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Assessment/Surve	er Report			
TP insurer: Ass't Report by E	Pax / Hand to	Owner/Wkan		THE RESERVED
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P Particulars: Veh No: (B) 987	. INC(.)/Non-INC(1), .	
Owner/Driver: (Tel:)
Policy No: () Period: ()	Cover Type: (1)
Configuration of	Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WC	O): N:10-2	.0%; P: 21-79%.	P: 80-100%]	* • !
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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 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 27/03/2021 16:06 (SGT) Date of Accident 26/03/2021 11:35 (SGT) **Exact Location of Accident** Tanjong Katong Rd, Singapore Additional Location Information TOWARDS GEYLANG Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH95337

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KOE GUAN HIN @ ADAM B ABDULLAH NRIC No SXXXX579J Email Address pauladamkoe@gmail.com Mobile Phone No (Phone) +65-90259033 Alternative Phone No +65-90259033

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of Employment

accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5107533287-02 Cover Note Number

DRIVER

Name of Driver KOE GUAN HIN @ ADAM B ABDULLAH NRIC No SXXXX579J

Date Of Birth 05/12/1958 Occupation Outdoor Date Of Driving Pass 15/02/1979 Driving experience 42 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90259033 Alt. Phone Number +65-90259033 Email Address pauladamkoe@gmail.com Address BLK 235 TAMPINES STREET 21 #02-511 Address complement Postcode 521235 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 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? Yes Was any injured conveyed to hospital by ambulance? No 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 PASSENGER 1 Name UNKNOWN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210327/7008 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBJ9812M

Accident report SN09213R0005

Vehicle Registration Number

Vehicle Manufacturer

Page 2 of 22

Vehicle Model	2
Vehicle Variant	•
Vehicle Colour	5
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	34
Address	·
Address complement	*
Postcode	25
Insurance Company Name	
Nature Of Damage	28
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOE GUAN HIN @ ADAM B ABDULLAH
Address	5 ₹ 3
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMH9533Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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.
- 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>.
- 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:

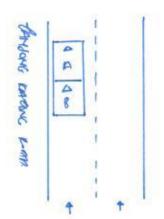
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 cialms 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' 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.

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Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:



A: SMH 9533 7 B: GB) 9812 M.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE FOREN TO	1. lice refore -	T/202103	327/7008
		MAN TO COMPANY	
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	- HERE - THE STREET		
	www.scopens.meensee		
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		overhioses - Resource	1

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

RIC/FIN No.:

ACCIDENT STATEMENT

A	CCIDENT DATE: 26 / 03 / 21 1(DD/MM/M	YYY), THAE:(: 35)(HH:MM)
LC	CATION: -PAHOLHE CAMPU RO TO	GEYLANG	
	1. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: SMU 95?? €		
	b)INSURANCE COMPANY:		
	c)POLICY NUMBER:	Selling of the selection	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD P	ARTY / THÍRD PA	RTY FIRE 8.THEFT)
	SIMAKE & MODEL: TOYOTH VIOS	ALICE CONTRACTS AND	
	FITYPE: (SACON / COUPE / MPV /V AN / LOP	RRY / MOTORCY	CLE / OTHERS)
	gIVEHICLE CATEGORY: (PRIVATE / COMMER		
	h) PURPOSE OF USING AT ACCIDENT TIME:		
	I) ARE YOU CLAIMING UNDER YOUR OWN IN		TO1
	IF NO, PLEASE STATE (THIRD PORTY CLAIM /		
	2. INSURED / POLICY HOLDER		
	A)NAME: KOE GUAY HIM	151	LD/ FEMALE)
	b) NRIC/FIN/PASSPORT: 8/3/05 75		
	CLADDRESS: 285 HAMPINED ET 21 FOR		
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	HOLDER	1
-able of persongs Conducting drive	3, DRIVER		
Production and	(a)NAME:	(MA	LE / FEMALE)
o moreoway status	b) NRIC/FIN/PASSPORT:	CONTACT:	10
(2)	c) ADDRESS:		
F) (?)			
2	"d)DATE OF BIRTH: (OS / 12 / 58)(DD	/MM/YYYY)	
	9)OCCUPATION: (INDOOR / OUTDOOR)		G 201
	f) YEARS OF DRIVING EXPRERIENCE: 42		
4	WAS DRIVER AN EMPLOYEE OF THE INSUR		
7.	IF NO, RELATIONSHIP OF THE DRIVER WIT		
5	a)WEATHER CONDITION: CLEAR / RAINING /	OTHERS)
	b)ROAD SURFACE (DBY / WET / OTHERS		
	WAS ANYBODY INJURED (TES / NO)		
4.	a) REPORTED TO POLICE (YESY NO)	10 40	99
	IF YES, PLEASE STATE WHICH POLICE STATION	- TP MQ.	
The line of the second	O) VEHICLE NUMBER: GBJ 98/2 M		
		MODEL:	
	b) DRIVER'S NAME:		
()	c) NRIC/FIN/PASSPORT:THIRD PARTY VEHICLE	CONTACT:_	
4 No of passenger	d) VEHICLE NUMBER:	The state of the s	
(Industina distre-	e) DRIVER'S NAME:		
	f) NRIC/FIN/PASSPORT:	CONTACT:	
()			, x
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1 of 3

Report No. T/20210327/7008

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2021 11:31		Vide Report No.: Station Diary No		
Informa	nt's Partic	ulars		
Name of KOE GU	Informant: IAN HIN		Address: 235 TAMPINES STREET	T 21 #02-511 SINGAPORE 521235
	/ ID No.: D / S13105	79J	Contact No.: Home/Office:	Mobile: 90259033
National SINGAP	ity: ORE CITIZ	EN	Email: PAULADAMKOE@GMA	IL.COM
Sex: Age: Date of Birth: Male 62 05/12/1958			Type of Informant: Driver	
Race: Chinese		Language: Institution / School Nam English		
Occupation: Grab Driver		Driving Licence Informat Class: 2B,2A,2,3,4,5	ion: Date of Expiry:	

General Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2021 11:35	Type of Location: Straight Road
Location: TANJONG KA	ATONG ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	sion: ring Vehicles - Head	d To Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBJ9812M	Lorry					0
SMH9533Z	Car	ТОУОТА	VIOS 1.5 E (AUTO)	Grey		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





2 of 3

Report No. T/20210327/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SMH9533Z	NTUC Income Insurance Co-Operative Limited	5107533287-02	18/02/2021	17/02/2022		

Details of Perso	n Involved	San San Li		4-1-10	
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Peo	lestrian Cros	ssing: NA
Driver					
Name	KOE GUAN HIN			ID No.	S1310579J
Related Vehicle	SMH9533Z (Car)			Contact No	90259033
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	NIL		Date	NIL	-
No. of Days gran	ted Medical Leave	03	Degree of	Seri	ous

Brief Details.

ON THE STATED DATE AND TIME, I CAME TO A SLOW STOP DUE TO THE TRAFFIC LIGHT BEING RED.

AFTER A FEW SECONDS, I FELT A MASSIVE IMPACT FROM THE REAR.

I WENT DOWN AND SAW THAT (GBJ9812M) HAD KNOCKED ONTO MY VEHICLE'S REAR.

THE NEXT DAY, I FELT PAIN ON MY NECK AND BACK HENCE I DECIDED TO VISIT A CLINIC FOR PROFESSIONAL MEDICAL ADVISE.
I WAS GIVEN 3 DAYS OF MEDICAL LEAVE.





3 of 3

Report No. T/20210327/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Ske	tch	P	an
CITO			2411

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2021 11:31				
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:				

Claim Handling

ccident MT/1125934						
				OFF Building No.		
olicy No.	5107533287-02	Vehicle No.	SMH9533Z	GST Registration No.		
ertificate No.						
olicyholder Name	KOE GUAN HIN & ADAM & ABDULLAH			Policyholder NRIC	\$1310579)	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
ntact No.(Mobile)	90259033	Contact No.(Office)		Contact No.(Home)		
	2002000				N- 12	
nail Address		Special Remark		eCode	No V	
K	iii No Yes	TCA	No Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	20	Private Hire	Yes	
Accident Details						
		William William Co.	Dec 2017	Carlos actor water	Author States Son	
eport Date	27/03/2021 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
ate of Accident	26/03/2021	Time of Accident hh:mm	11:35	Country of Accident	Singapore	
porting Centre		Orange Force		ICM No.		
ccident Location	TANJONG KATONG RD TOWARDS GEYLANG					
▼ Total Excess Applicable			MANUAL TO SERVICE STATE OF THE			
cess Type	Per Accident	Windscreen Excess	100.00			
D Standard Excess	2,000.00	TP Standard Excess	1,500.00			
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
sditional Excess						
	0.00	Total TD C	122025			
tal OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00			
P Benefits						
GST Registered Informa	ation					
T Registered	No		GST Registration Date			
T Registration No.			GST Status Verified	Yes		
			352700350000	100.0		
odification History						
Policyholder Mailing Ad	dress					
ddress 1	BLK 235 #02-511	Address 2	TAMPINES STREET 21	Address 3	SINGAPORE 521235	
ddress 4	Committee Commit	Address Type	Singapore address	Post Code	521235	
				Type saude	251533	
nit No.		Related Policy Number	5117036946-01			
♥ OI Driver Info						
river Name	KOE GUAN HINGADAM B ABDULLAH	Driver Type	Main Driver			
nnamed driver Name		Driver NRIC	513105791	Driver DOS	05/12/1958	
egister Date of Driver License	15/03/1979	Driver Age	62	Driving Experience	42	
			02.		144.0	
ontact No.(Mobile)	90259033	Contact No.(Office)		Contact No.(Home)		
ddress 1	BLK 235 #02-511	Address 2	TAMPINES STREET 21	Address 3	SINGAPORE 521235	
	BLK 235 #02-511	Address 2 Address Type	TAMPINES STREET 21 Singapore address	Address 3 Post Code	SINGAPORE 521235 521235	
ddress 4	BLK 235 #02-511					
ddress 4 nit No.	BLK 235 #02-511					
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ddress 4 nit No. loes he own a Singapore egistered car?		Address Type	Singapore address	Post Code	521235	
ddress 4 nit No. oes he own a Singapore egistered car? eclaration	Yes & No	Address Type Driver Vehicle No.	Singapore address SMH95332	Post Code	521235	
ddress 4 init No. ioes he own a Singapore egistered car? eclaration reathalyser or Blood Test		Address Type	Singapore address	Post Code	521235	
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	Claim Handling(accident reporting Claim Task 001 OD-MX)							
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1	NAC_PAYA_UBI_800601(NAT) CES) on 27	ONAL ASSESSMENT CENTRE SERVI May 2021 16:16	Photos		Normal	Photos 2021-3-27		
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Video List								
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Display in New Window Scan and uploading



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: 5107533287-02

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

· SMH95337

Chassis Number

2. Name of Policyholder

: MR2B23F3301164772

3. Effective Date of Insurance

: KOE GUAN HIN @ ADAM B ABDULLAH

4. Expiry Date of Insurance

: 18 Feb 2021

: 17 Feb 2022

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 or Hirer's business.

This Policy does not cover

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

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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) EXCESS (SECTION 2)

: \$\$2,000

WINDSCREEN EXCESS

: \$\$1,500

ADDITIONAL EXCESS

: 5\$100

UNNAMED DRIVER EXCESS

: N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: KOE GUAN HIN@ADAM B ABDULLAH

NAMED DRIVER (1)

: N/A

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

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 03 Feb 2021 15:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive