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| Ret No: NBAT WOOD MORN SAS C-Illing | • |
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| OD The Reporting Only | cd |
| Assessment/Surv | |
| TP Insurer: Assit Report by 1 | Pax/Handle Qivner/Wish |
| Protorrod Wicep I INC Assign Wicep / QW: (| Tol: Faxi) |
| TP Hindigathysi s Veh Nor PC 9938L. | , NC(,)/Non-INC(), |
| Owner / Driver: (| Tel: |
| Policy No: () Period: (|) Cover Type: (). Date:, Time:) |
| Confirmed by 1 (| D): N: 0-20%; P: 21-79%. P: 80-100%] |
| Insured/Driver Liability: (%) [Note-Est Sinus (Wo |)/NO() |
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| () Walle-In Customar 1 Customers Information sticity Con | Idential & Strictly NO refer of repolitor. |
| () Total Loss Case ; to e-mail Insurer URGENTLY, | 1 11 11 11 |
| Drive-In () / Towed-In () : Invoice: VES () / No | O(): Towing Co: (|
| | 《张秋秋》 |
| 1) Apply for Transport Allowance ()/ Courtesy Car () | W. T. |
| 2) QC Check / Post Requir Inspection (.) | |
| 3) Upload Resurvey Photo [Repair Cost> \$3000] () | 71.1 |
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| MA210/167: " | III WINKS AND CONTROL OF THE CONTROL |
| | 1) VIC Appropriate Assessment (2100): ING (210) |
| Certain printing de la printing de l | 3) TV: Towing Ve. 1120 |
| Driver/Owner: | Vorplanting relation Only (Wello Jin 2000) |
| Control No: | 6) Tits IL- Jupustion 7, 5160 |
| Darnaged Portion: | 1) NTUC Additional Solviocals |
| Cheroni ' | ANG Cauchay Car/Tp1 Allowands |
| QC Checked by (Engr-In-Charge): | Not part (Controlland) |
| | TE (MII) 1 Ab (Correct Decent Days Dag 20 CHARREN A) |
| Dull: | Theolog doied Pro Charged Millian Des Charges |
| 2/3: | Invoice duted |

SN08212F0003 / National Assessment Centre Services [159721]

ENTRY DATE & TIME: 15/02/2021 15:08 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/02/2021 15:08 (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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/02/2021 15:08 (SGT) 11/02/2021 11:30 (SGT) Mandai Rd, Singapore INFRONT OF CREMATORIUM Singapore

LOKE OI HWA (LU AIHUA)

DETAILS OF OWN VEHICLE

No

Vehicle Registration Number

SLP9080H

SXXXX872A

+65-98487019

xinyaauto@singnet.com.sg

(Phone) +65-98487019

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

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

Kia Forte

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

NTUC

Comprehensive

5100822316-02

GOH KAH ANN (WU JIA'AN) SXXXX975B

| Date Of Driving Pass | |
|--|----------------------------------|
| Driving experience | 23/12/2002 |
| Gender | 18 YEARS AND 2 MONTHS |
| Mobile Number | Male |
| Alt. Phone Number | (Phone) +65-98487019 |
| Email Address | |
| Address | xinyaauto@singnet.com.sg |
| Address complement | BLK 310C PUNGGOL WALK #13-590 |
| Postcode | - |
| Is the driver the policyholder? | 822310 |
| If No, Relationship of the Driver with the Insured | No Spanner |
| Does Driver Own Other Vehicles? | Spouse No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | NO |
| | |
| Insurance Company of Other Vehicle Owned by Driver | |
| | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident | |
| Weather Conditions | Collision - Major/Minor Rd |
| Road Surface | Clear |
| | 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) | 2 |
| Has the driver been approached by unknown person(s) | |
| soliciting/offering accident claims assistance? | No |
| PASSENGER 1 | |
| Name | LOVE OLUMA (LL AND LA |
| Gender | LOKE OI HWA (LU AIHUA) Female |
| | remale |
| DETAILS OF POLICE ACTION | |
| Westlesside | |
| 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 (TYPE OF COLLISION IS H | EAD TO SIDE) |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? | |
| Was there any video centured by 0 - 0 | Yes |
| Was there any video captured by Car Camera? Was there any audio recorded? | No |
| and any additional and additional additional additional and additional additiona | No |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| | |
| Vehicle Registration Number Vehicle Manufacturer | PC8938L |
| Vehicle Manufacturer Vehicle Model | 3 |
| Vehicle Variant | * |
| Vehicle Colour | |
| Vehicle Colour Vehicle Category | H |
| Name of Discontinuous and American Continuous and Amer | Commercial vehicle |
| | |
| | |

| Contact Number Address | (Phone) +65-81274997 |
|---|----------------------|
| | (- |
| Address complement Postcode | • |
| Insurance Company Name | |
| Nature Of Damage | * |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | • |

| THE POTT LATE | | |
|--|---|--|
| | A | → × |
| MANDA/ ROAD | B | |
| DESCRIBE CIRCUMSTANCES OF TH | CREMA TORIUM | A) SLP 9080H B) PC 8938L |
| I was trave | Hing along Manda ai Rd from Upp | |
| As traffic i | sas a little he | ary my speed |
| As I was | passing the en | traine /exit |
| PC 9938 PED | ited and cross to | He to my side |
| hand side from | out door the iv | he bus driver |
| DECLARATION I/We declare the foregoing particular | Sour d he did not | 15/07/2021 |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder) | Reporting Centre Personnel's Signature Name: |

Date & Time:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

| ACCIDENT STATEMENT |
|--|
| Date Of Report (50 L2) |
| Date Of Accident // 02 Z/ //300AT Exact Location Of Accident MANNA/RD CINFRONT OF ORGANICALIUM |
| Exact Location Of Accident MANNA/ RA CIMERON OF ORCHITECTURE |
| Country/State of Loss |
| DETAILS OF OWN VEHICLE |
| Vehicle Registration Number SLP 90807/ |
| Insured/Policyholder |
| Name Of Registered Owner LOKE O/ HWA |
| Co Reg No |
| Email Address |
| Mobile Phone No |
| Alternative Phone No 9848 7079 |
| Vehicle Particulars |
| Manufacturer E/A |
| Model |
| Exact Purpose for which vehicle was being used at FK/VA7E time of accident |
| Are you claiming under your own insurance policy for repair to your vehicle? |
| If No, Please state action to be taken CCAIM THIRD PARTY |
| Vehicle Category Control of the Category Control of th |
| Insurance Company X/7UC |
| Name of Insurance Company |
| Type Of Coverage DRIVO PREMIUM: |
| Fleet Policy |
| Policy Number 5/00822316 - 0 2 |
| Cover Note Number |
| Driver O 6 CA MARI A 6 CA CA |
| Name of Driver GOH KAH AKIN |
| NRIC NO S737 1975 B |
| Date Of Birth |
| Occupation 2/06/7/2 |
| Occupation Date Of Driving Pass Driving Experience Driving Experience |
| Driving Experience 2 1/12/2002 18 9 Ex |
| Gender |
| Mobile Number |
| Fax Number 7848 70/ 7 |
| Contact Number |

Postcode Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured USBAND Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General information of the Accident Head to side. Type Of Accident Weather Conditions Road Surface Other Information Was any foreign vehicle involved in this accident? Was any body injured in the Accident? Was any other material or property damaged? NTO. I have been approached by unknown person(s) soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 02 (MOURED). Details of Police Action Was the accident reported to the police? If Yes, Please state which Police Station Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident PLEASE REFER TO SKETCH PLAN Attachment(s) Are accident photos available for attachment? Was there any video captured by Car Camera? Remarks/ Reasons: DETAILS OF OTHER VEHICLE PROPERTY Vehicle Registration Number Vehicle Make/Model/Colour GOLA Details Of Properties MR KOH CHEW MENG Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Front left hand corner Nature Of Damage No. Of Passenger (Including Driver)

31274997

Address

Details of Witness

Phone Number Email Address

Name

Claim Handling

| Accident MT/1121034 | | | | | | |
|--|----------------------------------|--------------------------------|----------------------------|---------------------------|--|--|
| Policy No. | 5100822316-02 | | Vehicle No. | SLP9080H | | GST Registration No. |
| Certificate No. | | | | | | Action and the second of the second s |
| Policyholder Name | LOKE OI HWA (LU AIHUA) | | | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | | Cover Type | drivo PREMIUM | | Loading |
| Contact No.(Mobile) | 98487019 | | Contact No.(Office) | | | Contact No.(Home) |
| Email Address | | | Special Remark | | | eCode |
| KFK | No Yes | | TCA | No Yes | | eCode Reason |
| NCD Protection | Yes | | NCD Entitlement(%) | 50 | | Private Hire |
| | | | | | | |
| Report Date | 15/02/2021 15:04 | | Accident Report Within 2 | 4 hrs Yes | | Accident Type |
| Date of Accident | 11/02/2021 | | Time of Accident hh:mm | 11:30 | | Country of Accident |
| Reporting Centre | | | Orange Force | | | ICM No. |
| Accident Location | MANDAI ROAD | | | | | |
| ▼ Total Excess Applicable | | | | | | |
| Excess Type | Per Accident | | Windscreen Excess | | 100.00 | |
| | | | | | | |
| OD Standard Excess | 600.00 | | TP Standard Excess | | 0.00 | |
| YIED OD Excess | 0.00 | | YIED TP Excess | | 0.00 | Driver is Covered? |
| Additional Excess | 0 | | | | | |
| Total OD Excess Applicable | 600.00 | | Total TP Excess Applicab | le | 0.00 | |
| | | | | | | |
| | on | | | | | |
| GST Registered | No | | | | tration Date | |
| GST Registration No. | | | | GST Statu | s Verified | Yes |
| Modification History | | | | | | |
| | | | | | | |
| Policyholder Mailing Addr | | | | | | |
| Address 1 | BLK 310C #13-590 | | Address 2 | PUNGGOL WALK | | Address 3 |
| Address 4 | SINGAPORE 823310 | | Address Type | Singapore address | | Post Code |
| Unit No. | 13-590 | | Related Policy Number | 5100822316-02 | | |
| ♥ OI Driver Info | COLLICALL AND CHILL TAX AND | | Data Tara | News d Police | | |
| Driver Name Unnamed driver Name | GOH KAH ANN (WU JIA'AN) | | Driver Type Driver NRIC | Named Driver S7321975B | | Driver DOB |
| Register Date of Driver License | 01/01/2008 | | Driver Age | 47 | | Driving Experience |
| Contact No.(Mobile) | 98487019 | | Contact No.(Office) | 47. | | Contact No.(Home) |
| Address 1 | 90407019 | | Address 2 | | | Address 3 |
| Address 4 | | | Address Type | Foreign address | | Post Code |
| Unit No. | | | Address Type | roreign address | | rost code |
| Does he own a Singapore | - V N- | | Driver Vehicle No. | | | 8. |
| Registered car? | Yes No | | Driver venicie No. | SLP9080H | | Driver Insurer Comp. |
| Declaration | | | | | | |
| Breathalyser or Blood Test | | | | | | |
| Reading? | 0 mg | | Any injury? | Yes No | | |
| | | | | | | |
| Modification History | | | | | | |
| to the second | | | | | | |
| Claim 001 New | | | | | | |
| | | | | | | |
| Claim Type * | | | | | OD-MX | ✓ Insured LOKE OI |
| Cidili Type | | | | | OD-PIX | Name |
| Contact No.(Mobile) | | | | | 97683705 | No. NIL |
| | | | | | | (Home) |
| Email Address | | | | | lohwa@hotmail.com | Vehicle SLP90801 Number |
| Canada Cara Constantina de Canada Can | | | | | E. C. Constant of the Constant | |
| Claim Description | | | | | SLP9080H / PC8938L ON 11 | Feb 2021 |
| Preferred Workshop | Insured Liability | Not at Earth | ~ | | | |
| Workshop Contiet No. Finalisation Yes | Preferered ✓ Repair Preferred W | Not at Fault Vorkshop, Name | GIA | Received | ~ | |
| Date Registered | Option | | Teport t | | 15/02/2021 15:19 | Claim Close |
| | | | | | | Date |

Uploaded By/Date Folder Date File Name

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 15:19

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2021 15:19

Display in New Window Scan and uploading

Normal

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NRIC/ Driving License

SAS

NRIC/ Driving Li-

SAS 20



Certificate of Insurance

: SLP9080H

: 22 Jun 2020

: 21 Jun 2021

Cover : drivo PREMIUM

: KNAFJ411MH5718096

: LOKE OI HWA (LU AIHUA)

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: 5100822316-02

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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 : YES INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LOKE OI HWA (LU AIHUA) NAMED DRIVER (1) : GOH KAH ANN (WU JIA'AN)

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HONG LEONG FINANCE LIMITED

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 : TELESALES-DIRECT MARKETING (00000001661)

Date of Issue : 22 May 2020 15-23 h/s

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive