

VEHICLE NO: SLF9164C

MAKE & MODEL: HONDA CIVIC 1.5T.

AUTO / MANUAL

DATE OF ACCIDENT	18 / 09 / 2021	C.C. 1.5
TIME OF ACCIDENT	1500HRS	AM / PM
LOCATION OF ACCIDENT	UPPER CHANGI ROAD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LOW ZHIHENG LOUIS	
EMAIL	LOUISLOWZH@GMAIL.COM.	Office: MOBILE: 8783 6364.
NRIC	S9519491E	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	6121327558.	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	11 / 06 / 1995	
ANY PASSENGER	YES / NO : LYNETTE.	
NAME OF PASSENGER	LYNETTE.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	30 / 10 / 2018	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8785 6364 Office: Home:	
EMAIL		
ADDRESS	253 PASIR RIS STREET 21 403-227 5510255	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No: INSURER:	
RELATIONSHIP	Employee / If No: OWNER	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? LOUIS, LYNETTE.	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	GBL587L Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	REVOLUTION AUTOMOTIVE	
Have you been approach by unknown person soliciting (s) /		

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.

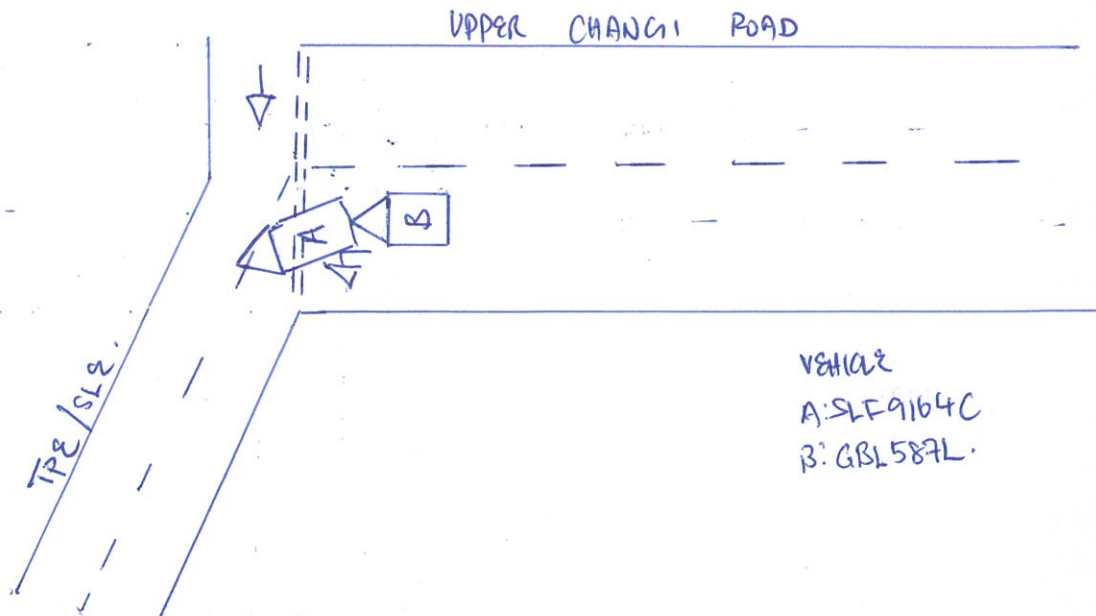


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. I VEHICLE "A"
WAS STATIONARY AT THE GIVE WAY ROAD. OUT OF A SUDDEN
VEHICLE "B" COLLIDED ONTO MY REAR. THERE WAS VEHICLE MOVING
ON THE MAIN ROAD.

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



SINGAPORE POLICE FORCE



T/20210919/7007

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

1 of 3

Report No. T/20210919/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2021 12:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW ZHIHENG, LOUIS			Address: 253 PASIR RIS STREET 21 #03-227 SINGAPORE 510253		
ID Type / ID No.: NRIC NO / S9519491E			Contact No.: Home/Office: Mobile: 87836364		
Nationality: SINGAPORE CITIZEN			Email: ZHIHENGAKAL@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 11/06/1995	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SALESMAN		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2021 15:00	Type of Location: X-Junction
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL587L	Van				Seriously Damaged	0
SLF9164C	Car	HONDA	CIVIC+1.5+TURBO+VTIS+SR	Blue	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210919/7007

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

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Report No. T/20210919/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF9164C	NTUC Income Insurance Co-Operative Limited	5121327558	15/03/2021	14/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	LOW WEILIN LYNETTE		ID No.	S9619462E
Related Vehicle	SLF9164C (Car)		Contact No.	81832491
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/09/2021		Date	19/09/2021
No. of Days granted Medical Leave	05		Degree of	Slight
Driver				
Name	LOW ZHIHENG, LOUIS		ID No.	S9519491E
Related Vehicle	SLF9164C (Car)		Contact No.	87836364
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/09/2021		Date	19/09/2021
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

I (LOW ZHIHENG LOUIS DRIVER) AND (LOW WEILIN LYNETTE PASSENGER) OF SLF9164C, WAS TRAVELING AT PIE CHANGI EXITING TO UPPER CHANGI ROAD TO TPE TOWARDS SLE. I WAS STATIONARY AT THE GIVE WAY ROAD TO CHECK CLEAR OF MAIN ROAD BEFORE MOVING OFF. OUT OF A SUDDEN VEHICLE GBL587L REAR ENDED MY VEHICLE SLF9164C. THE IMPACT WAS HUGE. WE EXCHANGED PARTICULAR AND MOVE ON. THE NEXT DAY I LOW ZHIHENG LOUIS FELT PAIN ON MY NECK, SHOULDER, BACK, CHEST, LEFT HAND WRIST AND LEFT KNEE CAP AREA AND LOW WEILIN LYNETTE MY SISTER FELT PAIN ON HER NECK, SHOULDER, BACK AND CHEST AREA, WENT TO CONSULT KOVAN INTEMEDICAL CLINIC AND WAS GIVEN 5 DAYS OF MC FOR BOTH US.



**SINGAPORE
POLICE FORCE**



T/20210919/7007

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

3 of 3

Report No. T/20210919/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/09/2021 12:21

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9519491E



Name

LOW ZHIHENG, LOUIS

劉志恒

Race

CHINESE

Date of birth

11-06-1995

Sex

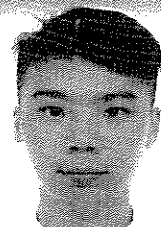
M

S9519491E

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9519491E

Name

LOW ZHIHENG, LOUIS

Birth Date: 11 Jun 1995

Issue Date: 30 Oct 2018



002863263F

6337444



NRIC No. S9519491E



Date of Issue
09-11-2019

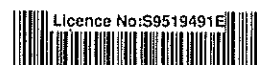
Address

APT BLK 253 PASIR RIS STREET 21
#03-227
SINGAPORE 510253

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

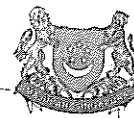
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 30 Oct 2018



Licence No: S9519491E

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9619462E



Name

LOW WEILIN, LYNETTE

劉 瑋 琳

Race

CHINESE

Date of birth

06-06-1996

Sex

F

S9619462E

Country of birth

SINGAPORE

4704483



NRIC No. S9619462E



Date of issue
01-04-2011

Address

APT BLK 253 PASIR RIS STREET 21
#03-227
SINGAPORE 510253

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: 5121327558

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLF9164C

Chassis Number

: MRHFC1E60G1000009

2. Name of Policyholder

: LOW ZHIHENG LOUIS

3. Effective Date of Insurance

: 15 Mar 2021

4. Expiry Date of Insurance

: 14 Mar 2022

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)

: \$5000

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$5100

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

: LOW ZHIHENG LOUIS

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: PRIME STREET CAPITAL 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 : QUOTIGO PTE. LTD. (00000573831)

Date of Issue : 12 Mar 2021 08:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive