

VERTUEL INC. SITTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE OF ACCIDENT	18 / 09 / 20≥1 . °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
AND THE PARTY OF T	LOW ZHIHENG LOUIS
NAME OF OWNER	NZHQGMAIL .COM. Office: MOBILE: 8783 636
1)) 120	395194918
NRIC	
CLAIM TYPE	
FLEET POLICY:	YES / NO ?
INSURANCE CO.	NTUC
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	6121327558.
NAME OF DRIVER	AS ABOVEL / IF NO.
NAME OF BREVER	
DATE OF BIRTH	11 / 06 / 20 1995
ANY PASSENGER	YESLINO: LYNETTE.
NAME OF PASSENGER	LYNETTE.
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	30 / 10 / 2018
to a pay no product commence close at 12 per company and a company of the company	Viviale / Female
The second secon	Mobile: 8785 6364 Office: Home:
CONTACT NO.	WODING 9462 0364 2 med
EMAIL:	
ADDRESS	263 PASIR RIS STREET 21 #03-227 5510253
DOES DRIVER OVER OTHER VEHICLES?	MOLL If yes . Reg No. MSIRFR.
RELATIONSHIP	Employee / If No. OWNER
WEATHER CONDITION	Clear / Raining / Other.
CAD SURFACE	Dry / Wei / Other:
INY INJURIES	No/If res Who? Louis, LYNETTE.
ONTACT NO.	
	NoV If yes : Where?
OTICE OF INTENDED PROSECUTION GIVEN	? NO IF YES, WHO?
EFICLE B NO.	GBL 587L . Any Passenger :
AME	
ONTACT NO.	
EHICLE C NO.	Any Passenger :
EHICLE D NO.	Any Passenger :
EFFICLE E NO	Any Passenger:
EHICLE FNO.	Any Passenger :
VY WITHESS	
TINESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	YES / NO.
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO
**WORKSHOP:	of Principal and a first defined assets for middle frame of the state

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 <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>.
- 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
- (a) my Personal Information may/can be disclosed by any of the Incurers and/or GIA to their third party convice providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

		and the second of the second or seco				
Policyholder's Signature / Date & Time	Driver's Signature (If dr & Time	iver is not the	policyholder) /	Date	Witnessed by Repo Personnel	orting Centre
Sketch Plan		UPPER	CHANGI	POAD		
		<u>.</u>	,23, h	-		_
	AFR	}]	¥*	_		
27					VEHICLE A:SLF9164C B:GBL587L.	

	ON	TH2	STATED	DATE	, Time	A	JD	LOCATION	٥ ,	ŧ	VEHICA	32	9A 1)
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Declaration

 ${\it V}{\it We}$ declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time





1 of 3

Report No. T/20210919/7007

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2021 12:21			Vide Report No.:		Station Diary No.:		
Informant	's Particul	ars					
Name of In LOW ZHIH		JIS	Address: 253 PASIR RIS STREET 21 #03-227 SINGAPORE 510253				
ID Type / II NRIC NO /		1E	Contact No.: Home/Office:	Mobile: 87836364			
Nationality: SINGAPORE CITIZEN			Email: ZHIHENGAKAL@GMAIL.COM				
Sex: Age: Date of Birth: Male 26 11/06/1995			Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: SALESMAN			Driving Licence Information: Class: 3	Date of Ex	piry:		

General Informati	ion of the Accident			Special Company (Company)
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 EXI	PRESSWAY			
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
		Traffic Control: Not Controlled	l	raffic Volume: loderate
Type of Collision: Between Moving	Vehicles - Head To Re	ear		nyone conveyed by mbulance: o

Details of V	ehicle Invol	ved				
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL587L	Van				Seriously Damaged	
SLF9164C	Car	HONDA	CIVIC+1.5+T URBO+VTIS +SR		Seriously Damaged	1





Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 40886

Report No. T/20210919/7007

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	Use of Pedestrian Crossing: NA					
Passenger						
Name	LOW WEILIN LYNET	TE		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)/2021
No. of Days gran	ted Medical Leave	05	Degree of	of Slight		t
Driver						
Name	LOW ZHIHENG, LOU	JIS		ID No.		S9519491E
Related Vehicle	SLF9164C (Car)			Contact No.		87836364
Hospital/Clinic	KOVAN CLINIC			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	19/09/2021	Date	19/09		/2021	
No. of Days grant	ted 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.





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

Informant is not able to provide sketch

Sketch Plan

3 of 3 Report No. T/20210919/7007

CONTINUATION OF REPORT

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: 19/09/2021 12:21
Officer In Charge Of Case:	Classification Of Case:

TP / TPIB /

Contact No.: 65476204

MOHAMAD ZULFAZDLI BIN ABDULLAH

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9519491E





Name

LOW ZHIHENG, LOUIS





CHINESE Date of birth

Sex

5951949 iF

11-06-1995 Country/Place of birth SINGAPORE

Lieure Number S 9 5 1 9 4 9 1 E

Low ZHIHENG, LOUIS

Brin Date 11 Jun 1995
Jissin Date 30 Oct 2018

6337444



IRIC 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 =< 3000kg with =< 7 30 Oct 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S9519491E

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9619462E





Name

LOW WEILIN, LYNETTE

Race CHINESE

Date of birth Sex 06-06-1996 F

596194**6**2L

Country of birth

4704483





01-04-2011

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



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY BISKS AND COMPENSATION) ACT [CHAPTER 189] MOTOR VEHICLES (THIRD PARTY RISAS AND COMPENSATION) RULES, 1960 ROAD TRAISPORT ACT, 1987 [MALAYSIA] ROAD TRAISPORT (ACELOMBERT) ACT, 2019 [MALAYSIA] MOTOR VEHICLES (THIRD PARTY RISAS) RULES, 1959 (MALAYSIA)

Certificate Number: 5121327558

Cover : data CLASSIC : SUF9164C

1. Index mark and Registration Rumber of Vehicle Chasses thember · MARKETIKKOGIROOOG 2. Name of Policyholder : LOW ZHIHENG LOUIS 3. Effective Date of Insurance 15 Mar 2021

Epiry Otto of Insurance : 12 Mar 2022

Persons or Classes of Persons enutled 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 leening 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 timitations as to Use 8
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

It is proving oper not consider the second of the Modern Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

(b) Use for any purpose in connection with the Motor Trade.

Umrations rendered insperative by Section 8 of the Motor Vehicle (Third Pasty Riks 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] : \$5600 EXCESS (SECTION 2) WINDSCREEN EXCESS : N/A : \$\$100 ADDITIONAL EXCESS

UHNAMED GRIVER EXCESS
REPAIR AT OWNER'S PREFERRED WORKSHOP PLEASE REFER OVERLEAF

NO YES UNSURE WITH COE HCD PROTECTION TRANSPORT ALLOWANCE ю EXCESS WAIVER PRIMARY DRIVER

LOW ZHIHENG LOUIS

NAMEO DRIVER (3) NAMEO ORIVER (2) H/A H/A

HIRE PURCHASE COMPANY PRIME STREET CAPITAL PIE LTD

SUM INSURCO MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is insued 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]

QUOTIGO PTE. LTD. (00000573831) 12 Mar 2021 08:46 brs

For HTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Apr 15.11 19 1