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) Apply for Transport Allowance ()/ Cour	tusy Car ()				
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SN0821220001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/02/2021 14:12 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/02/2021 14:12 (SGT))



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
- 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 02/02/2021 14:12 (SGT) Date of Accident 01/02/2021 16:30 (SGT) Exact Location of Accident Cheong Chin Nam Rd, Singapore Additional Location Information OPEN SPACE CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB188P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **GOH KWEE BOON** NRIC No SXXXX874E Email Address winson_tingwei@hotmail.com Mobile Phone No (Phone) +65-96540220 Alternative Phone No +65-96540220

VEHICLE PARTICULARS

Manufacturer Volvo Xc90 Model Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 2070128198 Cover Note Number

DRIVER

Name of Driver GOH KWEE BOON NRIC No SXXXX874E

Date Of Driving Pass	25/04/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	
	(Phone) +65-96540220
Alt. Phone Number	+65-96540220
Email Address	winson_tingwei@hotmail.com
Address	188 VERDE CRESCENT
Address complement	•
Postcode	688508
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	res -
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 Assident	Oallisians Handto Dans
Type of Accident	Collision - Head to Rear
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?	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 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
Trad there dry dudie recorded:	INO
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vahiala Dagistration Number	OKOCCOOK
Vehicle Registration Number	SKC6639Y
Vehicle Manufacturer	Citroen
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	ABUL RAHMAN BIN BUJANG
NRIC No	SXXXX736A
Contact Number	(Phone) +65 96364159

(Phone) +65-96364159

DI MONE DI IMIT DATOM OTDEET 34 #14 07

Contact Number

Address

Addrage complement

Insurance Company Name	Axa
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.
- 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 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.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(II) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Oriver's Signature of driver is not the policyholder)

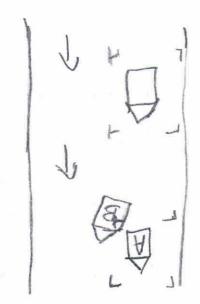
Date & Time:

'lame:

SKETCH PLAN

vehicle A SLB 188P vehicle B SKC 6639Y

OPIN SPACE CARPAGE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2 -1/-2/
On 01/02/2021 about 16.30pm. My car us staturing parked
of thous thin nom food parallel carport lot. I was an my way be
to collect my car and I saw vehicle B" SKC 6639Y" was doing
a parallel yarkins into the parking lot which is behind my car and
vehicle B" SKC 66394" collided onto my car rear right portion wh
he is doing parallel parking into the lot.

DECLARATION

IAMe 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:

Reporting Centre Fer

Lame:

NEIC FIN No.

CCIDENT DATE & LOCATION	D-10. 21 2 2 2 2 11. 700.			
ete & Time of Accident *	Date: 01 02/2021 Time: 16.30pm (24 hr format)			
kect Location of Accident *	cheing thin NAM Road open space			
SURED / POLICY HOLDER / VEHICLE PARTICUL	Carpark ARS / DETAILS OF OWN VEHICLE			
shicle Registration Number *	SLB 1889 Make & Type +: VOLUO XC 90			
ame of Registered Owner*	Goh kuee Boon			
	S170 3874E			
RIC / FIN / Passport /Co Regn No. *				
ontact Number * xact <u>Purpose</u> for which vehicle	9654 0220 Email/Fax No: Winson_tingwei Chotmail.			
as being used at Time of Accident	Private Usage / Commercial or Company's Usage			
re you claiming under your own	☐ Yes / ☐NO If No, Please state action to be taken			
surance policy for repair to your vehicle?* ISURANCE COMPANY (OWN VEHICLE)	☐ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only			
ame of Insurance Company *	China / EQ / Etiga / MSIG / Tokio Marine/ Great American / AIG			
ype of Policy*	Comprehensive / Third Party / Third Party Fire & Theft			
olicy No. (Certificate No.) / Cover Note No.	2070128198			
RIVER				
lame of Driver *	Goh Kwee Boon Gender (Affale) Female			
RIC / FIN / Passport Number *	51703874E			
Pate of Birth *	12/01/1965 (dd/mm/yyyy)			
Occupation *	Ø Indoor / □ Outdoor			
Date of Driving Pass (Pass Date) *	25/04/2015			
Contact Number *	9654 0220			
Address	188 VETOE CHESCENT S (688508)			
mail Address / Fax Number *	Email: Winson_ting wei @hot meil-com Fax: -			
Relationship of the Driver with the Insured *	Owner Employee / Spouse / Friend / Others:			
Does Driver Own any Vehicle, if YES pls indicate	Veh No: 1) 2) 3)			
/ehicle Number & Insurance Company *	Ins Co: 1) 3)			
GENERAL INFORMATION OF THE ACCIDENT				
Type of Collision	Chain Collision / Side-Swipe / Front to Rear/ Others:			
Weather Conditions *	Clear / Raining / Others:			
Road Surface *	Wet / Dry / Others:			
OTHER INFORMATION	Teste / Division (Division)			
Was anybody Injured in the accident? *	PNo / DYes (Police Report required)			
Was any injured conveyed to hospital	₽No / □Yes			
by ambulance?	DESCRIPTION OF THE PROPERTY OF			
Was any foreign vehicle involved in this accident?	ØNo / □Yes Veh No: Veh Category:			
Number of vehicles involved in the accident	No. of the Control of			
Was there any witness?	DMo / DYes			
Was any other VEHICLE / Property involve /damage?*				
Was there any video captured by Car Camera?	□No / □Yes			
DETAILS OF POLICE ACTION	If Yes, Please state which Police Station			
Was the Accident Reported to the Police?*	Mo / Dyes If Yes, Flease state which Police Station			
Was Notice of Intended Prosecution given? *	□No / □Yes If Yes, against whom?			
Number of Passengers (Including DRIVER)?*	(01)			
Passengers	Name: Name:			
	Gender : Male / Female Gender : Male / Female			

Vehicle Registration Number *	1) SKC 6639Y	2)
Vehicle Make / Model / Colour	citroen / Dark Gi	tey
Damage to Vehicle/Property? Vehicle Category *		
Name of Driver	ARUL RAHMAN BIN BUJANT	
NRIC/Passport Number	5 0295736A	
Contact Number	9 636 4159	
Address	18114 355 Bukit Batok Street	31 # 11-87 S (65030C
Insurance Company Name	AXA	
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Goh Kwee Boon

Period of Insurance

: 03 Sep 2020 To 02 Sep 2021

Engine No. Chassis No.

: B4204T231655367

: YV1LF10ACH1109892

Vehicle No.

: SLB188P

Policy No.

: 2070128198

Issued Date

Endorsement No.

: 000000000355682 : 10 Sep 2020

ABOUT THE COVER

Make/Model

: VOLVO XC90 T5 Momentum

Engine Capacity/Tonnage : 1,969.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

b) Any other person who is driving on the Potcyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for fire or reward, driving fastering rest, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Goh Kwee Boon - \$800 (Own Damage), \$800 (Flood Cover), Esther Goh Gek Hwa - \$800 (Own Damage), \$800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS).

Approved Reporting Centres/AIG Authorised Repairers (For claims related repairs)Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of Repairers please contact our 24-hour accident energency hostine at +65 6338 8200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG mobile App. Simply search and download "AIG."

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

I/We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPEKI.

10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

03 Sep 2020

GOH KWEE BOON 188 VERDE CRESCENT SINGAPORE 688508 Our ref 0309200501N078003037

Dear MR GOH KWEE BOON

Vehicle With New No. SLB188P Has Been Successfully Transferred To

The vehicle, whose previous vehicle registration number was SMU1636U, has been successfully transferred to you. The vehicle registration number has been replaced with SLB188P with effect from 03 Sep 2020. The Business Transaction Reference No. is 20200903103436277686.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to www.onemotoring.com.sg.

You should change the vehicle number plates to show the new number by 06 Sep 2020.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- https://ezpayreg.ezlink.com.sg
- www.motorpay.com.sg
- https://ycashcard.nets.com.sg

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Change the vehicle number plates to show the new number SLB188P by 06 Sep 2020.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit.
 - -https://ezpayreg.ezlink.com.sg -www.motorpay.com.sg
 - -https://vcashcard.nets.com.sg