ATIONAL Assessment Ceptive Services was no	N4:11	WIGH	(DOOD)		
Deserting 1 9400 9028 145 Heb description	The state of the s	-ite STime C	paristance	Done b) ·
Reline X/RAICMOROQUO4197/M SAS e-Illing	-		. '		to be a supposed proprietable to
Vali No: Stac 8999	C 2513)	'' 1'			-
D. D.A: 71.00 1002 19 1 1-Motor Claim For	ווו	. (7. 1	٠		- Y
- A I to Nictor Yill O (Winis	2: 0D 2n11, 27	11.71)			,
OD . (73) Repensing Only		119 17		1	
Assettment/Survey C					
TP Insurer Ass't Report by Fax	/ Hand to C	Owner/Whigh	-		
Pratoried Wksp/ INC Assign Wksp/ GW: (Tolt	***	Fax:	1
Penticulars: Yell Not SM STESY .	INC (Mon-Mek 16	() "	-	
Ov/ner / Driver: (Tel:			316 PERSONAL COUNTY COUNTY (1/2)
Pelley Ho: () Period: (-	over Type:	-		If y emoticipations a second
Confirmed by t (Da.				Lucia	•
Insured/Oriver Liability: (93) (Note-Bac Status (WO):	NO()	1 12 21 11 2	70. 7. 50	-2.5.00.15	17:10:441-0
1 C2: VI FULL AREA VIII	1,001 3		-		and the Statement or the Statement or the Statement or the Statement of th
Excess (5) Loading : \$1,000 () / \$2,000 (10.00		20 miles
reneral Remarks at Salation Salation (Salation Research	Paralle Code			A. Dort Garage	
() Walk-in Customer's information strictly Confiden	Aliei & Sun	MIX 110 13:01	Ci iopeni		
() Total Loss Cos: : to e-mail Insurer URGENTLY		and the state of t	enter Could and desire at 1)
Drive-In ()/ Towed-In (); Invoice: YES () / NO (wing Corl		Total Landson	THE PERSON AND THE
RAMAPERIA, AUNE BOURS BUTS SECO10 TO SERVE CO. STORES		Detections	Complete	no.Circles Don	504
1) Apply to: Transport Allowance () / Courtsey Car ()			-		CHIM WHAPINGTON
2) QC Check / Pest Repair Inspection ()			,		
3) Uplacd Resurvey Photo [Repair Cost > \$3000] ()		1			
A) Ahidan saasa ta tara handa ar a a a a a a a a a a a a a a a a a	-				
Injury:					
Injury:					
Injury:					
Injury:			1000	The state of the s	and the second s
Injury:					
Injury:	nvicei kir	answer Ch	A STATE OF THE STA		N Artili
MA2801172	ATL: Acelden	ning Voti Ch	0)(2, 4, 1	
NA2801172	ART Acelden	Ancismost ()	0)(10 10 10 10 10 10 10 10 10 10 10 10 10 1	
MA2801172	AR: Acelden DA: Demare) TF: Tewing	Asserted (3) Asserted (3) File This is Service	(69); 11	(C (354) 518/515 5112	
MA2801172 Jennice Particularies and State of St	ARTACESEA DA: Derrage Fritamins Fritaliam	Particle () Assessment ()	(00); 11	10 (355) \$107535 \$1172 \$110 \$100 \$200	
MA2801172 Interval Actions I	ART Action DA: Demage)'F1 Towing)'F1 Fellow-)'F1 Fillow-)'F1 Fillow-)'F1 Fillow-)'F1 Fillow- 'T1 Fillow- 'T1 Fillow- 'T1 Action	Parentle (3) Assessment (3) For Thomas Survey Comman Surve	0); (60); 31 (60); 31 (60); 51 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 60; 60; 60; 60; 60; 60; 60; 60; 60	\$(C (355) \$16/\$15 \$150 \$56	
MA2801172 Januaria Barticuliyas Andrews Comments Comment	AR Acellen DA: Berrare) IF I Towing) FT: Fellow) FT: Fellow) TR: Acelor) TR: Acelor) NI: Haso) NI:	Present (3 Assessment (3 Fre Through Servey Through Servey	0); (60); 31 (60); 31 (60); 51 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 61 (60); 60; 60; 60; 60; 60; 60; 60; 60; 60; 60	51(7545) 51(7545) 51(7545) 51(754) 51(754) 51(754) 51(754) 51(754)	
MA2801172 Imparies Banticulines Third No. Third No.	AR: Accident DA: Daming (PT: Fellow- PT: Fellow- PT: Fellow- PT: Fellow- PT: PRINGED (PT: FELLOW- PT: PRINGED (PT: FELLOW- PT: PRINGED (PT: FELLOW- PT: PT: PT: PT: PT: PT: PT: PT: PT: PT:	Paracista (S. Appearant (S. Appearant (S. Pris Pris (Pris 2 & S. Pris 2 Pris 2 & S. Pris	Earspey)	\$2 (\$\$6) \$1925 \$1925 \$500 \$2000 \$715	
MA2801172 Januaria Barticuliyas Andrews Comments Comment	ARI Accident DA: Demant DA: Demant PET FERON PET FERON PET FERON PET PRICO P	Paracista (S. Appearant (S. Ap	Earspey)	NC (354) 510/515 510/515 510/515 3110 3110 5510 5510	
MA2801172 Minaries Caracultuses Amaged Portion: Checked by (Engr-In-Chargo):	All Accident Date Description of the Control of the	Paracista (S. Appropriate (S.	Paramery Conscious	\$2 (354) \$10/515 \$1	
MA2801172 Internal Medical Action of the Ac	ARI Accident DA : Derrang DA : Derrang DE :	Paracista (S. Appendent (S. Appendent (S. Fig. Virtually S. 1999) Paracista (S. 1999)	Paramery Conscious	\$2 (\$\$6) \$1925 \$1925 \$500 \$2000 \$715	N A SP SIN
MA2801172 Images Particularly Images Portion: This is a series of the	All Accident Date Description of the Control of the	Paracista (S. Appeniera (S. Ap	Estatest Manager Land Land Land Land Land Land Land Land	\$2 (354) \$1925	

.



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 Actual 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

24/04/2023 14:51 (SGT) Both Policyholder and Actual Driver 21/04/2023 09:15 (SGT) AYE, Singapore TOWARDS KEPPEL ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKX8999J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No NG GEK KIAN, MONICA SXXXX446B sealink@singnet.com.sg (Phone) +65-96201165

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Private use

Honda

Vezel

No - Claiming third party

Private car Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Sompo Insurance Singapore Pte, Ltd. D22MTPV01014685

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NG GEK KIAN, MONICA SXXXX446B 14/03/1965 Indoor

Date Of Driving Pass 05/12/1984 Driving experience 38 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96201165 Alt. Phone Number Email Address sealink@singnet.com.sg Address 57 PAVILION PLACE Address complement Postcode 658393 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No. (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT J/20230421/7023 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMP5733Y

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TONY
Contact Number	(Phone) +65-98300045
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR4626G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	JASS
Contact Number	(Phone) +65-90055323
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	NG GEK KIAN, MONICA Female (Phone) +65-96201165
Address	.=
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX8999J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 Actual 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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' 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.

Lue = 11.45 gm

Policyholder's Signature / Date & Time

vJun2022

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

HYP TOWMUS FEET WHY.

A POSCA 9995

SWENT STANK STANK

0//1	0 0	01	0	-/		1
Ktth	2/0	Police	KUPORT	3/20	230471	7023
					/	
					/	
				/		
			/			
aration						
declare the forego	ing particulars	are true in every resp	ect.			
						will
					nece	Delect?



1 of 2

Report No. J/20230421/7023

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made	Vide Repo	Vide Report No.		Station Diary No.		
21/04/2023 13:00						
Name Of Informant	Address					
NG GEK KIAN, MONICA	57 PAVIL	57 PAVILION PLACE SINGAPORE 658393				
ID Type / ID No.	Contact N	0.				
NRIC NO / S1721446B	Home/Off	ice:	Mobile:			
			96201165			
Nationality	Email Add	dress				
SINGAPORE CITIZEN	SEALINK	@SINGNE	ET.COM.SG			
Occupation	Sex	Age	Date of Birth	Race		
SELF EMPLOYED	Female	58	14/03/1965	Chinese		
Institution/School Name	Language					
	English					
Date/Time Of Incident	The state of the s	Location Of Incident				
21/04/2023 09:05 - 21/04/2023 09:30	57 PAVIL	ION PLAC	CE SINGAPORE 6	558393		

Brief details.

I WAS TRAVELLING ALONG AYE TOWARD KEPPEL ROAD. I SLOWED DOWN AND STOPPED MY CAR WHEN I NOTICED THE FRONT VEHICLE CAME TO A COMPLETE HALT DUE TO HEAVY TRAFFIC. A VEHICLE SMP5733Y BEHINED ME DID NOT STOP ON TIME AND HIT THE BACK OF MY VEHICLE. THERE WAS ANOTHER VEHICLE SLR4626G HIT ON THE BACK OF SMP5733Y. THEREFORE, I FELT TWO IMPACTS AND A SHARP PAIN ON MY NECK DUE TO THE SUDDEN JERK. I HAVE CONSULTED A GP FOR IT. I AM MAKING THIS REPORT FOR FURTURE REFERENCE.

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: 21/04/2023 13:00		
Officer In-Charge Of Case:	Classification Of Case:		





Report No. J/20230421/7023

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Person Name	TONY	POPPER HISTORIES OF THE CORNEL SECTION	
Gender	Male	Race	Chinasa
Mobile No	98300045	reace	Chinese
Person Name	JASS		
Gender	Female	Race	Chinese
Mobile No	90055323	1 1000	Chinese
Victim			
Victim Person Name	NG GEK KIAN, MONICA		A THE STATE OF STATE
	NG GEK KIAN, MONICA NRIC NO	ID No	S1721446B
Person Name		ID No Age	S1721446B
Person Name ID Type	NRIC NO	Age	58
Person Name ID Type Gender	NRIC NO Female		58 English
Person Name ID Type Gender Race	NRIC NO Female Chinese	Age Language	58 English 57 PAVILION PLACE
Person Name ID Type Gender Race	NRIC NO Female Chinese	Age Language	58 English

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: 21/04/2023 13:00
Officer In-Charge Of Case:	Classification Of Case:

AGGIDENT STATEMENT

ACCIDENT DATE: (21, 1.04 '24) (DD/MM/YYYY), TIME: (69, 05) (HIN:MM)	
LOCATION: AYE TOWARD KEPPEL PORD	
a) VEHICLE NUMBERI SKX 8999 J	
BINSURANCE COMPANY, 30MPD CIPOLICY HUMBER: D 22 MTP VOLO 1 46 82	,
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)	
F)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTOR OYCLE. / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTOR OYCLE)	
PUBLICACIONAL DE LISING AT ACCIDENTIME!	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	i.
2. INSURED / POLICY HOLDER NO GEK KIAN (MALE GEMALE) 116	5
DINRIC/FIN/PASSPORT ST72146B CONTACT: 9628116 CIADDRESS: 17 PAY LION PLACE	
* CONTINUE TO S.d IF DRIVER ALSO POLICY HOLDER	
THO OF DISSON 1.32 DRIVER DE DELVE	
(Including driver) DINRIC/FIN/PASSPORTI CONTACTI	i.
a)ADDRESS!	
ODATE OF DIRTH: (14/63/65) (DD/MM/YYYY) ODOCUPATION: (INDOOR FOUTDOOR) 5 16 1984	ē
MONTE OF DRIVING PASS OF THE INSURED'S COMPANY? (YES YNO)	t
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: S. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS C. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)	
b) ROAD SURFACE! (DRY / WEI / OTHER)	1.
6, WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POUCE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION JURONIA DIVISION. 8. THIRD PARTY VEHICLE	:
8. THIRD PARTY VEHICLE SMP 5733 Y MODELL	
the of passinger of vehicle number: 5MP 57334 MODELL TONY C'Induding driver of NRIC/FIN/PASSPORT! CONTACT: 983000	15
() A VIDE BY DIV VEHICLE SIGNAL 3 L.S.	11
d) VEHICLE NUMBER!	23
(Induding dishver) 1) DRIVER'S NAME: 3839 CONTACTI: 90053	n (
/ \	
in a since to com.	55.
email: sealink@ singnet.iom.	
, VIDAD	

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No.

: D22MTPV01014685

Insured

: NG GEK KIAN

Motor Vehicle (Registration No.): SKX8999J

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 24 NOVEMBER 2022 00:00

Policy Expiry Date

: 23 NOVEMBER 2023 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess*

: \$1000 - Section I

Voluntary Excess*

: N.A

Windscreen Excess*

: S\$100.00 for each and every applicable claim.

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

The Insured.

2. Any other person who is driving on the Insured's order or with his permission.

3. In the event of the death of the Insured,

a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and

b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its negistration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

IWe HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Authorised Signatory

Date/Time of Issue: 30 AUGUST 2022 19:36

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle:

Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), it shall be unlawful for any person to use or cause to permit any other person to use a

Motor Vehicle without a valid policy of insurance under the Act;

On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the Insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);

This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name: 11L16709 & LIM GIM HUAT BERNARD CI Code: 22A JF0DSPQ2KBYDBKKA