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SN0821320002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/03/2021 15:21 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/03/2021 15:21 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### 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 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 02/03/2021 15:21 (SGT) Date of Accident 02/03/2021 08:56 (SGT) Exact Location of Accident Sixth Ave, Singapore Additional Location Information TOWARDS HOLLAND ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLB15E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG HOCK CHUAN SAM (WANG FUQUAN) NRIC No SXXXX473Z **Email Address** samohc@yahoo.com.sg Mobile Phone No (Phone) +65-91268479 Alternative Phone No. +65-91268479

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model C200 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?

Vehicle Category

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5086543049-04

Cover Note Number

DRIVER

NRIC No

Name of Driver

ONG HOCK CHUAN SAM (WANG FUQUAN) SXXXX473Z

Date Of Driving Pass Driving experience	25/09/2015 5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91268479
Alt. Phone Number	+65-91268479
Email Address	samohc@yahoo.com.sg
Address	43 SIXTH AVENUE #01-11
Address complement	-
Postcode	276484
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	•
insurance company of other vehicle owned by briver	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Trodd Odifido	Diy
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N ~
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	No
Was any injured in the Accident?  Was any injured conveyed to hospital by ambulance?	NO -
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	TAN YUE LI
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No No
Was notice of intended Prosecution given?  If yes, against whom?	
Was notice of intended Prosecution given?	
Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	
Was notice of intended Prosecution given?  If yes, against whom?	
Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLEASE REFER TO SKETCH PLAN	
Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	
Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLEASE REFER TO SKETCH PLAN  ATTACHMENT(S)	No -
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?	Yes
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?	Yes
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?	Yes
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? Was there any audio recorded?	Yes No No
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? Was there any audio recorded?	Yes
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? Was there any audio recorded?  DETAILS OF OTHE	Yes No No No
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? Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number	Yes No No R VEHICLE PROPERTY 1 SKL7121U
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? Was there any audio recorded?  DETAILS OF OTHE	Yes No No No
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? Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number Vehicle Manufacturer	Yes No No R VEHICLE PROPERTY 1 SKL7121U
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? Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number Vehicle Manufacturer Vehicle Model	Yes No No R VEHICLE PROPERTY 1 SKL7121U
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? Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	Yes No No R VEHICLE PROPERTY 1 SKL7121U
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? Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	Yes No No No R VEHICLE PROPERTY 1  SKL7121U Audi

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

### SKETCH PLAN

Veh A: SLB 156

Veh B: SkL 개기 U

# 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.
- 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 fee be made available upon application by interested parties.
- 7. 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.
- 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 :
  - (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"]
- 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
- 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.
- 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:
  - (I) 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 AWARE FOR HAY INSURER MAY HAVE A 14 DAYS TIME FRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POUCY I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature

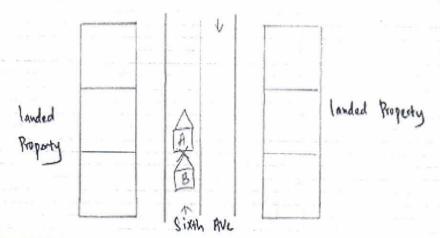
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

SKETCH PLAN Veh A: SLB IS€ Veh B: Sk나귀의 U



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The troffic	along sixth avenue town	unde Holland Road	ol is heavy due
to morning	bang my car from beh	E) was station	ary. All of sudden
SKL 71210	bang my car from help	:ud	4
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CLARATION			
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Policyholder's Signature (> 55 pm) Date & Time:

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

Date & Time:

Reporting Centre Personnel's Name:

NRIC/FIN No.:

# 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: 2 March 2021  *Accident Location: Sixth Avenue Took Holland Rd	*Time of Accident: 8:56 am	
Vahiela Dataile * Eva (	ap: 1991 cc & Model: Mercedes Banz C200	
*Owner Name: Ong Hock Chuan Sam *Address: 43 Sixth Avenue #01-11 5(276484	()	
*Email: 90006 Quehoo. com. 59 *Occupation: CFO (Indoor) Outdoor)	* HP: 91268479  * Tel /H /Other:	
<u>Driver</u> (√same as above *Driver Name:	*NRIC:	
*Address:	1-1	-
*Date of Birth: *Driving Pass Date: 35	4/2015 * HP:	
*Email:	*Gender: Male / Female	
*Occupation: (Indoor / Outdoor)	* Tel /H /Other:	
*Driver an employee: Yes / No (*If no, what is relationship with	the policyholder:	_)
M POS	lame:(Male/Fem	
Insurance Company	FT / TPO * Policy No: 5086543049 - 04	iale)
Insurance Company *Insurer: NTVC *Coverage: C /TP  Detail of other vehicle / Property 1	FT / TPO *Policy No: 5086543049 - 04  Detail of other vehicle / Property 2	nale)
Insurance Company *Insurer: NTVC *Coverage: C / TP  Detail of other vehicle / Property 1  Vehicle No.: SEL 7(210)	FT / TPO *Policy No: 5086543049 - 04  Detail of other vehicle / Property 2  Vehicle No.:	
Insurance Company *Insurer: NTVC *Coverage: C / TP  Detail of other vehicle / Property 1  Vehicle No.: Ski 7(2(0)  Make & Model: And:	FT / TPO *Policy No: 5086543049 - 04  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:	
Insurance Company *Insurer: NTVC *Coverage: C / TP  Detail of other vehicle / Property 1  Vehicle No.: Skl 7(2(0)  Make & Model: And: Vehicle Category:	FT / TPO *Policy No: 5086543049 - 04  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:	
Insurance Company *Insurer: NTVC *Coverage: C / TP  Detail of other vehicle / Property 1  Vehicle No.: Skl 7(2(0)  Make & Model: And:  Vehicle Category:  Name of Driver: Any Kakeshvari	FT / TPO *Policy No:5086543049 - 04 Detail of other vehicle / Property 2 Vehicle No.: Make & Model: Vehicle Category: Name of Driver:	-
Insurance Company *Insurer: NTVC *Coverage: C /TP  Detail of other vehicle / Property 1  Vehicle No.: SkL 7(2(0)  Make & Model: And:  Vehicle Category:  Name of Driver: Any Makeshvari  NRIC :	Policy No: 5086543049 - 04  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:  Name of Driver:  NRIC:	-
Insurance Company *Insurer: NTOC *Coverage: C /TP  Detail of other vehicle / Property 1  Vehicle No.: Skl 7(240  Make & Model: And:  Vehicle Category:  Name of Driver: Any Kakeshvari  NRIC:  HP: 9677 9867	FT / TPO *Policy No: 5086543049 = 04  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:  Name of Driver:  NRIC : HP :	-
Insurance Company *Insurer: NTVC *Coverage: C / TP  Detail of other vehicle / Property 1  Vehicle No.: Skl 7(240)  Make & Model: And:  Vehicle Category:  Name of Driver: Any Makeshvari  NRIC:  HP: 9677 9517  No. of Passengers (Including Driver):  For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / General Information of the accident	PClaims)  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:  Name of Driver:  NRIC:  HP:  No. of Passengers (Including Driver):	-
Insurance Company *Insurer: NTUC *Coverage: C /TP  Detail of other vehicle / Property 1 Vehicle No.: Skl T(2LU) Make & Model: Avd: Vehicle Category: Name of Driver: Aruj _ Makeshvari NRIC : HP : 9577 9567 No. of Passengers (Including Driver):  For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / General Information of the accident *Type of accident: Head-Bear / Side swipe / others:	Property 2  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:  Name of Driver:  NRIC:  HP:  No. of Passengers (Including Driver):	-
Insurance Company *Insurer:NTOC*Coverage: C / TP  Detail of other vehicle / Property 1 Vehicle No.: Skl 7(240) Make & Model: And: Vehicle Category: Name of Driver: And Kakeshwari NRIC : HP : 957 957 No. of Passengers (Including Driver):  For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / General Information of the accident *Type of accident: Head-Bear / Side swipe / others: *Weather conditions: Clear / Raining / others:	Property 2  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:  Name of Driver:  NRIC:  HP:  No. of Passengers (Including Driver):	-
Insurance Company *Insurer: NTVC *Coverage: C / TP  Detail of other vehicle / Property 1  Vehicle No.: Skl 7(2(0)  Make & Model: And:  Vehicle Category:  Name of Driver: Any Makeshvari  NRIC:  HP: 9677 9517  No. of Passengers (Including Driver):  For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / General Information of the accident  *Type of accident: Head-Bear / Side swipe / others: *Weather conditions: Clear / Raining / others: *Road Surface: Ope / Wet / others:	Policy No:5086543049 - 04  Detail of other vehicle / Property 2  Vehicle No.: Make & Model: Vehicle Category: Name of Driver: NRIC : HP : No. of Passengers (Including Driver):  *Any video cam: Yes / No	
Insurance Company *Insurer:	Policy No: 5086543049 - 04  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:  Name of Driver:  NRIC:  HP:  No. of Passengers (Including Driver):  *Any video cam: Yes / No  NRIC:  HP:	
Insurance Company *Insurer: NTOC *Coverage: C / TP  Detail of other vehicle / Property 1  Vehicle No.: Skl 7(240)  Make & Model: And:  Vehicle Category:  Name of Driver: Any Kakeshvari  NRIC:  HP: 967795(7)  No. of Passengers (Including Driver):  For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / General Information of the accident *Type of accident: Head-Rear / Side swipe / others:  *Weather conditions: Clear / Raining / others:  *Road Surface: Org / Wet / others:  *Witness: Yes / No (Name:  *Accident reported to police: Yes / No *Summon against we suppose the summon against we suppose the supp	PET / TPO *Policy No:5086543049 = 04  Detail of other vehicle / Property 2  Vehicle No.:	
Insurance Company *Insurer: NTOC *Coverage: C / TP  Detail of other vehicle / Property 1 Vehicle No.: Skl. 7(2(0) Make & Model: And: Vehicle Category: Name of Driver: And Kakeshvari NRIC: HP: 9677 95(7) No. of Passengers (Including Driver):  For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / General Information of the accident *Type of accident: Head Bear / Side swipe / others:* *Weather conditions: Offar / Raining / others:* *Weather conditions: Offar / Raining / others:* *Witness: Yes / No (Name:* *Accident reported to police: Yes No *Summon against we *Injured party: Yes / No of passes	Policy No: 5086543049 - 04  Detail of other vehicle / Property 2  Vehicle No.:  Make & Model:  Vehicle Category:  Name of Driver:  NRIC:  HP:  No. of Passengers (Including Driver):  *Any video cam: Yes / No  NRIC:  HP:	

### Claim Handling Accident MT/1122916

Certificate No. Policyholder Name ONG HO Product Code PRIVAT Contact No.(Mobile) 912684 Email Address KFK No Not Protection Yes  Accident Details Report Date 02/03/3 Reporting Centre Accident Location SIXTH Not Per Accident Location  Total Excess Applicable Excess Type Per Accident SIXTH Not Per Accident Location SIX	Yes  2021 15:27  2021  AVENUE TOWARDS HOLLAND ROAD	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable	SLB15E  drivo PREMIUM  No Yes  SO  Yes  08:56  100.00  0.00  0.00  0.00  GST Registration Date GST Status Verified	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.  Driver is Covered?	S80 0 No Coll Sing
Policyholder Name ONG HO Product Code PRIVAT Contact No.(Mobile) 912684 Email Address  KFK No NCD Protection Yes  Accident Details  Report Date 02/03/3 Reporting Centre Accident Location SIXTH  Total Excess Applicable  Excess Type Per Acci  OD Standard Excess YIED OD Excess Additional Excess Total OD Excess Applicable  Benefits  GST Registered Information GST Registered GST Registered Information GST Registered Address 1 43 SIX Address 4 Unit No.  OI Driver Info Driver Name ONG HO Unnamed driver Name Register Date of Driver License 25/09/ Contact No.(Mobile) 912684 Address 4 Unit No. Does he own a Singapore	Yes  2021 15:27 2021  AVENUE TOWARDS HOLLAND ROAD  ident  600.00 0.00 0 600.00	Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Windscreen Excess TP Standard Excess YIED TP Excess	© No Yes 50  Yes 08:56  100.00  0.00  0.00  0.00	Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.	No No Coll
Product Code PRIVAT Contact No. (Mobile) 912684 Email Address KFK No NCD Protection Yes  Accident Details Report Date 02/03/3 Reporting Centre Accident Location SIXTH  Total Excess Applicable Excess Type Per Acci  DD Standard Excess Additional Excess Fotal OD Excess Additional Excess Fotal OD Excess Fotal OD Excess Applicable  Benefits  GST Registered Information GST Registration No. Addification History  Policyholder Mailing Address Address 1 43 SIX Address 4 Unit No.  DI Driver Info Driver Name Register Date of Driver License 25/09/ Contact No. (Mobile) 912684 Address 4 Unit No. Does he own a Singapore	Yes  2021 15:27 2021  AVENUE TOWARDS HOLLAND ROAD  ident  600.00 0.00 0 600.00	Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hh:mm Orange Force  Windscreen Excess TP Standard Excess YIED TP Excess	© No Yes 50  Yes 08:56  100.00  0.00  0.00  0.00	Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.	No No Coll
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Driver Name ONG HO Unnamed driver Name Register Date of Driver License 25/09/ Contact No.(Mobile) 912684 Address 1 43 SIX Address 4 Unit No. Does he own a Singapore		Related Policy Number	5086543049-04		2750
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Contact No.(Mobile) 912684  Address 1 43 SIX  Address 4  Unit No.  Does he own a Singapore		Driver NRIC	S8039473Z	Driver DOB	24,
Address 1 43 SIX Address 4 Unit No. Does he own a Singapore	2015	Driver Age	40	Driving Experience	5
Address 4 Unit No. Does he own a Singapore	479	Contact No.(Office)		Contact No.(Home)	
Unit No. Does he own a Singapore	TH AVENUE	Address 2	#01-11 SIXTH AVENUE VILLE	Address 3	SIN
Does he own a Singapore		Address Type	Singapore address	Post Code	27
registered car:	. ● No	Driver Vehicle No.	SLB15E	Driver Insurer Company	NT
Declaration					
Breathalyser or Blood Test 0 mg		Any injury?	Yes No		
The state of the s					
Modification History					
Claim 001 New					
Claim Type * OD-MX	x v	Insured Name	ONG HOCK CHUAN SAM (WANG	Insured NRIC	S8
Contact No.(Mobile) 912684	479	Contact No.(Home)		Contact No.(Office)	NI
- 424	ic@yahoo.com.sg	OI Vehicle Number	SLB15E	TP Vehicle Number	SK
AND	E / SKL7121U ON 2 Mar 2021			Name of Preferred Workshop	24
Preferred Workshop Contact	1	Insured Liability *	Not at Fault		
No.				ner a molecular	
Require Finalisation Yes		Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Re
	<b>v</b>	Claim Close Date		Date Received	02
Report Taken By ROSLI	/2021 15:29				

Save Submit

## Attachment

Accident No.	MT/1122916	Claim No.	001				
Last Doc. Received	● Yes ○ No	Upload Date	02/03/2021 15:30				
	Path *		Category *		Confidential	Urgency *	
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Attachment L	ist				
Attachment	Uploade	d By/Date	Category	Urgency	Description
		ATIONAL ASSESSMENT CENTRE S 1)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
168		ATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
		ATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
5		ATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
		MATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676( N ERVICES (BUKIT MERA	NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
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		NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
		NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
		NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
	NAC_BUKIT_MERAH_800676(   ERVICES (BUKIT MERA	NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
3		NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	Photos	Normal	Photos 2021-3-2
FUEL		NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-3-2
1		NATIONAL ASSESSMENT CENTRE S H)) on 02 Mar 2021 15:30	SAS	Normal	SAS 2021-3-2
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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: 5086543049-04

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SLB15E

Chassis Number

2. Name of Policyholder

: WDD2050422R215667

3. Effective Date of Insurance

: ONG HOCK CHUAN SAM (WANG FUQUAN)

: 08 Dec 2020

4. Expiry Date of Insurance

: 07 Dec 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

(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) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$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 : ONG HOCK CHUAN SAM NAMED DRIVER (1) : TAN YUE LI

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: OCEC BANK LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

1/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

: VINCAR PTE LTD (00000614250)

Date of Issue

: 11 Nov 2020 13:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive