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 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.

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 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 24/12/2021 12:30 (SGT) Date of Accident 23/12/2021 22:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS TUAS (500M BEFORE CTE) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBE3456Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG AIK HONG NRIC No. S1689111H Email Address yeo_magaret@yahoo.com.sg Mobile Phone No (Phone) +65-91739289 Alternative Phone No +65-91739289

VEHICLE PARTICULARS

Manufacturer Audi Model S5 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 2995

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5120365125 Cover Note Number

DRIVER

Name of Driver JOURDAIN NG YONG XIANG NRIC No. S9350047D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/12/1993 Indoor 19/04/2014 7 YEARS AND 8 MONTHS Male (Phone) +65-91739289 - jourdainngyx@gmail.com BLK. 72 JALAN MATA AYER 02-28 757489 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 No - Yes 2 No
Name Gender	YEO Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON THE 23RD DECEMBER 2021, AT AROUND 2200 HRS, I WAS LANE, THE FRONT VEHICLE SLOWED SOWN AND STOPPED, FROM MY REAR. THEN I REALIZED THE LORRY YN6584Y HAD	I FOLLOWED SUIT. ALL OF A SUDDEN, I FELT AN IMPACT
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	YN6584Y -

Vehicle Variant

Vehicle Model

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIOW GEK YONG
NRIC No	S7339258F
Contact Number	(Phone) +65-97627935
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
- 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>.
- 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.
- 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.
- 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_Rupposes.

Policyholder's Signature / Date & Time

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

Sketch Plan

Time & Time Personnel

Sketch Plan

A: SBE 3456Z

B: YN6584 Y

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Declaration

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

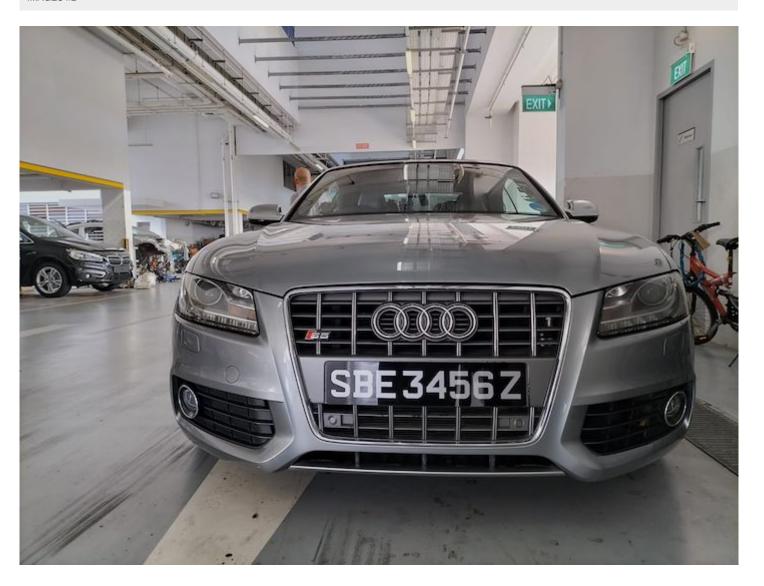
Policyholder's Signature / Date &

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

逆友成作单服務私人有限公司 CYS Automobile Services Pte Ltd 3B Woodlands Industrial Park East 1 #07-17 Admirally Industrial Park Singapore 757700 Tel: 6219 2098 (3lines) Fax: 6219 2096

Witnessed by Reporting Centre Personnel

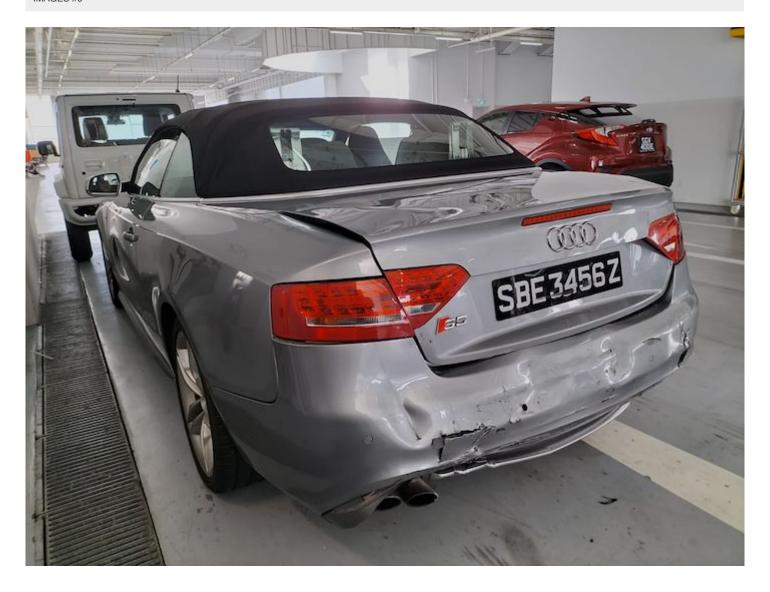
















made yours

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)

Certificate Number: 5120365125 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle. SBE3456Z Chassis Number WAUZZZ8F7BN007122

NG AIK HONG 2. Name of Policyholder 4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(b) Any other person who is driving on the Palicyholder'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 Usell

(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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) EXCESS (SECTION 2) N/A WINDSCREEN EXCESS ADDITIONAL EXCESS N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP NO. NCD PROTECTION ROADSIDE ASSISTANCE AND WELLNESS COVER TRANSPORT ALLOWANCE NO PRIMARY DRIVER NG AIK HONG NAMED DRIVER [2] N/A

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)

Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive