NATIONAL Assessment Centre	Survices.	. ביסיובל ו וזמין	: SN 0921HR 00		· .
Date In: 27 / 1/21 /4:57	Jeb description		Date & Time Completes	Done	r'pî.
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	Assessment/Su	rvey Report		1	Andrew is
TP Insurer:			o Owner/Wksn		
Proferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	Trans.
	× 6176 T.	. INC()/Non-INC(-).		
Owner/Driver: (0.78 12		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Statils (V	VO): N: 0-2	0%; P: 21-79%. P: 80	j-100%]	
Year of Registration: (') W	arranty: YES ()/NO()	16.	
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() Total Loss Case : to e-mail Insurer	URGENTLY.	•	<u>, ` : ,} ,</u>		
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1) Apply for Transfort Allowance ()/Con	urtosy Car ()			
2) QC Check / Post Repair Inspection	.(·).		·		
I) Upload Resurvey Photo [Repair Cost > \$300	00] (· ·) ::	, , , ,		14 - 17 - 17 - 17
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SN09211R000A / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 27/01/2021 14:57 (SGT)

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (27/01/2021 14:57 (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

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

27/01/2021 14:57 (SGT) 26/01/2021 15:00 (SGT) Killiney Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMY877B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No. No CHUA HWEE HONG STANLEY SXXXX088H ALMERA9593@GMAIL.COM (Phone) +65-85510003 +65-85510003

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 Toyota Vellfire

Private hire

No - Claiming third party Private hire

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number NTUC

Comprehensive

No

5109644489-01

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

CHUA HWEE HONG STANLEY SXXXX088H 04/07/1973 Outdoor

Accident report SN09211R000A

Date Of Driving Pass 10/04/1997 23 YEARS AND 9 MONTHS Driving experience Gender Male (Phone) +65-85510003 Mobile Number Alt. Phone Number +65-85510003 Email Address ALMERA9593@GMAIL.COM Address BLK 452 AMK AVE 10 #04-1781 Address complement Postcode 560452 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 Collision - U-Turn 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? Yes Was any injured conveyed to hospital by ambulance? No 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

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 SLX6176T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name

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

Was this injured conveyed to hospital by ambulance?

INJURED PERSONS DETAILS

No

INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?

CHUA HWEE HONG STANLEY
BODY
SMY877B
Yes

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 <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)

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")

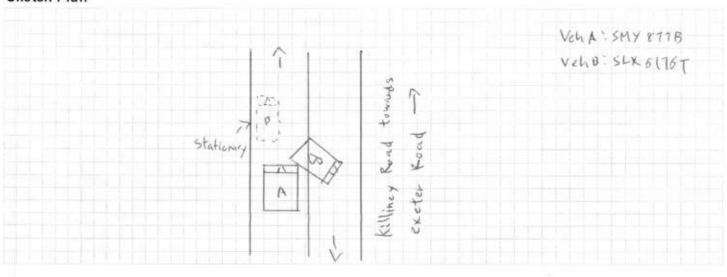
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

	n the	Stute(time	& Date	i vas	driving	my cu	SMY877B
ON	Killine	y Road	towards	Exeter	Road - S	uddenly V	ch B CSI	X 5(16 T)
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my	vehicl	e and	exchange	particular	and lef	+ the s	cence sh	ortly After
the	ακείο	lent 1	walce	up today	morning	felt prin	e at m	nx right
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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

A

Witnessed by Reporting Centre Personnel



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: 5109644489-01 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SMY877B
 Chassis Number : AGH300219904

Name of Policyholder : CHUA HWEE HONG STANLEY

3. Effective Date of Insurance : 18 May 2020 4. Expiry Date of Insurance : 17 May 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

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 : CHUA HWEE HONG STANLEY

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

HIRE PURCHASE COMPANY : JCWC CREDIT (S) PTE 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 : JCWC AUTOMOBILE PTE. LTD. (00000573827)

Date of Issue : 13 Jan 2021 16:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Date of Accident	: 1500 (24-HR-Format)
Accident Place	: Killiney Road towards Exeter Road
Vehicle No. (Car Plate No.)	: SMY & TTB Make/Model: toxota vellfire
Insurance Company	: NTUC Policy No: 5109644489-01
Owner or Company Name /IC No.	: Chun Hwee hong stunley (57323088H)
Owner or Company Contact No.	: <u>75510005</u> Owner's HpCompany Tel
DRIVER'S Name / IC No.	*
DRIVER'S Date Of Birth	: 04/01/1113 DRIVER'S License Pass Date 10/04/1997
Relationship of Owner & Driver	$: Spouse \ \ Children \ \ Employee \ \ Others: \ \ o \ \ \ \ \ \ \ \ $
DRIVER'S Address	: BIK 452 Ang me Kie Ave 10 \$04-1781 551045
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation : INI	OOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ALMERA 9593 Gynnil com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Rep	oorting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state): Right	s being used at time of accident: Private use \ Work Purpose
Other Pa	arty Driver's Particular (if any)
Vehicle. No: SX 61767	Vehicle, No:
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

NEW – Passenger's name & gender: