ATIONAL Assess		John Jerseinten	Date	Time Completed	Don	0.0,
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		Assessment/Survey	Report	 		
TP insurer:		Ass't Report by Fa:		er/WKSD	Fax:)
referred Wksp / INC Assi	gn Wksp / QW: (Tel:	1 2124	rax.	
P Particulars:	Veh No:	SCZ51585		Non-INC()		
Owner / Driver: (Te			
Policy No: () Po	eriod: () Cove	er Type: (
Confirmed by :	(D	ate:	Time:	70.100%]	
Insured/Driver Liability		[Note-Est. Status (WO)): N: 0-20%;	P: 21-79%. P: 3	80-10070]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
 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

- 3. Information provided must be as some and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 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

09/01/2021 10:52 (SGT) Date of Submission 08/01/2021 18:55 (SGT) Date of Accident Bishan, Singapore Exact Location of Accident TWDS TOA PAYOH Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SFU8283R Vehicle Registration Number

INSURED/POLICYHOLDER

No is company? QUEK MONG HUAT Name Of Registered Owner SXXXX132E NRIC No qmheric@hotmail.com Email Address (Phone) +65-98336676 Mobile Phone No +65-98336676 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR Variant 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 No Fleet Policy 5042283193-10 Policy Number Cover Note Number

DRIVER

QUEK MONG HUAT Name of Driver SXXXX132E NRIC No 15/08/1956 Date Of Birth Outdoor Occupation

05/03/1975 Date Of Driving Pass 45 YEARS AND 10 MONTHS Driving experience Male Gender (Phone) +65-98336676 Mobile Number +65-98336676 Alt. Phone Number qmheric@hotmail.com Email Address BLK 305 ANG MO KIO AVE 1 Address #16-1159 Address complement 560305 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 NG KWUN KEI Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SLZ5158S Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category SIOW SWEE KEE THOMAS

SXXXX924Z

Name of Driver

NRIC No

Contact Number	(Phone) +65-84889181
Address	
Address complement	0.40
Postcode	
Insurance Company Name	-
Nature Of Damage	1.5
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	(12)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts 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 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 (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

mel. 9/1/21

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A-SFURX3R B-SL251585

escribe Circumstances of the Accident
I was travelling from Bishan Rd tods Toa Payoh
when I'm appraching zebra crossing there was
a come comes cos 1 apoly my brake. Veh B cume
Some Green Cross 80 1 177
from behind and het onto my vear portion of my
veh. Due to the impact my with being pushed
forward.

Declaration

I/We 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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCI	DENT DATE: 08/01/2/ (DD/MM/YYYY), TIME:(/&:.55)(HH:MM)
LOCA	TION: BISHAN RD TWOS TOA	PAYOH
	DETAILS OF VEHICLE	8 n s
	a) VEHICLE NUMBER: SFU8283R	
	b)INSURANCE COMPANY: NAUC	
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE) THIRD PAR	TY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY	Y / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	AL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	PORTING ONLY)
2.	INSURED / POLICY HOLDER	
	AJNAME: QUEK MONG HUAT	MALT / FEMALE)
	b)NRIC/FIN/PASSPORT: 5/243/33E	_CONTACT: 98336676
	C)ADDRESS: BLK JOS AMK AUE !	\
双 章	# 16-1159 (56030)	
M 0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DEDER
₩Ho of passenga.	DRIVER a)NAME: AS ABOUE	(MALE / FEMALE)
(Including driver)		CONTACT:
(7)	c)ADDRESS:	
10 Test 20	C/ADDRESS.	
116 KWUN KEI	*d)DATE OF BIRTH: (/3/ 08/ 1956)(DD/	MM/YYYY)
(.)	e)OCCUPATION: (INDOOR / OUTDOOR)	5 5
(m)	f) YEARS OF DRIVING EXPRERIENCE: 05 /03	1975
4.	WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES / NO))
	IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURED: OWNER
5.	a) WEATHER CONDITION: (CLEAR) RAINING /	OTHERS
	b)ROAD SURFACE: (DRY) WET / OTHERS	
	WAS ANYBODY INJURED (YES / MOD	
7.	a)REPORTED TO POLICE (YES NO)	92
	IF YES, PLEASE STATE WHICH POLICE STATION	
8.	THIRD PARTY VEHICLE	
the of passenger	a) VEHICLE NUMBER: SLZ 5/585	MODEL:
(Including driver)	b) DRIVER'S NAME: STOW SWEE KEE	CONTACT: 8489181
(_) 9,	5 N 5 T L - 20 N S S S S S S S S S S S S S S S S S S	CONTACT.
/+	d) VEHICLE NUMBER:	MODEL:
4 No of passenger	e) DRIVER'S NAME:	
(Induding driver	f) NRIC/FIN/PASSPORT:	CONTACT:
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	8 8	
	gmheric@h	otmail.com.
	email = ahlong 030	588@ amail . Casa
	email = ahlong USU	2000 91-41 - 64/50
75	ρ,	

VIDEO =



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: 5042283193-10

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SFU8283R

Chassis Number

: JMYSNCS3A9U004793

2. Name of Policyholder

: QUEK MONG HUAT

3. Effective Date of Insurance

: 12 Mar 2020

4. Expiry Date of Insurance

: 11 Mar 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 other than for driving test and tuition purpose only.

(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.

: S\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : 5\$1,000 ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : YES (FREE) NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER**

: QUEK MONG HUAT PRIMARY DRIVER

: N/A NAMED DRIVER (1) NAMED DRIVER (2)

: MAYBANK SINGAPORE LIMITED 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)

Agency

: LIM HUP HENG MOTOR & CO (00000613688)

Date of Issue

: 05 Feb 2020 14:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling

Claim Handling						500,800		
ccident MT/1116959	44.7707103.40	Vehicle No.	SPU8283R		GST Registrat	on No.		
olicy No.	5042283193-10				euron areasea		\$1243132	
ertificate No.					Policyholder N	RIC		
olicyholder Name	QUEK MONG HUAT	Cover Type	drivo CLASSIC		Loading		٥	
roduct Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0		Contact No.(H	iome)	0	
Contact No.(Mobile)	98336676	Special Remark	0.73		eCode		No V	
Email Address			No Yes		eCode Reaso	N.		
KFK	≝ No ∵Yes	TCA			Private Hire		No	
NCD Protection	Yes	NCD Entitlement(%)	50					
		Triber.			A coldens Sin		Collision -	Head to
		Accident Report Within 24 hrs	Yes		Accident Typ			
Report Date	11/01/2021 19:50	Time of Accident hh:mm	18:55		Country of A	coldent	Singapore	
Date of Accident	08/01/2021	Orange Force			ICM No.			
Reporting Centre		Charge Farca						
Accident Location	BISHAN TWDS TOA PAYOH							
♥ Total Excess Applicable	-50-			100.00				
Excess Type	Per Accident	Windscreen Excess		100.00				
Excess type		24 M 200 27 1 200 45 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.00				
OD Standard Excess	600.00	TP Standard Excess			Driver is Co	vered?	Covered	
YIED OD Excess	0.00	YIED TP Excess		0.00				
Additional Excess	1,000.00							
	1,600.00	Total TP Excess Applicable		0.00				
Total OD Excess Applicable	1,000.00							
⇒ Benefits								
	tion		GST Registra	ation Date				
GST Registered	No		GST Status \			/es		
GST Registration No.								
Modification History								
	dress		ANG MO KIO AVENU	E 1	Address 3		SINGAP	ORE 5603
Address 1	BLK 305 #16-1159	Address 2			Post Code		560305	
Address 4		Address Type	Singapore address					
Unit No.		Related Policy Number	5042283193-10					
₩ OI Driver Info								
	QUEK MONG HUAT	Driver Type	Main Driver			21	15/08/1	1956
Driver Name	GOER PIONS	Driver NRIC	51243132E		Driver DO			130
Unnamed driver Name		Driver Age	64		Driving Ex	perience	45	
Register Date of Driver License	05/03/1975	Contact No.(Office)	0		Contact No).(Home)	0	
Contact No.(Mobile)	98336676		ANG MO KIO AVENU	UE 1	Address 3		SINGAR	PORE 5603
Address 1	BLK 305	Address 2			Post Code		560305	5
Address 4		Address Type	Singapore address					
Unit No.	#16-1159				Datas les	urer Company		
Does he own a Singapore Registered car?	○ Yes 🕸 No	Driver Vehicle No.			Driver ins			
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes → No					
Modification History Claim 001 OD-MX Ne	*							
					[7] Insured	QUEK MONG H	(IAT	Insured
040004000E				OD-MX	insured Name	LYUER MUNG H	with	NRIC Contact
Claim Type *				00000000	Contact No.			No.
Contact No.(Mobile)				98336676	(Home)			(Office)
				QMHERICOHOTMAIL	.COM Vehicle Number	SFU8283R		Vehicle Number
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