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SN08211C0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 12/01/2021 16:48 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (12/01/2021 16:48 (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

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.

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 aforesaid.

ACCIDENT STATEMENT

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

12/01/2021 16:48 (SGT) 04/01/2021 09:15 (SGT) Alexandra Rd, Singapore TOWARDS AYE TUAS JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP5728X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

WEE LENG ENTERPRISE

4XXXX500A

dannyong 1988@gmail.com

(Phone) +65-96605742

+65-96605742

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

Isuzu

Fvr34sugdc

Employment

No - Reporting only Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5088250761-03

DRIVER

Name of Driver

NRIC No.

ONG KOK SENG

SXXXX365I

Date Of Driving Pass 24/07/1980 Driving experience 40 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96605742 Alt. Phone Number Email Address dannyong1988@gmail.com Address BLK 619 JURONG WEST STREET 65 #06-444 Address complement Postcode 640619 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other 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 No Collision Weather Conditions UNKNOWN Road Surface UNKNOWN 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 STATEMENT 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 SBS6136D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Bus Name of Driver

Contact Number

Address complement

Address

Doctroda

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

SKETCH PLAN

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.
- 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)

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 or 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 (V driver is not the policyholder) / Date & Time

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Witnessed by Reporting Centre

Personnel

Sketch Plan

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Declaration

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

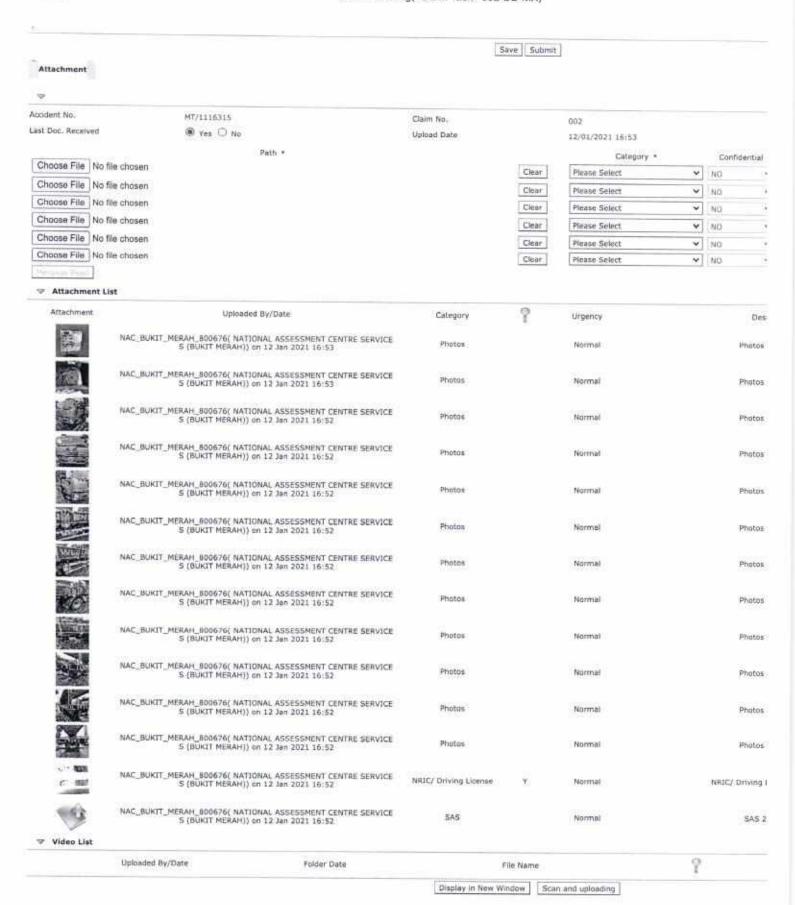
ACCIDENT STATEMENT

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	LOCATION: Junction of Alexardra Rd	and of ci	
	1. DETAILS OF VEHICLE VP 5718 X		# #
	DINSURANCE COMPANY: NTUC INCOM	nt	
	CIPOLICY NUMBER: 5088 250 761-0	03	
	DIPOLICY TYPE: COMPREHENSIVE / THIRD PA	RTY / THIRD PARTY F	IRE &THEFT)
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	F)TYPE: (SALOON / COUPE / MPV /VAN (LOR	PY AMOTORCYCLE	OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE COMMERC	TADY MOTORCYCL	E)
82	g) VEHICLE CATEGORIS PRIVATE A COMMENT	WORKING	
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40	IF NO, PLEASE STATE (THIRD PARTY CLAIM (PEPORTING ONLY	100
	IF NO, PLEASE STATE THIRD PARTY CONTINUE.	1011011111	
	2. INSURED / POLICY HOLDER A) NAME: WEE LENG ENTER PRI	SE (MALE/	FEMALE)
	BINRIC/FIN/PASSPORT: 48309 500 A	CONTACT: 96	605742
	CIADDRESS: 614 JURONG WEST ST	G5 #06-444	
	C)AUDRESS . Coore 640619	15 Th	
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Andrew Control	DRIVER diver) DRIVER diver) DRIVER diver) DRIVER DINRIC/FIN/PASSPORT: S/356365 I CIADDRESS: 619 JURONIG WEST ST SPORT 640619 *d)DATE OF BIRTH: (3) 105/1959 (DE 6)OCCUPATION: (INDOOR OUTDOOR) F)DATE OF DRIVING PASS	CONTACT: 9	(YES /(NO)
Andrew Art State of the Control of t	Chiver) DRIVER Chiver) DINRIC/FIN/PASSPORT: S/3563651 CIADDRESS: 619 JURONIG WEST ST CIADDRESS: 619 JURONIG WEST ST CIDATE OF BIRTH: (31 / 05/ 1959)(DE CIOCCUPATION: (INDOOR OUTDOOR) FIDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSU	CONTACT: 9 65 #06-VUC	(YES / NO)
Andrew Control	Chiver) DRIVER Chiver) DINRIC/FIN/PASSPORT: S/3563651 CIADDRESS: 619 JURONIG WEST ST CIADDRESS: 619 JURONIG WEST ST CIDATE OF BIRTH: (31 / 05/ 1959)(DE CIOCCUPATION: (INDOOR OUTDOOR) FIDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSU	CONTACT: 9 CONTAC	(YES:/(NO)
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Andrew Control	DRIVER diver) binric/fin/passport: 5/3563651 claddress: 619 Juronig West St eloccupation: (Indoor Outdoor) fidate of birth: (31 / 05/1959) (00 eloccupation: (Indoor Outdoor) fidate of driving PASS 4. Was driver an employee of the insu if no, relationship of the driver will 5. diweather condition: (Clear / Raining biroad surface: (DRY / Wet / Others)	CONTACT: 9 CONTAC	(YES /NO)
Andrew Control	DRIVER diname: ONIG KOKSKAIG diname: ONIG KOKSKAIG binric/fin/passport: S/3563651 ciaddress: 619 Juronig West St eiddress: 619 Juronig West St if no, relationship of the driver West birond surface: (dry / West / Others birond surface: (dry / West / Others) was anybody injured (yest / NO)	CONTACT: 9 CONTAC	(YES /NO)
Andrew Art State of the Control of t	DRIVER d)NAME: OALG KOKSTALG b)NRIC/FIN/PASSPORT: S/36666 I c)ADDRESS: 619 JUROALG WEST ST e)OCCUPATION: (INDOOR OUTDOOR) f)DATE OF BIRTH: (31) 05 / 1959 (DE e)OCCUPATION: (INDOOR OUTDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W. 5. d)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POUCE (YES / NO)	CONTACT: 9 CONTAC	(YES:/(NO)
Andrew Control	DRIVER diver) binric/fin/passport: S/366661 ciaddress: 619 Juronig West St eiddress: 619 Juronig West St if no, relationship of the driver Wist biroad surface: (dry / Wet / others if yes anybody injured (yes / NO) 7. direported to pouce (yes / NO) if yes, please state which pouce station	CONTACT: 97 65 #06-VUC D/MM/YYYY) RED'S COMPANY? ITH INSURED: OW/ / OTHERS UNICHO NICON	(YES /NO)
Including a	DRIVER diver) binric/fin/passport: S/366661 ciaddress: 619 Juronig West St eiddress: 619 Juronig West St if no, relationship of the driver Wist biroad surface: (dry / Wet / others if yes anybody injured (yes / NO) 7. direported to pouce (yes / NO) if yes, please state which pouce station	CONTACT: 9 CONTAC	(YES /NO)
Children a CLD	DRIVER diver) binric/fin/passport: S/366661 ciaddress: 619 Jurolig West St eight: 51 / 05/ 1999 (dd) eight: 61 / 05/ 1999 (d	CONTACT: 97 CONTAC	(YES /NO)
Children a CLD	DRIVER diname: OALG KOKSEALG diname: OALG KOKSEALG binric/fin/passport: S/3563651 ciaddress: 619 Juroalig Dest St eight: 640619 eight: OF DRIVING PASS 4. WAS DRIVER AN EMPLOYER OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W. 5. Diweather Condition: (Clear / Raining biroad surface: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. Direported to Pouce (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATIO 8. THIRD PARTY VEHICLE B. THIRD PARTY VEHICLE O VEHICLE NUMBER: SBS 6136 P DIVER'S NAME:	CONTACT: 97 65 #06-VUC D/MM/YYYY) RED'S COMPANY? ITH INSURED: OW/ / OTHERS UNICHO NICON	(YES /NO)
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(Including a (L)) He of passes Including	DRIVER d)NAME: ONG KOKSENIG b)NRIC/FIN/PASSPORT: S/3563651 c)ADDRESS: 619 JURONIG WEST ST e)OCCUPATION: (INDOOR OUTDOOR) F)DATE OF BIRTH: (31 / 05/ 1959) (DE) 4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W. 5. d)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATIO 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SBS 61360 9. THIRD PARTY VEHICLE c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE c) VEHICLE NUMBER:	CONTACT: 97 CONTAC	(YES / NO)
Ho of passes (Including a (I)) Ho of passes (I) Ho of passes (I)	DRIVER d)NAME: ON G KOKSTAIG b)NRIC/FIN/PASSPORT: S/3563651 c)ADDRESS: 619 JURONIG WEST ST e)OCCUPATION: (INDOOR OUTDOOR) F)DATE OF BIRTH: (3) / 05/ 1 959 (100 e)OCCUPATION: (INDOOR OUTDOOR) F)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYER OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W. 5. d)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POUCE (YES / NO) 1F YES, PLEASE STATE WHICH POUCE STATIO 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SBS 6136 P elviver b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	CONTACT: OF #06-YUV RED'S COMPANY? ITH INSURED: OWN OTHERS UNICHO ON: MODEL: CONTACT:	(YES / NO)

email = dannyong 1988 ayahoo con so

Claim Handling

Accident MT/1116315						
Policy Na.	5088250761-03	Vehicle No.	YP5728X		GST Regist	tration No
Certificate No.			Victorial		0.531111553	5-530/10/10
Policyholder Name	WEE LENG ENTERPRISE				Palicyholde	er NUTC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Loading	*************
Contact No.(Mobile)	NA	Contact No.(Office)	sees and selectary e		Contact No	s.(Hame)
Email Address		Special Remark			eCode	engo.ora eneg
KFK	No Yes	TCA	No Yes		eCode Res	son
NCD Protection	No	NCD Entitlement(%)	15		Private Hin	
Report Date	06/01/2021 14:52	Accident Report Within 24 hrs	Yes		Accident T	vpe
Date of Acodent	04/01/2021	Time of Accident himm	09:15		Country of	
Reporting Centre		Orange Force	700185		ICM No.	
Accident Location	Junction of Alexandra Rd & AYE (towards Tuas)	W2671 # F.1759-A3			11 ************************************	
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	600.00	TP Standard Excess		0.00		
YIED OD Excess	1000	YIED TP Excess		39130925	Driver is C	overed?
Additional Excess		Charles and security				
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
▼ Benefits		and the second second second		0.00		
GST Registered Informat	tion					
GST Registered	No		GST Regis	tration Date		
GST Registration No.			GST Statu			Yes
Modification History	06/01/2021 14:53:26 System c	hanged GST Registered from Yes to hanged GST Registration No. from 4 hanged GST Registration Date from	8309500A to hull			
Policyholder Mailing Add						
Address 1	BLK 519 ##D5-444	Address 2	JURONG WEST STO	REET 65	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	#06-444	Related Policy Number	5120442207			
♥ OI Driver Info						
Driver Name		Driver Type				
Unnamed driver Name		Driver NRIC			Driver DO	e e
Register Date of Driver License		Driver Age			Driving Ex	perience
Contact No.(Mobile)		Contact No.(Office)			Contact No	a,(Hame)
Address I		Address 2			Address 3	
Address 4		Address Type	Foreign address		Post Code	
Unit No.						
Does he own a Singapore Registered car?	Yes Ne	Driver Vehicle No.			Driver Ins	urer Com
Modification History						
Claim 002 OD-MX New	1					
Claim Type *				ор-мх	V Insured	WEE LE
Contract No. (Markins)					Contact	-
Contact No.(Mobile)					No. (Home)	
Email Address					Ol Vehicle Number	YP5728
Claim Description				YP5728X / SB56136D ON	4 Jan 2021	
Preferred Workshop	Insured Liability Not at Fault	~				
Senter No. Yes	Repair Preferred Workshop, Nam	1.016				
Date Registered	Option	report N		12/01/2021 15:49	Claim Close Date	
Report Taken By				ROSLI WAHAB	Werkshop Repairer	p
Print AK letter						



https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do





Our Ref: MT/CA/TP/001/1116315-001/HT/VU

06 Jan 2021

WEE LENG ENTERPRISE BLK 619 ##06-444 JURONG WEST STREET 65 SINGAPORE 640619

Dear Policyholder

CLAIM NUMBER: MT/1116315-001
ACCIDENT INVOLVING YP5728X / SBS6136D on 4 Jan 2021

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. Information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

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Goh Peng Hong Manager Motor Insurance



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: 5088250761-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: YP5728X

Chassis Number

2. Name of Policyholder

: JALFVR347G7001405

: WEE LENG ENTERPRISE

3. Effective Date of Insurance

: 21 Mar 2020

4. Expiry Date of Insurance

: 20 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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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

: PRO-LINK INSURANCE AGENCY (00000615233)

Date of Issue

: 27 Feb 2020 17:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive