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6N08212N0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/02/2021 12:22 (SGT)
-SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (23/02/2021 12:22 (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 23/02/2021 12:22 (SGT) Date of Accident 22/02/2021 13:40 (SGT) **Exact Location of Accident** 151 Chin Swee Rd, Singapore 169876 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GBG7283T

INSURED/POLICYHOLDER Is company? Name Of Registered Owner LUEN WAH MEDICAL CO (S) PTE LTD Company Reg No 1XXXXX397K **Email Address** angie@luenwah.com.sg

Mobile Phone No (Phone) +65-98295895 Alternative Phone No +65-98295895

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Toyota Model Hiace Variant

Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only

Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5103409502-02 Cover Note Number

DRIVER

Name of Driver NG KIAN HENG NRIC No SXXXX013H

Date Of Driving Pass	20/00/1002
Driving experience	20/09/1993
Gender	27 YEARS AND 5 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-98295895
	roger_nkh@yahoo.com.sg
	BLK 321 YISHUN CENTRAL #11-315
Address complement	•
Postcode	760321
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	**
Number of vehicles involved in the accident?	No
WWW W IN	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?	ALZ
Was notice of intended Prosecution given?	No
· ·	No
If yes, against whom?	*
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTAQUINENT/Q	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
•	110
DETAILS OF STAFF	VEHICLE PROPERTY
DETAILS OF OTHER	R VEHICLE PROPERTY 1
William Bridge Wall	
Vehicle Registration Number	SKN3336H
Vehicle Manufacturer	Mazda
Vehicle Model	6
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	TOLLUALKIAT

 Vehicle Manufacturer
 Mazda

 Vehicle Model
 6

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 TOH HAI KIAT

 NRIC No
 SXXXX597C

 Contact Number
 (Phone) +65-91722109

 Address complement

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report $\underline{\text{correctly}}$ the details of the accident to speed $u\rho$ the claims process.
- 2. This Formmust 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)

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 & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

SUHA SWHA CORD.	
151 BLD4 A	A)GB6 72837 B) SKN 3336H

Describe Circumstances of the Accident
ON 22/02/2021 AT ABOUT 13:40 HRS I WAS AT 151 CHIN SU
ROAD AMO WANTED TO TURN LEFT TO THE MAIN ROAD OF
CHIN SWER ROAD. AND I ACCIDETALLY BUMPINE THE CAR
SKM 3336H & WAS A LIGHT BUMP, NO DAMAGINE ON MY
VAN GBG1283T 1HE DAMOGE OF THE CAR WAS VERY MIMOR
ONLYSMALL DOT ON THE BUMPAR, CEPT STOR WE COME DOWN
of Foxcetonegre poser law cose.

Declaration

We declare the foregoing particulars are true in every respect.

& Time

Policyholder's Signature 2 Date & Time

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

ACCIDENT DATE () () ()	1) (DD/MM/YYY), TIME: (13 . 40) (HH:MM).
LOCATION: 151, Chin Sw	ee Road
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GB	
b)INSURANCE COMPANY:	
CIPOLICY TYPE: 100 APPENDE	
e)MAKE & MODEL: To	NSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- Caralle - Cara	IPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVA	ATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACC	CIDENT TIME: WORKING
) ARE YOU CLAIMING UNDER	YOUP OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD P	PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	nedical Co. (S) P/L (MALE/ FEMALE)
	CONTACT:
c) ADDRESS:	- COMMON
* CONTINUE TO 3.d IF DRIVER	ALSO POUCY HOLDER
Tho of passanges DRIVER NG KIAN	HENG MILLE LEGISLES
(Including driver) GINAME: NG KIAN bINRIC/FIN/PASSPORT: 5 17	
CLADDRESS: BIK. 321, YIS	shun Central. #11-315.
S'POR.	
*d)DATE OF BIRTH; (1) / 4 e)OCCUPATION; (INDOOR / O	
FIDATE OF DRIVING PACE	30/9/1993
	OF THE INSURED'S COMPANY? (YES! NO)
IF NO, RELATIONSHIP OF TH	E DRIVER WITH INSURED:
5. a) WEATHER CONDITION; (CLEA	
b)ROAD SURFACE: (DRY / WET 6. WAS ANYBODY INJURED (YES /	NO
7. a) REPORTED TO POUCE (YES /	NOJ «
IF YES, PLEASE STATE WHICH P	
Ho of passenger a) VEHICLE NUMBER: SKN	3336H MAZOO /
Including driver) b) DRIVER'S NAME Tot	
(NRIC/FIN/PASSPORT: 5 /4	
9. THIRD PARTY VEHICLE	
Who of passenger of VEHICLE NUMBER:	MODEL:
Induding driver) DRIVER'S NAME: NIC/FIN/PASSPORT:	CONTACT
C. S. T. T. M. O. T. M.	,
· .	
email =	roger_nkh@yahoo.com.sg
VIDEO	Autora I
	on hea Lucy wolf-com. Str

Claim Handling Accident MT/1122015

Policy No.	5103409502-02	Vehicle No.	GBG7283T		GST Regis	tration No
Certificate No.					oo i kegis	ici deloli ive
Policyholder Name	LUEN WAH MEDICAL CO (S) PTE LTD				Dollaubold	or NDIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Policyholde	er NRIC
Contact No.(Mobile)	98295895	Contact No.(Office)	Comprehensive		Loading	- ///
Email Address		Special Remark			Contact No	o.(Home)
KFK	⊚ No ∵Yes	TCA	No Yes		eCode	
NCD Protection	No	NCD Entitlement(%)	20		eCode Rea	
		The Endement (70)	20		Private Hir	re
Report Date	23/02/2021 12:16	Accident Report Within 24 hrs	Yes		and the second	• MANAGEMENT
Date of Accident	22/02/2021	Time of Accident hh:mm	13:40		Accident T	
Reporting Centre		Orange Force	13.40		Country of	Accident
Accident Location	151 CHIN SWEE ROAD	orange roree			ICM No.	
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
Linescontent L. L. Partie	To made it	Willdscreen 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 C	overed?
Additional Excess	The same of	Control of the contro		0.00	Driver is C	overeur
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
▽ Benefits				0.00		
GST Registered Informati	on					
GST Registered	Yes		GST Regis	tration Date		01/04/19
GST Registration No.	M200091655		GST Statu			Yes
Modification History		anged GST Registered from No to Ye				
	23/02/2021 12:18:47 System ch 23/02/2021 12:18:47 System ch	anged GST Registration No. from nu anged GST Registration Date from n	III to M200091655 IuII to 01/04/1994			
Policyholder Mailing Addr	ess					
Address 1	203 HENDERSON ROAD	Address 2	#01-03 HENDERSO	ON INDUSTRI	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	01-03	Related Policy Number	5103409502-02			
OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	NG KIAN HENG	Driver NRIC	S1748013H		Driver DO	В
Register Date of Driver License	20/09/1993	Driver Age	54		Driving Ex	perience
Contact No.(Mobile)	98295895	Contact No.(Office)			Contact No	
Address 1	BLK 321 #11-315	Address 2	YISHUN CENTRAL		Address 3	
Address 4		Address Type	Foreign address		Post Code	
Unit No.	11-315					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBG7283T		Driver Ins	urer Com
Registered cars					2.0.00	
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Vee Ne			
Reading?	o mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
Claim out ob-Pix						
Claim Type *				OD-MX	Insured	LUEN V
				OBTIN	☐ Name ☐ Contact	LOCIVY
Contact No.(Mobile)					No.	
					(Home)	
Email Address					Vehicle Number	GBG72
Claim Description					CONTRACTOR OF THE PROPERTY OF	
Claim Description				GBG7283T / SKN3336H ON 22	Feb 2021	
Preferred Workshop	Insured Liability Fully at Fault	~				
Reative No. Yes	▼ Repair Preferred Workshop, Name	unknown V GIA Paceived	~			
Date Registered	Option	report		23/02/2021 12:20	Claim Close	
				Name and Albert States and Alb	Date	

2/23/2021 Claim Handling(accident reporting Claim Task 001 OD-MX) Report Taken By Workshop ROSLI WAHAB Repaire Print AK letter Save Submit Attachment Accident No. MT/1122015 Claim No. 001 Last Doc. Received Yes ○ No Upload Date 23/02/2021 12:25 Path * Category * Confidential Choose File No file chosen Clear Please Select V NO 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 NO Attachment List Attachment Uploaded By/Date Category Urgency Des NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:25 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT MERAH)) on 23 Feb 2021 12:25 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:25 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE Photos Normal Photos S (BUKIT MERAH)) on 23 Feb 2021 12:24 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24 Photos Normal Photos (2) (2) NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 12:24 Photos Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE Photos Normal Photos S (BUKIT MERAH)) on 23 Feb 2021 12:24

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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: 5103409502-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GBG7283T

Chassis Number

: JTFHT02P100233316

2. Name of Policyholder

: LUEN WAH MEDICAL CO (S) PTE LTD

3. Effective Date of Insurance

: 13 Oct 2020

4. Expiry Date of Insurance

: 12 Oct 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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

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

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)

: S\$600

EXCESS (SECTION 2) WINDSCREEN EXCESS : N/A

INSURE WITH COE

: S\$100

HIRE PURCHASE COMPANY

: YES

: N/A

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

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 21 Sep 2020 10:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive