

Date of Accident : 08/04/21 Accident Time: 21:27 hr (24-HR-FORMAT)
Accident Place : NORTH BUONA VISTA RD.
Vehicle Reg. No (Car plate No.) : GBJ 69052 Vehicle Make/Model: Subaru Every
Insurance Company : NTUC Policy No. 5110998372-01
Name of Registered Owner : Company / Individual MARKY STUDIO
ID of Registered Owner : Co Reg No: 53226047E Owner's NRIC No: -
: Co Contact No: - Owner's Contact No: 93629554
DRIVER'S Name : THUM HOE MENG. DRIVER'S NRIC No: 576381126
DRIVER'S Date of Birth : 20/11/1976 DRIVER'S License Pass Date 11 JAN 2002
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
DRIVER'S Address : AN BUK 93 A Telok Blayah st 31 #22-15957101693
DRIVER'S Contact No./ Alt No. : 1) 93629554 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : dreamcarzleasing@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): Driver only
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)
Vehicle Reg No: ② SJX 18819 Vehicle Reg No: _____
Vehicle Make/Model: BMW Vehicle Make Model: _____
Name DRIVER: _____ Name DRIVER: _____
IC No. DRIVER: _____ IC No. DRIVER: _____
DRIVER'S Contact & add 81888225 DRIVER'S Contact & add: _____
Injured Person ① Driver: Thum Hoe Meng 1576381126

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.
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' 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;

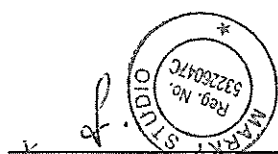
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(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.



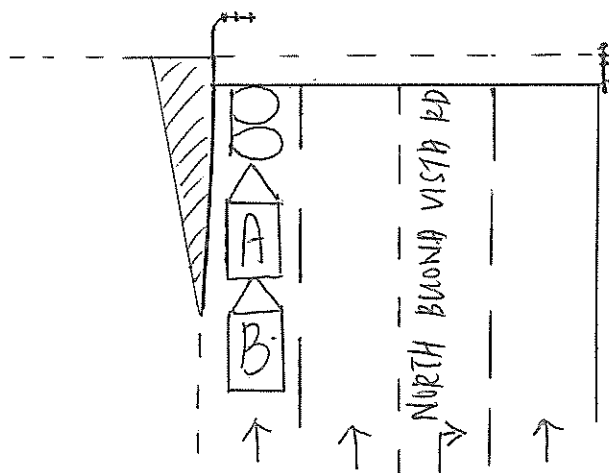
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) : GBJ6905Z.

(B) : SJX1881Y

Describe Circumstances of the Accident

I was travelling along North Buona Vista Rd. when the traffic light was red, I stopped my vehicle and stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle. Whole accident was captured by my vehicle built-in video recorder.

Declaration

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

OneCare Clinic Tiong Bahru
11A Boon Tiong Road #01-08 Singapore 161011
Tel: 63582568

MEDICAL CERTIFICATE

This is to certify that **THUM HOE MENG MARK (S7638112G)** is under treatment by me.

Unfit For Duty

Outpatient Leave: 2 Days From 09-04-2021 To 10-04-2021

Comments / Diagnosis

Diagnosis: Muscular upper back/neck strain

Certified By:
Dr Aanchal Kadam (M60360j)

Certificate No: MC/797764

Date of Visit: 09-04-2021

Date of Issue: 09-04-2021

Note:

This certificate is not valid for absence from court.

This certificate is electronically generated. No signature is required.

 **OneCare Clinic Tiong Bahru Pte Ltd**

11A Boon Tiong Road TEL 6358 2568
#01-08 S'pore 161011 FAX 6358 2569

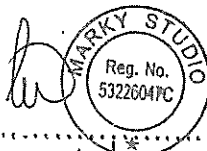
ACKNOWLEDGMENT

I, Thum Hoe Meng holding NRIC /Passport No* S76381126
(*delete which is not applicable)

of vehicle No. QBJ6905Z acknowledge the following :

1. I have been given Income's practice leaflet.
2. The counter-staff has explained Income's practice leaflet to me accordingly.
3. I am clear about the information disseminated by the counter-staff during my accident reporting.
4. My accident reporting is for
(please circle the appropriate one)
 - a) reporting purpose only
 - b) claiming own damage
 - c) claiming third party
5. I came - a) with my workshop]
b) without my workshop] (please circle the appropriate one)
6. My workshop who came with me is A-Tec Automotive P/L
(please provide the name)
7. My preferred workshop who did not come with me is
..... and not recommended
(please provide the name) by the staff.

Signature : [Signature]
Date : 9/4/21



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 : 5110998372-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBJ6905Z**
Chassis Number : DA17V256224
2. Name of Policyholder : **MARKY STUDIO**
3. Effective Date of Insurance : **07 Jul 2020**
4. Expiry Date of Insurance : **14 Jul 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)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 07 Jul 2020 14:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive