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Assessment/Surv	ey Report
TP Insurer: Assit Report by Y	Pax/ Hand to Owner/Witin
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Owner / Driver; (Tel; ,) Cover Type; (.).
Policy No: () Period: (Dater, Timer
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Year of Registration: () Worranty: YES ()/NO()
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1) Apply for Transport Allowanos () / Courtesy Car ()	The state of the s
2) QC Cheol: / Post Repair Inspection ()	
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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
- 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 29/03/2021 10:55 (SGT) Date of Accident 27/03/2021 12:00 (SGT) Exact Location of Accident 138 Tampines St. 11, Block 138, Singapore 521138 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA5248K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO CHIN LEONG NRIC No SXXXX406D **Email Address** blax_chicken76@yahoo.com Mobile Phone No (Phone) +65-97315755 Alternative Phone No +65-97315755

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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? No - Reporting only Vehicle Category Private car Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5105123578-02 Cover Note Number DRIVER

Name of Driver YEO CHIN LEONG NRIC No SXXXX406D

Date Of Birth	13/05/1947
Occupation	Indoor
Date Of Driving Pass	15/03/1965
- Driving experience	56 YEARS
Gender	Male
Mobile Number	(Phone) +65-97315755
Alt. Phone Number	+65-97315755
Email Address	blax_chicken76@yahoo.com
Address	BLK 144 TAMPINES STREET 12 #02-374
Address complement	E.
Postcode	521144
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	संस्कृतः ■
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
and the contraction of the contr	-
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
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?	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?	N-
Was notice of intended Prosecution given?	No
If yes, against whom?	No
n you, against Wildin:	=1
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are considered whether are "	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLB72P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	DAVID CHANG PAH YIAN
Contact Number	(Phone) +65-90297803
Address	-
Address complement	F 0 2

Postcode		
Insurance Co	ompany Name	
	ımage	
Details of pro	perty damaged in accident	
No. Of Passe	enger (Including Driver)	3
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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 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.

Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time Sketch Plan

Scribe Ci	ircumstanc	es of the	Accident							
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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 03/ 2021) (DD/MM/YYYY), TIME: (12: 00) (HH:MM)
LOCATION: 19MPHERS ST 11 CORPORK BIK 138
1. DETAILS OF VEHICLE SIND SOLET
C)POLICY NUMBER:
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE STUFFE)
The state of the s
f)TYPE:(SALOON / COUPE /MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
THE TIME
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
ANAME: YOU CHAIL WALL
b) NRIC/FIN/PASSPORT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER
(Including divine) GINAME: BS TROUM
b) NRIC/FIN/PASSPORT:CONTACT:CONTACT:
*d) DATE OF BIRTH: (12/05/1547) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE: (0) 1966 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YEST NO)
TO THE DRIVER WITH INCLINED.
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS APTICLE CONDITION) b) ROAD SURFACE: (DRY / WEI) / OTHERS)
6. WAS ANYBODY INJURED (YES (NO) 7. a)REPORTED TO POLICE (YES (NO))
THIRD A ARTEN ATTENDED TO THE POLICE STATION:
ALCOROR
C) NRIC/FIN/PASSPORT:
9. THIRD PARTY VEHICLE
No of passenger d) VEHICLE NUMBER:MODEL:
Including driver f) DRIVER'S NAME:

email = BLOX CHICKEN 76 & YALLOW. Com

VIDEO -

Claim Handling

Accident M1/1120013				
Policy No.	5105123578-02	Vehicle No.	SMA5248K	GST Registration No.
Certificate No.				
Policyholder Name	YEO CHIN LEONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97315755	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Report Date	29/03/2021 10:58	Accident Report Within 24 hrs	s Yes	Accident Type
Date of Accident	27/03/2021	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre	,,	Orange Force	12.00	ICM No.
Accident Location	BLK 138 TAMPINES STREET 11 CARPARK	orange roree		TCM NO.
♥ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100/00/	
	To recident	Willuscreen 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	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▽ Benefits		SOMETIME INCOME WIN MINERAL CO.	0.00	
GST Registered Inform	nation			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				1.30
▼ Policyholder Mailing Ac	ddress			
Address 1	BLK 144 #02-374	Address 2	TAMPINES ST 12	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5105123578-02	
		Supplemental (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997)		
Driver Name	YEO CHIN LEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0465406D	Driver DOB
Register Date of Driver License	15/03/1965	Driver Age	73	Driving Experience
Contact No.(Mobile)	97315755	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 144 #02-374	Address 2	TAMPINES ST 12	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.			1 mon 1 1 mon 1 mo	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMA5248K	Driver Insurer Company
registered carr				Diver history company
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	() Yee () No	
Reading?		Any injury:	Yes No	
Modification History				
Claim 001 OD-MX Ne	Llb.			
Claim 001 OD-MX	w a			
Claim Type *	OD-MX 🗸	Insured Name	YEO CHIN LEONG	Insured NRIC
Contact No.(Mobile)	97315755	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SMA5248K	TP Vehicle Number
Claim Description	SMA5248K / SLB72P ON 27 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact		Insured Liability *	Fully at Fault	Addite of Freience Workshop
No. Require Finalisation	Van		Fully at Fault	188V. ×
Require Finalisation	Yes •	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	29/03/2021 11:06	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired
Print AK letter				
			Save Submit	
			Save Submit	
Attachment				
*				

Accident No.

MT/1126013

Claim No.

Last Doc. Received

Yes ○ No

Path *

Upload Date

29/03/2021 11:12

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	No file chosen
Choose File	No file chosen

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Clear	Please Select	~	NO	~	Normal
Clear	Please Select	~	NO	~	Normal
Clear	Please Select	~	NO	~	Normal
Clear	Please Select	~	NO	~	Normal
Clear	Please Select	~	NO	~	Normal

Attachmen	it List					
Attachment	Uple	aded By/Date	Category	9	Urgency	Description
6 Z 2	NAC_BUKIT_MERAH_80067 ERVICES (BUKIT M	5(NATIONAL ASSESSMENT CENTRE S RAH)) on 29 Mar 2021 11:12	Photos	•	Normal	Photos 2021-3-29
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	NAC_BUKIT_MERAH_800676 ERVICES (BUKIT ME	o(NATIONAL ASSESSMENT CENTRE S RAH)) on 29 Mar 2021 11:12	Photos		Normal	Photos 2021-3-29
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3	NAC_BUKIT_MERAH_800676(ERVICES (BUKIT MER	NATIONAL ASSESSMENT CENTRE S AH)) on 29 Mar 2021 11:06	SAS		Normal	SAS 2021-3-29
Video List						
	Uploaded By/Date	Folder Date	Fi	e Name		P Sc

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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: 5105123578-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMA5248K

Chassis Number

: MR053REE104135848

2. Name of Policyholder

: YEO CHIN LEONG

3. Effective Date of Insurance

: 04 Nov 2020

4. Expiry Date of Insurance

. 04 1100 2020

4. Expiry Date of Insurance

: 03 Nov 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)
 : \$\$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 : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : YEO CHIN LEONG

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (SINGAPORE) PTE 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

: THOMSON CREDIT (S) PTE LTD (00000614577)

Date of Issue

: 20 Oct 2020 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive