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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

08/02/2021 11:31 (SGT)

07/02/2021 10:00 (SGT)

3 Holland Dr, Singapore

MSCP CARPARK

Singapore

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

DETAILS OF OWN VEHICLE

SLF6695G Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? WONG KWAN YONG Name Of Registered Owner SXXXX800D NRIC No simonwong7800@gmail.com Email Address (Phone) +65-94872109 Mobile Phone No +65-94872109 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Attrage Model 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?

Vehicle Category

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy 5120764182 Policy Number Cover Note Number

DRIVER

WONG KWAN YONG Name of Driver SXXXX800D NRIC No 14/06/1963 Date Of Birth Indoor Occupation

Date Of Driving Pass 15/10/1984 Driving experience 36 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-94872109 Alt. Phone Number +65-94872109 Email Address simonwong7800@gmail.com Address BLK 51 LENGKOK BAHRU #09-269 Address complement Postcode 150051 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 - 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) 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHC5951L Vehicle Manufacturer Renault Vehicle Model

Taxi

CHEW TECK KWEE

(Phone) +65-97576755

SXXXX671H

Accident report SN0821280002

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver

Contact Number

Address complement

NRIC No

Address

Postcode

. Insurance Company Name
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 Formmust 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 ree 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.

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

HOUGHOD DRIVE 3A

MSCP UNUAL 3

PARCE SILL

PROPERTY OF THE PROPERTY OF TH

19	Circumstances of the Accident
	Mortany Dilve multi-storey Carpark have
	T reversed and C C-1
5	slope without looking and brush my car (SHE 6655 G)
	Simon looking and brush my car (SHF 6695 G).
ratio	n
clare t	he foregoing particulars are true in every respect.
/	

Policyholder's Signature / Date & Time 8 01 302

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1617800D

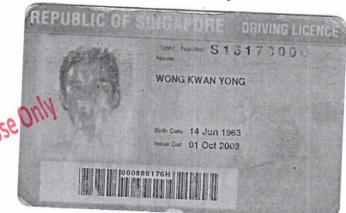


WONG KWAN YONG

CHINESE Date of birth 14-06-1963 Country/Place of birth

SINGAPORE

For LKK/NAC Use Only



5988570



27-07-2018

APT BLK 51 LENGKOK BAHRU #09-269 SINGAPORE 150051

PASS DATE Motor Care and Motor Tractors the weight of 15 Oct 1984 which unleaden does not exceed 2500 kilograms

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

FOR THE WALL ARE ON

Licence No. S1617800D

NP 425A

AGCIDENT'STATEMENT

ACCIDENT DATE: (07. 10) (DD/MM/YYYY), TIME: (10. 00 40) (HH:MM)
LOCATION: Holland Drive 3A muti storey ar park Level 3
DETAILS OF VEHICLE a) VEHICLE NUMBER: SLF 6695G b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: 5/30764/83 NTUC d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE &THEFT)
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PTC ((SCA) i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: WONG KWAN YONG (MALE) FEMALE)
b) NRIC/FIN/PASSPORT: S1617400D CONTACT: 94872107. c) ADDRESS: B/KS/ long Ko K Bahru #09-269 Spor 15005/
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER OF passanger DRIVER ONAME: WONG KWAN YONG IMALE FEMALE!
CIADDRESS: BIKS/ Long Kok Zohne #69-269
#d) DATE OF BIRTH: (# 166 / 63)(DD/MM/YYYY) #) OCCUPATION: (INDOOR DOUTDOOR) F) DAYE OF DRIVING PASS /5/10/1984
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WEI / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION:
He of passenger of VEHICLE NUMBER: SHC SSS/L MODEL: TRANS CAB Renaut
() NRIC/FIN/PASSPORT: 3/5/67/4 CONTACT: 175/67/3
Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
gmail com
email = Simonwong 7800 9 gamil. com

: Claim Handling

Accident MT/1120301					
Policy No.	5120764182	Vehicle No.	SLF6695G		CCT D
Certificate No.			31700930		GST Registrati
Policyholder Name	WONG KWAN YONG				Dell's balds by
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Policyholder NI Loading
Contact No.(Mobile)	94872109	Contact No.(Office)			Contact No.(He
Email Address		Special Remark			eCode
KFK	No Yes	TCA	No Yes		eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire
Accident Details					TTT GCC TING
Report Date	08/02/2021 11:26	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	07/02/2021	Time of Accident hh:mm	10:00		
Reporting Centre		Orange Force	10.00		Country of Acc
Accident Location	3A HOLLAND DRIVE MSCP LEVEL 2	The state of the s			ICM No.
▽ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
				100.00	
OD Standard Excess	600.00	TP Standard Excess		0,00	
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Cover
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00	
	ion				
GST Registered	No		GST Registr	ation Date	
GST Registration No.			GST Status	Verified	Yes
Modification History					
▽ Policyholder Mailing Addr	ess				
Address 1	BLK 51 #09-269	Address 2	LENGKOK BAHRU		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.		Related Policy Number	5120764182		
	TO THE LOSS OF THE VIEW CONTROL OF				
Driver Name	WONG KWAN YONG	Driver Type	Main Driver		
Unnamed driver Name	Name (Care)	Driver NRIC	S1617800D		Driver DOB
Register Date of Driver License	15/10/1981	Driver Age	57		Driving Experie
Contact No.(Mobile)	94872109	Contact No.(Office)			Contact No.(H
Address 1	BLK 51 #09-269	Address 2	LENGKOK BAHRU		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No. Does he own a Singapore	4.8.3.				
Registered car?	Yes No	Driver Vehicle No.	SLF6695G		Driver Insurer
Application Control of the Control					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 New					
					I becomed
Claim Type *				OD-MX	V Insured WC
Contact No.(Mobile)				94872109	Contact No.
				510/2103	(Home)
Email Address					OI Vehicle SLI
				···	Number
Claim Description				SLF6695G / SHC5951L ON 7	Feb 2021
Preferred					
Workshop Bentite No. Van	Insured Liability Not at Fault Preferered Prefered Workshop, Name	GIA Resolved			
Finalisation Lies	Repair Option Preferred Workshop, Name	unknown report Received	•	[Laboratorial and the control of the	Claim
Date Registered				08/02/2021 11:34	Close Date
Report Taken By				ROSLI WAHAB	
Print AK letter					

Save Submit

Attachment Accident No. MT/1120301 Claim No. 001 Last Doc. Received Yes ○ No Upload Date 08/02/2021 11:36 Path * Category * Confider Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ~ Choose File No file chosen Clear ~ Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select V NO Choose File No file chosen v NO Clear Please Select Attachment Uploaded By/Date Category Urgency NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:36 Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:36 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:36 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:36 Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:36 Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:35 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:35 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE Normal Photos S (BUKIT MERAH)) on 08 Feb 2021 11:35 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:35 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:35 NRIC/ Dri NRIC/ Driving License Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 11:35 SAS Normal Video List

Folder Date

Display in New Window | Scan and uploading

Uploaded By/Date

'eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

My Desktop Notice of Loss **Policy Query**

Policy No. Vehicle No.(For Motor) SLF6695G Date of Accident

Change Language

Certificate Number

07/02/2021 09:42

Change Password

Log Out

Search

Certificate Number Select Policy No. 0 5120764182

Policyholder Name WONG KWAN YONG

Policyholder NRIC S1617800D

Product Cover Type drivo CLASSIC GPC

Vehicle No. Insured Object SLF6695G SLF6695G

Commence Expiry Date Date

29/01/2021 04/03/2022

Continue