

VEHICLE NO: SLF7601X		MAKE & MODEL: Honda Vezel		A/T/O / MANUAL	
DATE OF ACCIDENT		31 / 01 / 2023		1.5 P.M.	
TIME OF ACCIDENT		1600		AM / PM	
LOCATION OF ACCIDENT		Serangin Road towards Potong Pasir after Bengawan Road.			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		Juliana Chm Yit Mei (Juliana Zhu Yawei)			
EMAIL: CJuliana03@Yahoo.com		Office: -		MOBILE: 8180 1415	
NRIC		S8007529D			
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:		YES / NO			
INSURANCE CO.		NTMC			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		5122988877-01			
NAME OF DRIVER		AS ABOVE / IF NO:			
NRIC		S8007529D			
DATE OF BIRTH		14 / 03 / 1980			
ANY PASSENGER		YES / NO: -			
NAME OF PASSENGER		-			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		29 / 01 / 2004			
GENDER		Male / Female			
CONTACT NO.		Mobile: 8180 1415		Office:	
EMAIL:		CJuliana03@Yahoo.com			
ADDRESS		Blk 96 Whampoa Drive #11-276 S(32096)			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes: Reg No.		INSURER:	
RELATIONSHIP		Employee / If No: Owner			
WEATHER CONDITION		Clear / Raining / Other: Drizzling			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		No / If Yes: Who? Back Spain			
CONVEYED BY AMBULANCE		NO / If yes: Who?			
POLICE REPORT		NO / If yes: Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO IF YES: WHO?			
VEHICLE B NO.		YQ2920X		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			
Who is Reporting		Driver / Owner / Both			
Original Language Used		English / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO			

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

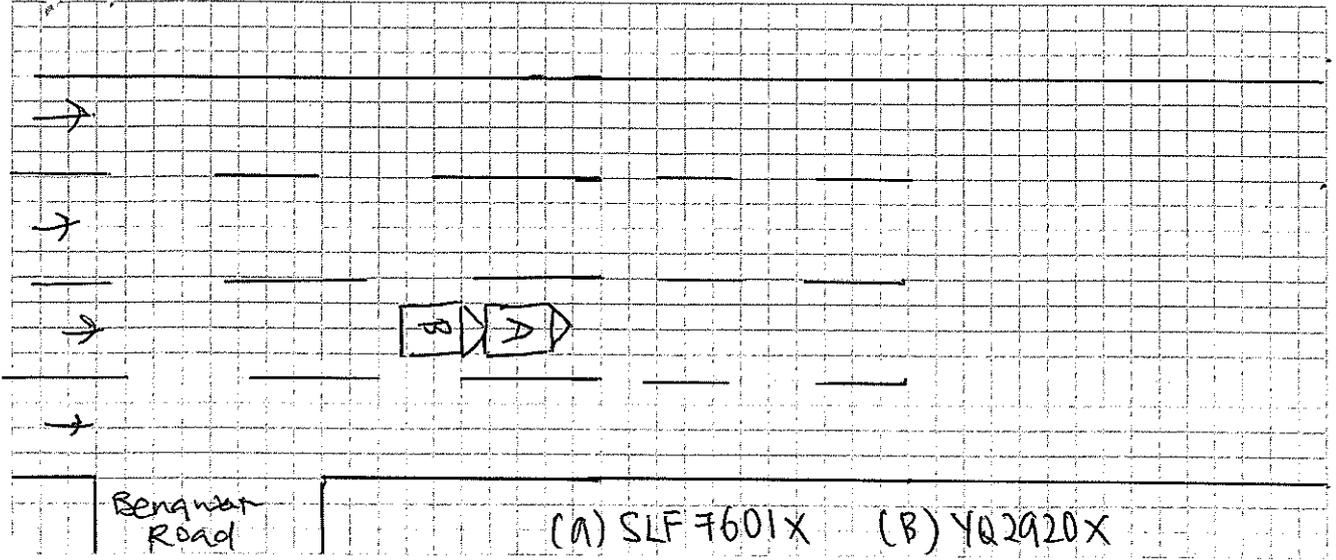
Name:

NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop ADVANCE Auto garage via email / fax
Signature: _____

SKETCH PLAN

Ser DINGOON Road towards Potong Pasir after Bengwan Road.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

attached TP report:
T/20230201/7010

[Handwritten signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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: 5122988877-01 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLF7601X
Chassis Number : RU31208683
2. Name of Policyholder : JULIANA CHU YIT MEI (JULIANA ZHU YUEWEI)
3. Effective Date of Insurance : 08 Sep 2022
4. Expiry Date of Insurance : 07 Sep 2023
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	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JULIANA CHU YIT MEI
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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 10 Aug 2022 11:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8007529D



Name

JULIANA CHU YIT MEI
(JULIANA ZHU YUEWEI)

朱月薇

Race

CHINESE

Date of birth

14-03-1980

Sex

F

Country of birth

SINGAPORE

S8007529D



4627227

NRIC No S8007529D



Date of issue

13-09-2010

APT BLK 96 WHAMPOA DRIVE #11-236
SINGAPORE 320096

NRIC No: S8007529D

Date: 13/04/2019

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8007529D**
Name:
JULIANA CHU YIT MEI
(JULIANA ZHU YUEWEI)

Birth Date: **14 Mar 1980**
Issue Date: **29 Jan 2004**

001099630G



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

	PASS DATE
Class 3, Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jan 2004

NP 428A

Licence No: S8007529D





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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF7601X	NTUC Income Insurance Co-Operative Limited	5122988877-01	08/09/2022	07/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JULIANA CHU YIT MEI		ID No.	S8007529D
Related Vehicle	SLF7601X (Car)		Contact No.	81801415
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/02/2023		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On 31/01/2023 at about 1600 hours at along Serangoon Road towards Potong Pasir after Beng Wan Road. I was travelling on the lane 2 at the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to the doctor and was given 03 days MC for my injury.

Vehicles involving in the situation:

- (A) SLF7601X
- (B) YQ2920X



**SINGAPORE
POLICE FORCE**



T/20230201/7010

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

3 of 3

Report No. T/20230201/7010

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:
01/02/2023 10:37

Classification Of Case: