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SN09213U000W / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/03/2021 19:43 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (30/03/2021 19:43 (SGT))



SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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 30/03/2021 19:43 (SGT) Date of Accident 28/03/2021 20:10 (SGT) **Exact Location of Accident** Queen St, Singapore Additional Location Information CARPARK Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SKK84U INSURED/POLICYHOLDER Is company? WANG QINCUI Name Of Registered Owner SXXXX941F NRIC No JUSTIN@VENUSGRP.COM.SH Email Address Mobile Phone No (Phone) +65-83668884 Alternative Phone No +65-83668884 VEHICLE PARTICULARS Toyota Manufacturer Vellfire Model 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 No - Claiming third party your vehicle? Private car Vehicle Category Manual Transmission INSURANCE COMPANY NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No 5118530934 Policy Number Cover Note Number DRIVER JANSON TAY CHEE HIAN(ZHENG ZHIXIAN)

SXXXX701H

Date Of Birth 18/01/1981 Outdoor Occupation Date Of Driving Pass 20/06/2005 Driving experience 15 YEARS AND 9 MONTHS Gender (Phone) +65-88334438 Mobile Number Alt. Phone Number Email Address JANSON_1984@YAHOO.COM.SG BLK 823 JURONG WEST ST 81 Address Address complement #09-462 640823 Postcode 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 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) 0 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? Police Station Name Marina Bay Neighbourhood Police Centre (Phone) +65-18002229999 Police Station Phone No Alt. Police Station Phone No (Fax) +65-64359276 Police Station Address No 70 Marina View Singapore 018962 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20210329/2095 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH WORKSHOP Was there any audio recorded? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJV4228A Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3-

WITNESS DETAILS

WITNESS 1

 Name
 ADRIAN

 Phone
 (Phone) +65-83221807

 Email

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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

2/ym 30/03/21

Sketch Plan

A: SKK8HU : SJV4228A

Describe Circumstances of the Accident	
On time and date mentioned i parked u	Ly
reticle (SKK840) at Queen Street open S	pace
carpank (opposite Bugis +) and went to	eat
dinner. When i came back to my vehicle,	i was
approach by a goy, he told me that &	veh
11B (8544228A) had collided Mto my	Schicle
and did not stop. He managed to get	the
VERTICAL S CONTACT TOWN	he whole
incident recorded in this in-cor comen	
THE SENT THE THOUGHTON	e witness
has called traffic police:	
Witness: Advain - 83221807.	
Refer to Police Report.	
pera 10 total	
Papar No: T/20210329/2	095.

Declaration

We declare the foregoing particulars are true in every respect.

王琴翠

Policyholder's Signature / Date & Time

Sort

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

elym 30/03/21

Witnessed by Reporting Centre

Personnel





1 of 3

Report No. T/20210329/2095

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

REPORT OF	A TRAFFIC	ACCIDENT					
Date/Time Report Made: 29/03/2021 17:35			Vide Report No.:	Station Diary No.: 23			
Informant	's Particu	ars					
Name of Ir JANSON 7		HIAN	Address: APT BLK 823 JURONG WES SINGAPORE 640823	T STREET 81 #09-462			
ID Type / ID No.: NRIC NO / S8101701H			Contact No.: Home/Office: Mobile: 88334438				
Nationality SINGAPO		EN	Email:				
Sex: Age: Date of Birth: 18/01/1981			Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation:			Driving Licence Information: Class: 2B.2A.2.3.4.5	Date of Expiry:			

Seneral Inforn	nation of the Accident	T		Tune of Legation	
Type of Accident: Non-Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 28/03/2021 20:10	Type of Location Car Park	
Location:					
QUEEN STRE	EET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collisi	ion: le Against - Parked Vehic	cle		Anyone conveyed by ambulance: No	

Details of V						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJV4228A	Car					0
SKK84U	Car	ТОУОТА	Vellfire	Black	Slightly Damaged	0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





2 of 3

Report No. T/20210329/2095

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT

Driver									
Name	JANSON TAY CHEE HIAN			ID No		S8101701	1H		
Related Vehicle	NIL			ated Vehicle NIL Co		Conta	ct No.	88334438	}
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B Date of E	,2A,2,3,4,5 xpiry: NIL		
Date Treatment	NIL Date Disc				NIL				
No. of Days granted Medical Leave NIL Degree of				of Injury	NIL				

Brief Details.

On the above mentioned date, time and location I parked my vehicle SKK84U at Queen Street open space carpark opposite Bugis Plus and went to eat dinner. When I returned to my vehicle, a guy namely Adrian HP: 83221807 approached me and informed me that earlier on another vehicle SJV 4228A had collided into my vehicle and did not stop. However, he managed to get the contact details of the said driver whose name is Kai HP: 96799929. Witness Adrian had also provided me with his in-car camera footage of the whole incident. Witness also informed that he had called for police assistance before I returned to my vehicle and Traffic police officers came and attended to him. I have contacted the driver and he admitted in colliding into my said vehicle and requested me to claim insurance. This report is lodge for insurance claiming purposes. That is all.





3 of 3

Report No. T/20210329/2095

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Informant:
Date/Time: 29/03/2021 17:35
Classification Of Case:

VEHICLE NO: SKK84U	MAKE & MODEL: Toyota Velltino auto/MANUAL
DATE OF ACCIDENT:	28/03/2021 cc:
TIME OF ACCIDENT:	20:12 HRS
LOCATION OF ACCIDENT:	Queen St Carpark.
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMEND/ PRIVATE USE / PRIVATE HIRE
	Wang Qincui
NAME OF OWNER:	H/P: 8366888 H OFFICE: HOME:
TEL NO:	S8262941F
NRIC:	303 Jalan Kampong Chantek S(587959)
ADDRESS:	
EMAIL:	justine venusqrp.cox.sg
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES /100?
INSURANCE COMPANY:	NTUC
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	5118530934
NAME OF DRIVER:	AS ABOVE / IF NO: Janson Tay Chee High
NRIC:	S8101701H ANY PASSENGER: NO
DATE OF BIRTH:	18 / 01 / 1981 LICENCE PASSED DATE: 09 / 06/ 2011
OCCUPATION:	QUIDOOR / INDOOR
GENDER:	MARE / FEMALE
CONTACT NO:	H/P: 88334438 OFFICE: HOME:
ADDRESS:	BIK 823 Jurong West St 81 #09-462 8(640823)
	Janson-1981@ Yahoo. com. 39
EMAIL:	NO/ IF YES, REG NO: 8L3H113P INSURER:
DOES DRIVER OWNED ANY VEHICLE:	Employee
RELATIONSHIP:	
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	ORYN WET / OTHER:
ANY INJURIES:	NØ)/ IF YES, WHO?
NAME & CONTACT:	
NAME & CONTACT:	
POLICE REPORT:	NO / IF YES, WHERE? Maring Bay NPC.
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B REG NO:	SJV4228A ANY PASSENGERS:
NAME OF DRIVER:	- CONTACT NO: 9679929
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	Advian WITNESS CONTACT: 83221807
WAS THERE ANY VIDEO CAPTURE?	VES NO
WAS THERE ANY AUDIO RECORDED?	VES // NO
ACCIDENT SCENE PHOTOS TAKEN?	YES /NO
ACCIDENT PORTION:	Front left Portion.
Have you been approach by unknown person soliciting	
WORKSHOP PARTICULAR:	Twin Car Automotive.
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Levand
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg



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: 5118530934 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

Z. Name of Policyfloider

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SKK84U

: AGH300174886

: WANG QINCUI

: 06 Aug 2020

: 05 Aug 2021

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 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 : WANG QINCUI

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

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE 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)

gency : DICKSON I

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 06 Aug 2020 10:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling Accident MT/1126463 GST Registration No. SKK84U 5118530934 Vehicle No. Policy No. Policyholder NRIC S8262941F WANG QINCUI Policyholder Name Loading 0 drivo CLASSIC Cover Type PRIVATE CAR INSURANCE Product Code Contact No.(Home) 0 Contact No.(Office) Contact No.(Mobile) 83668884 eCode No V Special Remark Email Address eCode Reason No Yes No Yes TCA Private Hire NCD Entitlement(%) NCD Protection Accident Details Accident Type Collided into Parked Vehicle Accident Report Within 24 hrs Yes 31/03/2021 15:07 Report Date Singapore Country of Accident Time of Accident hh:mm Date of Accident 28/03/2021 ICM No. Orange Force Reporting Centre QUEEN STREET CARPARK Accident Location Total Excess Applicable 100.00 Windscreen Excess Excess Type TP Standard Excess 0.00 600.00 OD Standard Excess Driver is Covered? Covered 0.00 500.00 YIED TP Excess YIED OD Excess Additional Excess 0.00 0.00 1,100.00 Total TP Excess Applicable Total OD Excess Applicable → Benefits GST Registration Date GST Registered GST Status Verified Yes GST Registration No. Modification History Policyholder Mailing Address SINGAPORE 587959 Address 3 BINJAI CREST Address 2 303 JALAN KAMPONG CHANTEK Post Code 587959 Singapore address Address Type Address 4 5118530934 Related Policy Number Unit No. OI Driver Info Driver Type Unnamed Driver Unnamed Driver Driver Name 18/01/1981 Driver DOB Driver NRIC S8101701H JANSON TAY CHEE HIAN(ZHENG Driving Experience Driver Age 40 Register Date of Driver License 20/06/2005 Contact No.(Home) Contact No.(Office) 88334438 Contact No.(Mobile) SINGAPORE 640823 Address 3 JURONG WEST STREET 81 Address 1 **BLK 823** Post Code 640823 Singapore address Address Type Address 4 #09-462 Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Yes No Declaration Breathalyser or Blood Test Reading? Yes @ No Any injury? Modification History Claim 001 OD-MX New S8262941F Insured NRIC WANG QINCUI Insured Name Claim Type * OD-MX * Contact No.(Office) Contact No.(Home) Contact No.(Mobile) TP Vehicle Number OI Vehicle Number SKK84U Email Address Name of Preferred Workshop SKK84U / SJV4228A ON 28 Mar 2021 Claim Description Preferred Workshop Contact No. Insured Liability * Not at Fault Received GIA report Preferered Repair Option Preferred Workshop, Name unknown Require Finalisation Yes 31/03/2021 00:00 Date Received Claim Close Date 31/03/2021 15:13 Date Registered Total Loss but Repaired Report Taken By ROSLINDA Print AK letter Save Submit Attachment Claim No. 001 MT/1126463 Accident No. 31/03/2021 00:00 Upload Date ● Yes ○ No Last Doc. Received Urgency * Confidential Category * Path * ₩ NO **∨** Normal ~ Clear Please Select Choose File No file chosen ~ Clear Please Select ~ NO ∨ Normal Choose File No file chosen ~ ▼ NO Clear Please Select ✓ Normal Choose File No file chosen ~ ~ ~ Clear Please Select NO Normal Choose File No file chosen NO ~ Clear Please Select Choose File No file chosen ▼ NO ∨ Normal Clear Please Select Choose File No file chosen Send Mes

Attachment List

1/2021	Oldin Flatian g(assissin special)						
Attachment	Uploade	d By/Date	Category	9	Urgency	Description	Msg Sent (CO)
		NAL ASSESSMENT CENTRE SERVI lar 2021 15:13	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-3	3-31
9	NAC_PAYA_UBI_800601(NATIO CES) on 31 N	NAL ASSESSMENT CENTRE SERVI far 2021 15:13	SAS		Normal	SAS 2021-3-31	
	NAC_PAYA_UBI_800601(NATIO CES) on 31 N	NAL ASSESSMENT CENTRE SERVI lar 2021 15:13	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIO CES) on 31 M	NAL ASSESSMENT CENTRE SERVI far 2021 15:12	Photos		Normal	Photos 2021-3-31	
A. J	NAC_PAYA_UBI_800601(NATIO CES) on 31 N	NAL ASSESSMENT CENTRE SERVI for 2021 15:12	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIO CES) on 31 N	NAL ASSESSMENT CENTRE SERVI Mar 2021 15:12	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIO CES) on 31 N	NAL ASSESSMENT CENTRE SERVI Mar 2021 15:12	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIO CES) on 31 N	NAL ASSESSMENT CENTRE SERVI Mar 2021 15:12	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIO CES) on 31 M	NAL ASSESSMENT CENTRE SERVI Mar 2021 15:12	Photos		Normal	Photos 2021-3-31	
	Uploaded By/Date	Folder Date	F	ile Name		Sou	rce

Display in New Window Scan and uploading