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.

- 4. The issue and acceptance of this is form by instrained 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 24/01/2022 15:35 (SGT) Date of Accident 22/01/2022 18:33 (SGT) Exact Location of Accident 460 Hougang Ave 10, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV3027H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN ZHI WEI EPHRAIM NRIC No. S9046427B Email Address ephraimczw@gmail.com Mobile Phone No (Phone) +65-91524746 Alternative Phone No +65-91524746

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 511936780-01 Cover Note Number

DRIVER

Name of Driver CHAN ZHI WEI EPHRAIM NRIC No. S9046427B

Date Of Birth 30/11/1990 Occupation Indoor Date Of Driving Pass 12/12/2014 Driving experience 7 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91524746 Alt. Phone Number +65-91524746 Email Address ephraimczw@gmail.com Address BLK 460 HOUGANG AVE 10 #09-988 Address complement Postcode 530460 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **NATASHA** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: G/20220123/2095. (REVERSING OF VEHICLE) ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJJ5529M

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QIU YUN
Contact Number	(Phone) +65-82330825
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

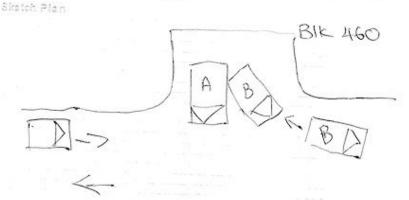
MEGRYANT NOTICE

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- 7. By the lodgement of this report to the insurers, you hereby consent to the erchaing of this report of the centre and to choice of the
- 8. Consent under the Personal Data Protection Act (PDPA)
- funderstand, acknowledge, agree and consent that:
- (a) My insured, My workshop and the Gageral insurance Association of Singapore (Guard, Paylare carrillad to color) us subjects and or processing personal detailers on a life metal and the foundation of the processing personal detailers on all information and the foundation of the process of the personal information of the foundation of the personal information of the personal in
- a modesting, handing and or desing with my claims including the soldenant of the profits and an increase any investigations relating to
- it) hvestigating the accident end/or my clares:
- (ii) carrying out and/or sealing with my instructions or responsing to any enquiries ψ_{ij} he.
- (iv) administering my claims (including the making of correspondence, statements in local reports or revides to ma, which could have be disclosure of certain personal cass about me to bring about delivery of the same us a six as on the external cover of envelopes and
- we complying with applicable law in administering processing harding and/or sealing with my claims (collectively the "Purposes")
- b) all insurers) who have insured volidis(s) involved in this accident and the insurers, law yers few inner, may are permitted to ansatz. use, displace and/or process my Parsonal information for one or move of the about Purposes; and
- c) the Personal Information may/can be disclosed by any of the insurers and/or GM to their third party service providers or agence including their lawyers flow firms), which may be shed outside of Singapore, for the of tipre of the above Purposes.



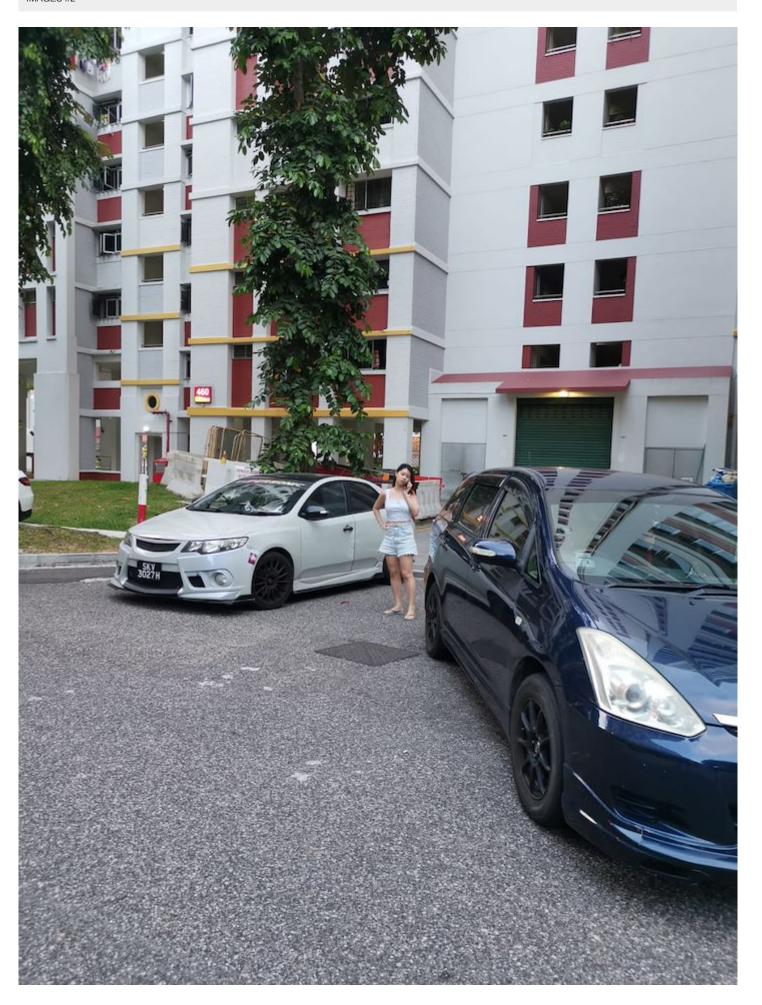
Policyholder's Signature / Dale &

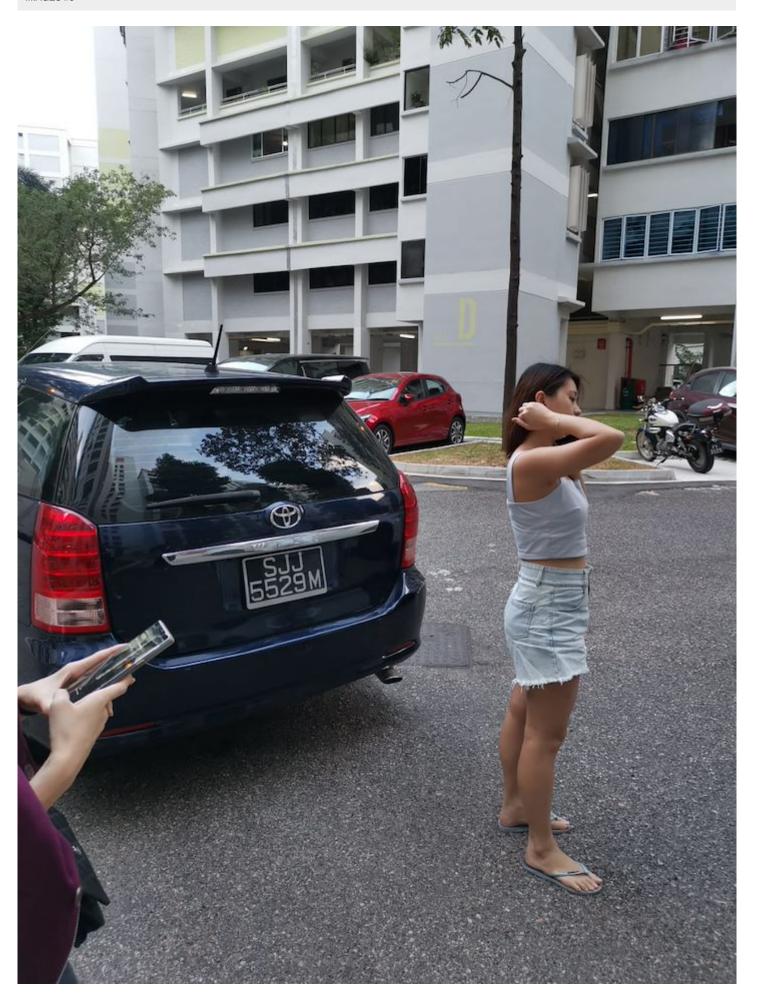
Driver's Signature (if driver is not the policy notice or Date & Time

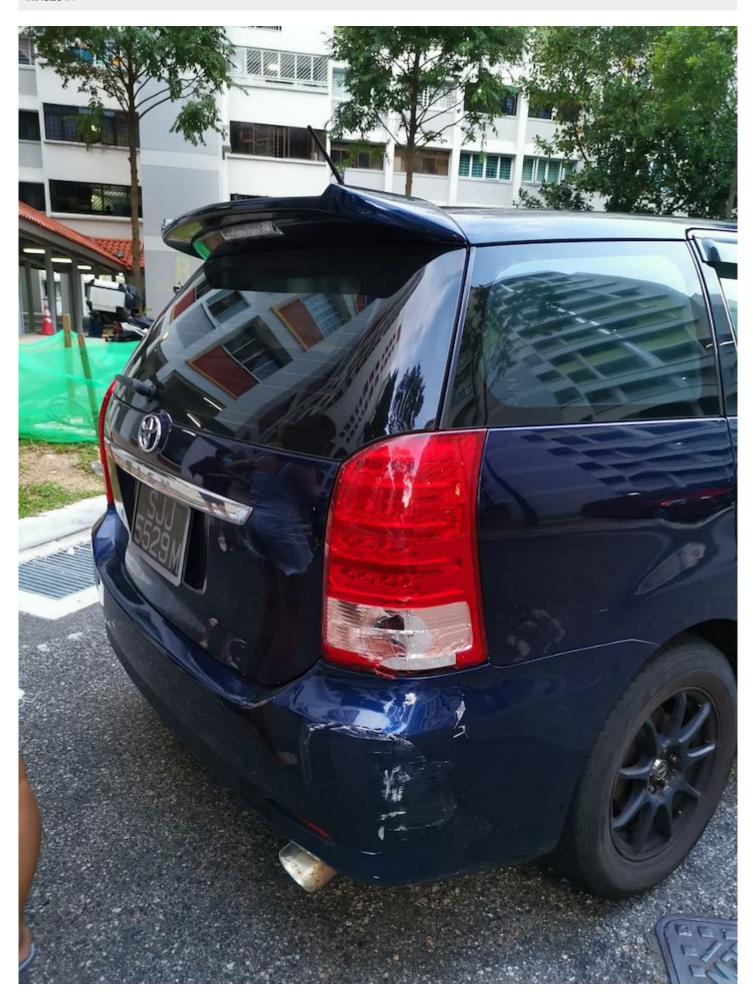


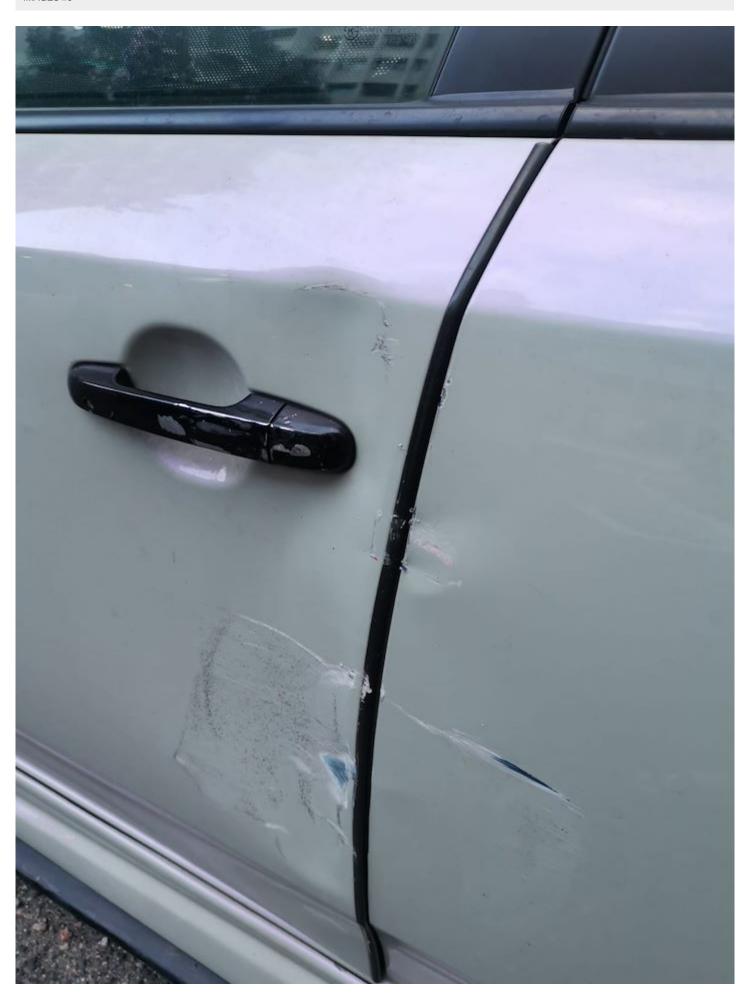
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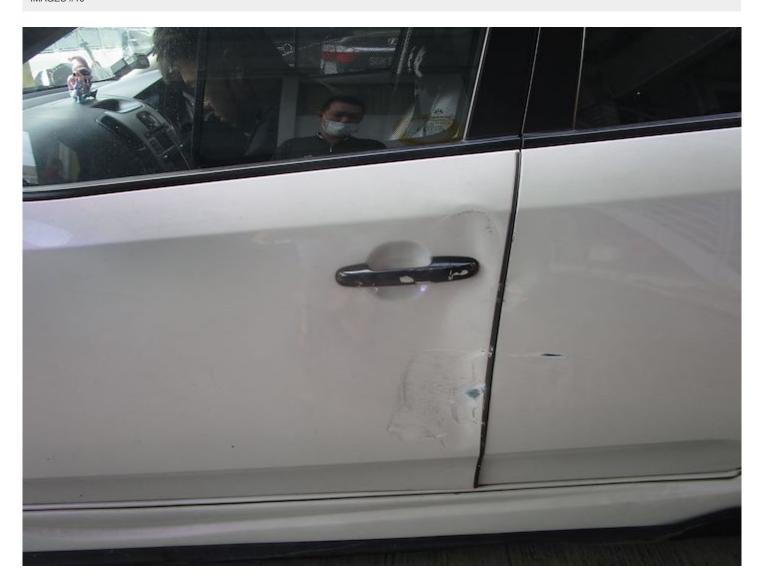




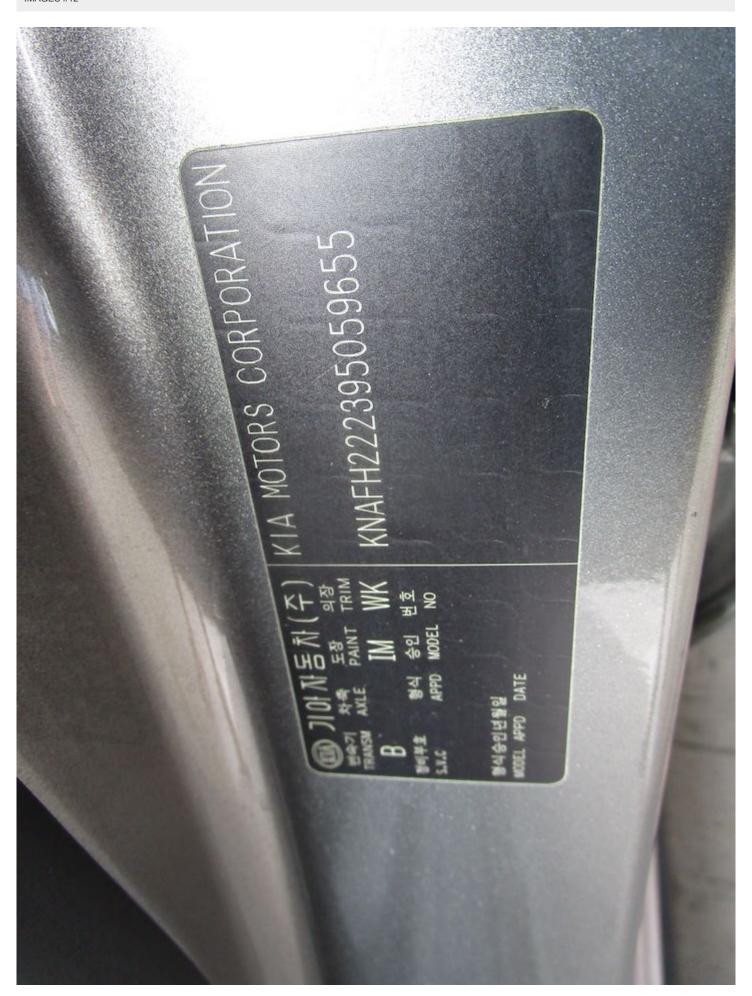
















Report No. G/20220123/2095

POLICE REPORT (NP299)

Police Station Of Origin Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Date/Time Report Made 23/01/2022 20:10	Vide Report No. F/20220122/0184			Station Diary No.
Name Of Informant CHAN ZHI WEI, EPHRAIM	Address APT BLK 460 HOUGANG AVENUE 10 #09-988 SINGAPORE 530460			
ID Type / ID No. NRIC NO / S9046427B	Contact No. Home/Office Mobile 9152474		Mobile 91524746	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
PRODUCT MANAGER	Male	31	30/11/1990	Chinese
Institution/School Name	Language			
Date/Time Of Incident 22/01/2022 18:35	Location Of Incident 460 HOUGANG AVENUE 10 UNNAMED SINGAPORE 530460			

Brief details.

On the 22nd of January 2022 at about 1833hrs, I was driving vehicle bearing plate number SKV3027H at the open carpark of Blk 460 Hougang Ave 10. As the traffic was congested, I reversed my vehicle into the opening near the central rubbish chute when suddenly another vehicle bearing plate number SJJ5529M also reversed her car and hit onto the left portion of my vehicle.

We alighted from our vehicles to assess our damages. My vehicle had dents on the left portion of the

G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2022 20:10
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Other ANG JASMINE Contact No.: 62447200	Classification Of Case:
Authentication Stamp State Post	







2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220123/2095

vehicle in between the passenger front and rear seats whereas the other vehicle had dents on its rear right bumper.

I wanted to settle the matter privately however the other driver was not willing to furnish her particulars aside from her mobile phone number hence I felt uncomfortable and called for police vide. F/20220122/0184.

I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

G / Sgt 3 SITI NUR SYAFIQAH
BINTE AZMAN

Signature Of Interpreter:
Not applicable

Date/Time:
23/01/2022 20:10

Officer In-Charge Of Case.
G / Bedok Police Divisional Investigation Branch
Other ANG JASMINE
Contact No: 62447200

Authentication Stamp



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: 5119367800-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle ; SKV3027H

Chassis Number : KNAFH222395059655

Name of Policyholder : CHAN ZHI WEI EPHRAIM
 Effective Date of Insurance : 29 Nov 2021

Expiry Date of Insurance 28 Nov 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.

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

EXCESS (SECTION 1) : S\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE YES NCD PROTECTION : NO ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO

EXCESS WAIVER : NO
PRIMARY DRIVER : CHAN ZHI WEI EPHRAIM

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE 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 : EE JUN KAI (00000637128)
Date of Issue : 15 Nov 2021 22:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive