time of Accident: 07	11 T	Driver
Vehicle No: SLF 4880 B			male
Exact Location of Accident	Vehicle Make/Mor_mit	Hittinge 1-2 CVT	
Owner's Name (NIDIC: Te - /	ear Junction of Chua Chu t	Kang Way Turning	To chua Chu Kang Ave 3
	7 0 0 0 0 0 0	+3 P	The second secon
Briver's Name/NRIC: 100	ay Leng I C No: \$161867	3 B	<u></u>
Driver's Contact: 96587703	Insurance Co & Policy No		
Driver's Email Address: Mar	teo75/@gmail.com	RINCIPS DILLIAS	422-01
	Driver: Spouse/Children/Friend/Pa	Na 12-500	
What do you wish to claim (Ple	ass circle and the second series of the second seco	rents/Others specify:	
1) Own Insurance 2) Other Veh	ase circle one only) cle (The one you want to claim agai		
Exact Purpose for which the ve	hicle was being the to claim again	inst) 3) Reporting (For	Recording Purposes)
Private Use / Work Purpose	hicle was being used at time of acc	ident? (Please circle o	ne onty)
Weather Condition & Road Cond	itions?		
Clear & Dry / Raining & Wet / A	ter-Rain & Wet / Drizzling & Wet		
Occupation			
Indoor / Outdoor			
Any Injuries? (MC of 3 Days or n	ore, police report is required)		
Yes No If Yes, which p	plice station?		
the Other Party (Vehicle R) Deta	ile		
Driver's Name/IC:		No: GBD 8640E T	
Insurance Company:			
(If more than 2 vehicles involved	please indicate the other party veh	Contact:	
Other Vehicle (Vahiele C)	prease indicate the other party veh	nicle numbers below)	
Independent Witness (If Any):		Contact	
TOTAL PURCHASION III ADVI-			
* If no proper document are proc	luced, IDAC should not file the repo	Contact:	
* Information will be discarded a	fter one week.		

Claim Handling Accident MT/1116279

Contact No.(Mobile) 9658770. Email Address KFK No No No Protection Yes Accident Details Report Date 06/01/20 Reporting Centre	LENG CAR INSURANCE 3 Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhornin Orange Force NG AVENUE 3 Windscreen Excess YIED TP Excess YIED TP Excess Total TP Excess Applicable Address Z Address Type Related Policy Number	SUF-4880B drive CLASSIC No Yes 50 Yes 07:47 100.00 0:00 0:00 0:00 CHOA CHU KANG NORTH Singapore address 5111185422-01	GST Registri Policyholder Loading Contact No., eCode eCode Reaso Private Hire Accident Typ Country of A JCM No., Oriver is Cov Yes Address 3 Post Code
Policyholder Name TEO KAY Product Code PRIVATE Contact No. (Mobile) 9658770 Email Address KFK No NCD Protection Yes Accident Details Report Date 06/01/20 Date of Accident 06/01/20 Reporting Centre Accident Excess Applicable Excess Type Per Accident OD Standard Excess YIED OD Excess Additional Excess Total OD Excess Applicable Benefits GST Registered Information GST Registered GST Registered ST Registered GST Registered GST Registered Information GST Registered GST Registe	CAR INSURANCE 3 Yes 21 12:28 U KANG WAY AND CHOA CHU KAN int 600.00 0.00 0 600.00	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhornin Orange Force NG AVENUE 3 Windscreen Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	Ves O7:47 100.00 0.00 0.00 0.00 0.00 CHOA CHU KANG NORTH S Singapore address	Contact No. #Code #Code Reass Private Hire Accident Typ Country of A ICM No. Oriver is Cov Yel
Product Code PRIVATE Contact No. (Mobile) 9658770 Email Address KFK No Protection yas *** Accident Details Report Date 06/01/20 Date of Accident 06/01/20 Reporting Centre Accident Excess Applicable Excess Type Per Accident OD Standard Excess VIED OD Excess Additional Excess Total OD Excess Applicable *** Benefits *** GST Registered Information GST Registration No. Modification History **** Policyholder Mailing Address Address 1 BLK 751 # Address 4 Unit No. ***** OI Driver Info Driver Name TEO KAY LE	CAR INSURANCE 3 Yes 21 12:28 U KANG WAY AND CHOA CHU KAN int 600.00 0.00 0 600.00	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhornin Orange Force NG AVENUE 3 Windscreen Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type	Ves O7:47 100.00 0.00 0.00 0.00 0.00 CHOA CHU KANG NORTH S Singapore address	Contact No. #Code #Code Reass Private Hire Accident Typ Country of A ICM No. Oriver is Cov Yel
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ROSLI WAHAB

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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: 5111185422-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLF4880B

Chassis Number

: MMBSTA13AHH001950

2. Name of Policyholder

3. Effective Date of Insurance

: TEO KAY LENG

: 29 Aug 2020

4. Expiry Date of Insurance

: 28 Aug 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 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

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 NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : TEO KAY LENG NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : N/A 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

: LIM SHENG HAU (00000602572)

Date of Issue

: 28 Jul 2020 13:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive