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SN08212H0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 17/02/2021 18:24 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (17/02/2021 18:24 (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 17/02/2021 18:24 (SGT) Date of Accident 17/02/2021 09:00 (SGT) **Exact Location of Accident** KJE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS5034R

INSURED/POLICYHOLDER

Is company? No LOH HUI SENG Name Of Registered Owner NRIC No SXXXX745Z **Email Address** lohwilson168@yahoo.com.sg Mobile Phone No (Phone) +65-96727755 Alternative Phone No +65-96727755

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Passat 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 Yes your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116348590 Cover Note Number

DRIVER

Name of Driver LOH HUI SENG NRIC No SXXXX745Z

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	25/07/1984 36 YEARS AND 7 MONTHS Male (Phone) +65-96727755 +65-96727755 lohwilson168@yahoo.com.sg BLK 554 CHOA CHU KANG NORTH 6 #05-40 - 680554 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Passport No/FIN Contact Number Address complement	FW3744A Motorcycle SUBRAMANIYAN SANGILIMUTHU GXXXX399Q

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	SUBRAMANIYAN SANGILIMUTHU
	•
Address Complement	
Post Code	-
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FW3744A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Veh A: SWS 5034R Veh B: FW 3744A

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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, involces, 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")
- 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.

" I AM AYARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

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Policyholder's Signature

Date & Time:

17-02-21

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

03:00 PM

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	rlars are true in every respect.
e declare the foregoing particu	
	Ilars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident:/7-02-2 (*Accident Location: KJE	*Time of Accident: 0900 AIM
Vehicle Details *Vehicle Number: 8MS 5034 R	* Make & Model: VOK WAGEN PASSAT
Insured / Policyholder *Owner Name: Lott Hul SENG	*NRIC: _ \$ /529745 Z
*Address: 554 CHOA CHU KANG NORTH &	\$ #45-40
*Email: 10/wilson 168 @ yahoo . com. 59	##5-40 *HP: 9672 77.55
*Occupation: Tachnician (Indoor/Qu	ttdoor) * Tel /H /Other:
Driver / same as above	*NRIC:
*Address:	
*Date of Birth: *Driving Pass Date	e: 25/7/1984 . HP:
*Email:	*Gender: Male / Female
*Occupation: (Indoor / Outo	door) * Tel /H /Other:
*Driver an employee: Yes / No (*If no, what is relations	hip with the policyholder :)
Passengers Details * P/Name:(Male/Fema * P/Name:(Male/Fema	le) * P/Name:(Male/Female) le) * P/Name:(Male/Female)
Insurance Company	e: C /TPFT / TPO *Policy No:
Detail of other vehicle / Property 1	Detail of other vehicle / Property 2
Vehicle No.: FW 3744A	Vehicle No.:
Make & Model:	Make & Model:
Vehicle Category:	Vehicle Category:
Name of Driver: Subramani wan Sangilimuthy NRIC : Fin G 20103998	Name of Driver:
HD .	NRIC :
No. of Passengers (Including Driver):	HP : No. of Passengers (Including Driver):
For Official Use Only *Claiming against Own Ins. Yes / No (If No, Reporting General Information of the accident *Type of accident: Head-Rear / Side swipe / others:	– Qhly / TP Claims)
*Weather conditions: Clear / Raining / others:	*Any video cam: Voc (No)
*Road Surface: Op/ / Wet / others:	
*Witness: Yes (No (Name:	NRIC : HP:)
*Accident reported to police: Yes No *Summon ag	ainst whom:
-1/Name: Subramaniyan Sangilimuthy +Fast	of passengers (include driver):en seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: *Fast	en seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling Accident MT/1121400

Accident MT/1121400				
Policy No.	5116348590	Vehicle No.	SMS5034R	GST Registration No
Certificate No.				So i Negistration in
Policyholder Name	LOH HUI SENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	96727755	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
				riivate niie
Report Date	17/02/2021 18:24	Accident Report Within 24 hrs	Yes	Accident Time
Date of Accident	17/02/2021	Time of Accident hh:mm	09:00	Accident Type
Reporting Centre		Orange Force	03.00	Country of Accident
Accident Location	KJE			ICM No.
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess				
YIED OD Excess	600.00	TP Standard Excess	0.00	
Additional Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Total OD Excess Applicable	0			
Benefits	600.00	Total TP Excess Applicable	0.00	
♥ GST Registered Informat				
GST Registered GST Registration No.	No		GST Registration Date	
Modification History			GST Status Verified	Yes
e province and the second of the province of the second of				
Policyholder Mailing Add Address 1	BLK 554 #05-40	Address 2		
Address 4	BLX 334 #03-40	Address 2	CHOA CHU KANG NORTH 6	Address 3
Unit No.	05-40	Address Type	Singapore address	Post Code
♥ OI Driver Info	03-40	Related Policy Number	5116348590	
Driver Name	Loh Hui Seng	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1529745Z	Daluary DOD
Register Date of Driver License	01/01/1983	Driver Age	58	Driver DOB
Contact No.(Mobile)	96727755	Contact No.(Office)	36	Driving Experience
Address 1	BLK 554 #05-40	Address 2	CHOA CHU KANG NORTH 6	Contact No.(Home)
Address 4		Address Type		Address 3 Post Code
		Address Type	Singapore address	
	05-40			1030 0000
Unit No. Does he own a Singapore	05-40	Discoulist No.		
Unit No.	05-40 Yes ® No	Driver Vehicle No.	SMS5034R	
Unit No. Does he own a Singapore Registered car? Declaration		Driver Vehicle No.	SMS5034R	
Unit No. Does he own a Singapore		Driver Vehicle No. Any Injury?	SMS5034R Yes No	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yes No			Driver Insurer Comp
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yes No			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yes No			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	Yes No		Yes No	Driver Insurer Comp
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Indification History Claim 001 New Claim Type *	Yes No		Yes No	Driver Insurer Comp ✓ Insured Name Contact
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Indification History Claim 001 New Claim Type *	Yes No		Yes No	Insured Name Contact No. (Home)
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yes No		Yes No	Insured LOH HU. Vame Contact No. (Home) OI
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	Yes No		○ Yes → No OD-MD 96727755	V Insured Name LOH HU Contact No. (Home) O.com.sg Vehicle Number
Init No. Does he own a Singapore Registered car? Reclaration Reclaration Reclaration History Claim 001 New Claim Type * Contact No.(Mobile) Remail Address Claim Description Referred	Yes No 0 mg	Any injury?	OD-MD 96727755 Iohwilson168@yaho	V Insured Name LOH HU Contact No. (Home) O.com.sg Vehicle Number SmS503
Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading? Reading? Reading? Reading * Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop 62717433	Yes No O mg Insured Liability Preferered Fully:	at Fault	OD-MD 96727755 Iohwiison168@yaho. SMS5034R / FW374	V Insured Name LOH HU Contact No. (Home) O.com.sg Vehicle Number
Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading? Reading? Reading * Claim 001 New Claim Type * Contact No.(Mobile) Remail Address Claim Description Preferred Reading *	Yes No O mg Insured Liability Preferered Fully:	Any injury?	OD-MD 96727755 Iohwiison168@yaho. SMS5034R / FW374	Insured Name LOH HUI 6766128 (Home) OI Vehicle Number

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment							
\forall							
Accident No.	MT/1121400	Claim No.		001			
ast Doc. Received	Yes ○ No	Upload Date		17/02/2021 18:33			
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Mes	ssage Read					
7	Attachment List					
	Attachment	Uploaded By/Date	Category	9	Urgency	Descr
	I	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2021 18:33	Photos		Normal	Photos 2
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		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2021 18:33	Photos		Normal	Photos 2
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2021 18:31 SAS 20

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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: 5116348590

Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle

: SMS5034R

Chassis Number

: WVWZZZ3CZKE135720

2. Name of Policyholder

: LOH HUI SENG

3. Effective Date of Insurance

: 28 Feb 2020

4. Expiry Date of Insurance

: 27 Feb 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

EXCESS (SECTION 1)

(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.

: \$\$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 COF : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : LOH HUI SENG

NAMED DRIVER [13] : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : DBS BANK 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

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

: 24 Feb 2020 15:49 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive