VATIONAL Assessment Centre	Services. [will Januar]	SMOP21/1-000	4
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Owner / Driver: (·		Tel:	
Policy No: () Per	·lod: () Cover Type: (
Construed by ; (. Dater,	Timer	EQ 100%
		0-20%; P: 21-79%. P:	90-1001-1
Year of Registration: () V	Warranty YES ()/NO	()	
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1) Apply for Transport Allowance ()/C	Courtesy Car ()		7
2) QC Cheole / Post Repair Inspection	(,)		
3) Upload Resurvey Photo [Repuir Cost> \$3	3000] () _	· · · · · · · · · · · · · · · · · · ·	1
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oriver/Owner:	S) TVITY 4) PTIYO 3) PTIIO Yorula 6) TIVI	owing seconds durvey of the survey of the su	\$120 \$330 Jin 2000}
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river/Owner: ordered No: arnäged Portion:	3) TV17 () PT170 3) PT170 3) PT170 () T171 R 7) N11 R 7) N11 R 1) N700 0.01 1 N61 1 N61	Dilow-Through Burvey offow-Through Burvey (Resurvey offow-Through Burvey (Resurvey offow-Through Burvey (Resurvey a Jurpendon Lev DA + EMRT Survey Additional Socvineste Caurlety Cer/Tpi Allow-nue Lepsit Co-ordination Post Repeir Inspection DV / Collect Elected Coordination DV / Collect Elected Coordination OV / Collect Elected Coordination It is the Mobile dated	\$120 \$30 \$30 \$73 \$73 \$160 \$33 \$10 \$725 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$3

SÑ08211F0008 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/01/2021 18:49 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/01/2021 18:49 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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 15/01/2021 18:49 (SGT) Date of Accident 14/01/2021 11:50 (SGT) **Exact Location of Accident** 94 Havelock Rd, Block 94, Singapore 160094 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SKZ5545U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG CHAT WENG NRIC No SXXXX835J **Email Address** neohweekeng@gmail.com Mobile Phone No (Phone) +65-97899733 Alternative Phone No +65-96903048

VEHICLE PARTICULARS

Manufacturer

Model Wish 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 your vehicle? No - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy No Policy Number 5115767680 Cover Note Number

DRIVER

Name of Driver NEO HWEE KENG NRIC No SXXXX782C

Date Of Driving Pass Driving experience	12/06/1992 28 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96903048
Alt. Phone Number	(1 110110)
	husekang@gmail.com
Email Address	neohweekeng@gmail.com
Address	BLK 94 HAVELOCK ROAD #18-573
Address complement	
Postcode	160094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
If No, Relationship of the briver 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	Clear
Road Surface	Dry
OTHER INFORMATION	
	N .
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
Number of Passengers (including Diver)	· ·
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	NO
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Vido tilo dooldoni reperies is	
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
BLEASE DEFED TO SVETCH DLAN	
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
Was there any addit recorded:	110
	THE REPORT OF THE PERSON OF TH
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Performance of the state of the	
Vehicle Registration Number	FBL2582L
Vehicle Manufacturer	
venicie Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	, <u>#</u>
Vehicle Category	Motorcycle
Name of Driver	. -
Contact Number	-
Address complement	· ·
Doctorda	

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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, acknow ledge, 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 Sketch Plan	Driver's Signature (If dr & Time	iver is not the	Witnessed by Reporting Centre Personnel
A BOTH CAN	DIM h RSING		Z 5545 U L 2582 L

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			0									

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT'STATEMENT

ACCII	DENT DATE: (14. / 01 / 202) (DD/MM/YYYY), TIME: (11.500 (HH:MM).
LOCA	MION: BLK 94 Havelock Rd	
	DETAILS OF VEHICLE C)VEHICLE NUMBER: SPESSED D)INSURANCE COMPANY: JACONE C)POLICY NUMBER: 51/57 67 680 C)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD E)MAKE & MODEL: TOYOTA WICH. 1-8 F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTOR G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTOR T) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (Y IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING INSURED / POLICY HOLDER A)NAME: WONG CHAT WEND D)NRIC/FIN/PASSPORT: S12288 C1430852 CONTACT C) ADDRESS: RIC 94 HOLDER ROLL ROLL C) ADDRESS: RIC 94 HOLDER ROLL C) ADDRESS: RIC 95 HOLDER ROLL C) ADDRESS	RCYCLE / OTHERS) ORCYCLE) ES/NO) ONLY) (MALE / FEMALE) ACT: 948 19433
My No of passanger (Including driver)		[MALE / FEMALE] ACT: 96903048
5, 6.	*d)DATE OF BIRTH: (30 / 07/1966)(DD/MM/YYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASC 12 6 1992 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COM IF NO, RELATIONSHIP OF THE DRIVER WITH INSURE a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	PANY? (YES / NO)
tho of passenger Cluding driver)	THIRD PARTY VEHICLE a) VEHICLE NUMBER: FBL 2582 L MODEL b) DRIVER'S NAME: CONT.	
Ho of passanger (Including driver)		1 1
()) I) NRIC/FII4/FX331 ORI	1, ;
	•	A Land Control of the

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Claim Handling Accident MT/1117552

ident MT/1117552					- Company of the Comp	CONTRACTOR OF THE SECOND
cy No.	5115767680	Vehicle No.	SKZ5545U		GST Registration	on No
tificate No.					= " - balder N	210
cyholder Name	WONG CHAT WENG				Policyholder N	AIC.
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	- 2)
ntact No.(Mobile)	97899733	Contact No.(Office)			Contact No.(H	ome,
ail Address		Special Remark	AMB		eCode	
<	No Yes	TCA	No Yes		eCode Reason	
D Protection	No	NCD Entitlement(%)	50		Private Hire	
Accident Details						
port Date	15/01/2021 18:47	Accident Report Within 24 hrs	Yes		Accident Type	
te of Accident	14/01/2021	Time of Accident hh:mm	11:50		Country of Ac	cident
porting Centre	14/01/2021	Orange Force			ICM No.	
V. 57.	BLK 94 HAVELOCK ROAD					
cident Location Total Excess Applicable	BLK 94 HAVELUCK RUDD					
	Per Accident	Windscreen Excess		100.00		
cess Type	Per Accident					
) Standard Excess	600.00	TP Standard Excess		0.00		
D Standard Excess ED OD Excess	500.00	YIED TP Excess		0.00	Driver is Cove	ared?
	0.00					
ditional Excess	1,100.00	Total TP Excess Applicable		0.00		
tal OD Excess Applicable	1,100.00	10001				
Benefits						
GST Registered Information			GST Registra	ation Date		
T Registered	No		GST Status		Ye	:S
ST Registration No. odification History						
Policyholder Mailing Addr	BLK 94 #18-573	Address 2	HAVELOCK ROAD		Address 3 Post Code	
ddress 4	SINGAPORE 160094	Address Type	Singapore address		Post Code	
nit No.	#18-573	Related Policy Number	5115767680			
	Versel seek.					
oriver Name	Unnamed Driver	Driver Type	Unnamed Driver		DOB	
Innamed driver Name	NEO HWEE KENG	Driver NRIC	S1766782C		Driver DOB	
Register Date of Driver License	12/06/1992	Driver Age	54		Driving Expe	
Contact No.(Mobile)	96903049	Contact No.(Office)			Contact No.	(Ноп
Address 1	BLK 94 #18-573	Address 2	HAVELOCK ROAD		Address 3	
Address 4	SINGAPORE 160094	Address Type	Foreign address		Post Code	
Jnit No.	18-573					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKZ5545U		Driver Insur	er C
Declaration						
Jeciai acion						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Breathalyser or Blood Test Reading?		Any injury?	Yes No			
Breathalyser or Blood Test Reading? Modification History		Any injury?	Yes No	OD-MX	▼ Insured Name	wo
Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New		Any injury?	Yes No	OD-MX 97899733	Contact No. (Home)	WC
Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type *		Any injury?	Yes No		Name Contact No.	63
Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile)		Any injury?	Yes No	97899733	Name Contact No. (Home) OI Vehicle Number	63
Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	Insured Liability Not at Fa		Yes No	97899733 cw88wong@gmail.com	Name Contact No. (Home) OI Vehicle Number	
Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description		sult V GIA		97899733 cw88wong@gmail.com SKZ5545U / FBL2582L Of	Name Contact No. (Home) OI Vehicle Number	63

Workshop ROSLI WAHAB Repairer

Print AK letter

Save Submit

Attachment 001 Claim No. MT/1117552 Accident No. 15/01/2021 18:57 ● Yes ○ No Upload Date Last Doc. Received Confidential Category * Path * V NO Please Select Clear Choose File No file chosen Clear Please Select NO Choose File No file chosen Please Select Clear Choose File No file chosen ٧ NO Clear Please Select Choose File No file chosen NO Clear Please Select Choose File No file chosen ~ Please Select NO Clear Choose File No file chosen Attachment List Des Urgency Uploaded By/Date Category Attachment NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57 Normal Photos Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57 Photos Photos Normal ous. NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57 Normal Photos Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57 Photos Photos Normal

Video List

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 18:57

File Name

Photos

NRIC/ Driving License

SAS

Display in New Window Scan and uploading

Normal

Normal

Normal

Folder Date

Uploaded By/Date

Photos

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NRIC/ Driving L

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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: 5115767680 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKZ5545U

Chassis Number : ZGE206027459

2. Name of Policyholder : WONG CHAT WENG

3. Effective Date of Insurance : 27 Jan 2020

4. Expiry Date of Insurance : 26 Jan 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 headings.

 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 : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : WONG CHAT WENG

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

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 22 Jan 2020 18:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive