SS1Y2213000Q-01 / SME MOTOR PTE LTD SS1Y2213000Q-017 SIME MIGROTOTE ELS ENTRY DATE & TIME: 03/01/2022 16:46 (SGT) SUBMITTED BY: Wen 91/02 VERSION: 2 (03/01/2022 16:49 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

 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 03/01/2022 16:46 (SGT) Date of Accident 01/01/2022 11:20 (SGT) Exact Location of Accident Jln Bahagia, Singapore Additional Location Information JALAN BAHAGIA INFRONT OF BLK 33. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLB1378B**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WONG AH KUAN NRIC No S1214744I Email Address WONGAHKUAN1956@GMAIL.COM

Mobile Phone No (Phone) +65-96938228

Alternative Phone No +65-96938228

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party Vehicle Category Private car

Transmission Auto 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5118439101-01

Cover Note Number

DRIVER

Name of Driver WONG AH KUAN

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	09/09/1956 Indoor 15/12/1976 45 YEARS AND 1 MONTH Male (Phone) +65-96938228 +65-96938228 WONGAHKUAN1956@GMAIL.COM BLK 97 WHAMPOA DR #08-198 - 320097 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane 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?	No 2 No - Yes 1
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	
	LE (SLB1378b) ALONG JALAN BAHAGIA IN FRONT OF BLK 33 IN OVERTOOK ME AND CUT INTO MY PATH AND COLLIDED ONTO
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER	Yes Yes No VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	

Taxi

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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)	

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Declaration

IWWe declare the foregoing particulars are true in every respect.

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SKETCH PLAN

IMPORTANT NOTICE

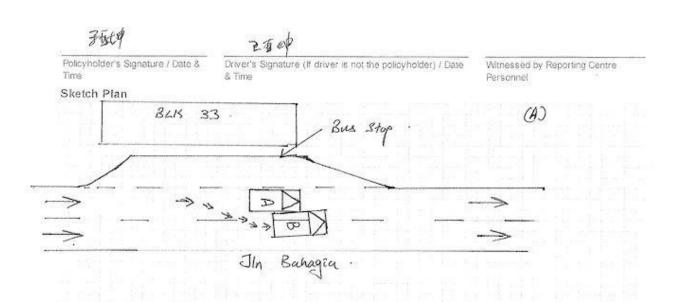
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

Lunderstand, 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

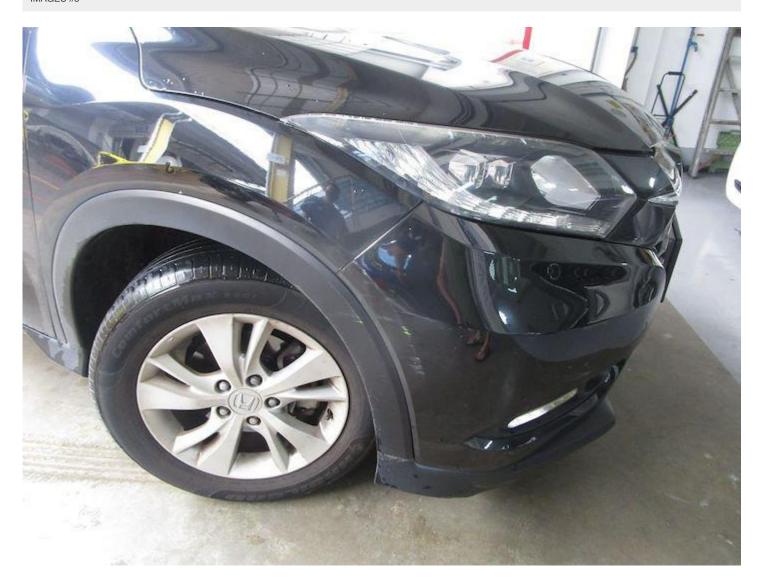






















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM						
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:								
	Original Report No	SS1Y2213000Q	Vehicle Registration No:	SLB1378B					
		WONG AH KUAN	NRIC/FIN/Passport No:						
		hicle Owner) (*) Please delete as		11					
	Address			Singapore(
	Contact (Tel)	<u> </u>	Mobile No.:						
	Email Address	8							
	Date of Accident	01/01/2022	Time of Accident : 112						
	Place of Accident	JLN BAHAGIA INFRONT OF BLK 33.							
	Insurance Company	NTUC							
		TO AMEND OWNER	K NAME.						
		TO AMEND OWNER	R NAME.						
			20000						
		3. 3.9 (6.5)							
			YING						
	Policyholder / Driver' Date:	s Signature	Reporting Centre Perso Name; NRIC/FINNo.;	onnel's Signature					

Date:



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: 5118439101-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry 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.

: SLB1378B

: RU11113024

: 29 Jul 2021

: 28 Jul 2022

: WONG AH KUAN

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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.

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

EXCESS (SECTION 1)	; 5\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: 5\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	; NO.
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG AH KUAN
NAMED DRIVER (1)	: SEE JIN KUN (SHI JINKUN)
NAMED DRIVER (2)	: WONG YONG LI, IVAN
HIRE PURCHASE COMPANY	: TWINCAR LEASING 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

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 19 Jul 2021 11:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive