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| DON 27/11/2014 09:00  |  | m7/09/2018   | 107/12/201  |
| OD (TP) Reporting Only  | 1-Motor Y/O (Whatton :   | 11, 17 (hrs)   | 16.00   |
| · · · · ·   | I-Plioto Uploaded  |  |   |
| TP Insuret:   | Assessment/Survey Report   |  |   |
|   | Ass'l Report by Fax / Hand   | 10 <u>Owner/Wksp</u>   |   |
| Proletted Wksp / INC Assign Wksp / OW: (  |  | Tol: F   | ax!   |
| TP Paralcularia Yeli No: SCT  | 16000 INC  | , )/ Non-INC( ) =  | t i   |
| Owner / Driver: ( Policy No: ( Peri   |  | Tel:   |   |
| Confirmed by : '(   | lod:( , · )  | Cover Type: (  | <u> </u>  |
|   | Dalei  | Timur  | )   |
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| emarks ( )/ Co Apply for Transport Allowance ( )/ Co  |  |  | (NE), (Done, by   |
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| Remarks (INRC DOLLINE: 6788 GOLF61)  Apply for Transport Allowance ( )/Co  QC Check/Post Repair Inspection  Upload Resurvey Photo (Repair Cost > \$30  Injury /  Ito/Tune: Action:  WATTO 7626  Invanian Barrioulines  ver/Owner:  Itaet No:  Inact No:  Inact No:  Inact No: | YES( )/NO( ); 1  Ourtesy Car( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )   | Reporting (330); INC (35)  Reporting (330); INC (35)  Assuming (3100); INC  | 130<br>130<br>130<br>131<br>130<br>131<br>130<br>131<br>130<br>131<br>130   |
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| (emarks   INC polline 6788 GGT61)  1) Apply for Transport Allowance ( ) / Co  2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo (Repair Cost > \$30  Injury :  | YES( )/ NO( ); T  OUTLESY Car( )'  ( )  ( )  OO] ( )  Invoice Fig.  Invoice Fig.  I) AR: Accident  2) DA: Damege  3) TF: Towing Fig.  Fig: Fallow-T  Description Control  Invoice Fig.  Invoice Fig. | DERSTON GRECKIST  REPORTS (330);  ALLEUMER (3100); INC (33);  ALLEUMER (3100);  ALLEUMER ( | 115<br>150<br>213<br>213<br>210   |

#### 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.
- 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 ability.
- 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.

- This report will be forwarded by the insurers of 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 ladgement 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.

| を   数の   20 mm   10 | ACCIDENT STATEMENT                         |
|---|--|
| Date Of Report  | 07/12/2017 13:35                           |
| Date Of Accident  | 07/12/2017 09:00                           |
| Exact Location Of Accident  | PIE TOWARDS CHANGI BEFORE LORNIE ROAD EXIT |
| Country/State of Loss   | SINGAPORE                                  |
| me tidale in the  | DETAILS OF OWN VEHICLE                     |
| Vehicle Registration Number   | SJD6824K                                   |

| THE STATE OF STATE OF THE STATE OF THE | DETAILS OF OWN VEHICLE  |
|--|-------------------------|
| Vehicle Registration Number            | SJD6824K                |
| Insured/Policyholder                   |                         |
| Name Of Registered Owner               | KOO LEE ENG             |
| NRIC No                                | S1287313A               |
| Email Address                          | HANCARREPAIRS@GMAIL.COM |
| Mobile Phone No                        | (LOCAL) +65-97255998    |
|  |                         |

OTHERS-97255998

Alternative Phone No.

| Manufacturer   | HONDA           |
|--|-----------------|
| Model  | CIVIC-1.8 L (A) |
| edital environmental control de la control d |                 |

| Exact Purpose for | which | vehicle | was | being | used | at | - |
|-------------------|-------|---------|-----|-------|------|----|---|
| time of accident  |       |         |     |       |      |    | 7 |

PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

## Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5077344510-01

Cover Note Number

#### Driver

 Name of Driver
 PO CHEE PING

 NRIC No
 \$1186612C

 Date Of Birth
 24/11/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 18/09/1982

Driving Experience 35 YEARS AND 2 MONTHS

Gender MAL

Mobile Number (LOCAL) +65-97255998

Fax Number

Contact Number OTHERS-97255998

EMail Address HANCARREPAIRS@GMAIL.COM

Address

BLK 244 BUKIT BATOK EAST AVENUE 5

#05-08

Postcode

650244

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

\*

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

....

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLT6008S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

DAVID

NRIC/Passport Number

Contact Number

81112310

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

Phone Number

Email Address

## SKETCH PLAN

VEHICLE NO: STD 6824/K DOA: 07/12/2017

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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.
- 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.
- 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' 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 Purposes.

| PLEASE NOTE YOUR INS<br>DAMAGE CLAIM UNDER | YOUR OWN POLICY.  | u to submit an own  or lix/2017                   |
|--|---|---|
| Policyholder's Signature / Date &<br>Time  | Driver's Signature (If driver is not the policyholder) / Date<br>& Time | Witnessed by Reporting <u>Centre</u><br>Personnel |
| Sketch Blan                                |   |   |

Sketch Plan

B STD 6824K

B SL7 60085

PIE(Changi)

Before
Lornie
Road
Exif:

4 14 1 1 1 1

| cyholder's Signature / Date &       | Driver's Signature (if driver is not the policyholder) / Date<br>& Time | Witnessed by Reporting Centre |
|-------------------------------------|---|-------------------------------|
|                                     | Jelucy -  | per ortertro                  |
| e declare the foregoing particulars | s are true in every respect.  |                               |
| daration                            |   |                               |
|                                     |   |                               |
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| The vehicles in                     | front of me stopped so I follow   | ed and some to a              |
| at about o'Viz/17.                  |   |                               |
|                                     | along PIE towards anangi (Before  |                               |

) THIRD PARTY CLAIM

( ) REPORTING ONLY

( ) OWN DAMAGE

#### Claim Handling Accident MT/0972728 Policy No. 5077344518-01 Vehicle No. 5JD6624K GST Registration No. Policyholder Name KOO LEE ENG Policyheider NAIC Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSEC Loading Contact No.(Mobile) 97255998 Contact No. (Office) Contact No.(Home) Email Address Special Remark eCode WEW Nu Yes 5 No Yes eCode Asson **NCD Protection** NCD Entitlement/%3 Accident Details Report Date 07/12/2017 13:59 Accident Report Within 24 hrs Accident Type Date of Accident 07/12/2017 Time of Accident hit Imm Country of Accident Singaporii Reporting Centre Orange Force ICM No. Accident Location PIE TOWARDS CHANGI BEFORE LORNIE ROAD EXIT □ Benefits T. Excess Own damage Excess Additional Excess 0.00 Windschien Faress Unnamed Driver Excess 0.00 Outside Singapore OD Excess 600.00 Third Party Excess 0:00 Outside Singapore TP Excess 0.00 GST Registered Information GST Registered No GST Registration Date GST Registration No. GST Status Venfied Yes Modification History Policyholder Mailing Address Address 1 BLK 244 605-06 Address 2 BUKIT BATOK EAST AVENUE 5 Address 3 Address 4 Address Type Singapore address Post Code timit No. Related Policy Number 5077344510-01 OI Driver Info Driver Name PO CHEE PING Driver Type Main Driver Unnamed driver Name Driver NRIC %1186612C Driver DOS Register Date of Driver License 18709/1982 Driver Age 51. Oriving Experience Contact No. (Mobile) 97255998 Contact No.(Office) Contact No.(Home) Address I Address 2 Address 3 Address 4 Address Type Foreign address Post Code Unit No. Does he own a Singapore Registered car? Yes St No. Driver Vehicle No. 51068248 Oniver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? Yes @ No Modification History Claim 001 New Claim Type \* оо-их KOO LEE ENG Insured Name Insured NRIC Contact No. (Mobile) 91291178 Contact No. (Home) 65600359 Contact No.(Office) Email Address JENNY\_KOD@MPA.GOV.SG OI Vehicle Number 53D6824K TP Vehicle Number Claim Description SJD6824K / SLT6008S ON 7 Dec 2017 Name of Preferred Workshop Preferred Workshop Contact Impured Liability . Nor at Fault Require Finalisation Preferred Workshop, Name unknown Preferered Repair Option Date Registered 97/12/2017 14:05 Claim Cluse Date Date Received Report Taken By ROSLI WAHAB Print AK letter Save Submit Attachment Accident No. MT/0972728 Claim No. Last Doc: Received Yes | No 07/12/2017 14:08 Upload Date Peth \* Category \* Confidentia) Urgency Browse ... | Oear Please Select

|            | Uploaded By/Date                   | Folder Date   | file               | Name        |               | 8       |       | Sau        |
|------------|------------------------------------|---|--------------------|-------------|---------------|---------|-------|------------|
| /ideo List | (DILCONVENESS)                     | 20016   |                    |             |               |         |       |            |
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|            |                                    |   | Browse             | Glear       | Please Select |         |       | Norm       |
|            |                                    |   | Browse             | Clear       | Please Select |         | B) .  | Norm       |

Personal Particulars Date of Accident: 07/12/2017(dd/mm/yy) Time of Accident: 09: HOUDA Vehicle No.: STD 6824K Vehicle Make / Model: Joyota Cric C1.8LA) 1 Dinver Exact location of Accident: FIE Towards Changi Before o paninger Lornie Road Ex Owner's Name / ICNo.: Koo Lee Eng Driver's Name / IC No: Po Chee Ping @ Chee Ping 151186.6120 Driver's Contact No. : 9.7525998 . Insurance Company & Policy No. : NT4 C In come Driver's B-mail address: han carrepairs Ogniail. com Relationship between Owner & Driver: Spouse! Children / Priend/ Parents / Others specify: Use and Husband. What do you wish to claim? (Please circle one only) (1)Own Insurance/(2)Other Vehicle (The one you want to claim against)/(3)Reporting (For Record Purpose) Eract purpose for which the vehicle was being used at time of accident? (Please circle one only) Private use/ Work purpose Weather condition & Road conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet Occupation Indoor / Outdoor Any Injuries? (MC of 3 days or more, police report is required) If Yes, which police station? \_\_\_ The Other Party (Vehicle B) Details:

Driver's Name / IC No.: Dance Vehicle No.: 52 T 600 & S

Insurance Company: Driver's Contact No: 81112310

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved:

Independent Witness (If Any): Contact No:

Preferred workshop Name (If Any): Contact No:

"The proper documents are produced, IDAC should not file the report Information will be discarded after one week.



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1186612C





Name

PO CHEE PING @POK CHEE PING

上志平

CHINESE

Date of lates 5 8

Country of birth SINGAPORE STREETO

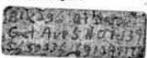
# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

lass 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

18 Sep 1982





NRC No. S11866120

Delst of James

01-09-2003 \_ \_

APT BLK 244 BUKIT BATOK EAST AVENUE 5 #05-08 SINGAPORE 650244

NBIC No: \$1186612C

Date: 02/06/2009

No: 6215206

3396435



## Certificate of Insurance

| MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION   | VI ACT (CHADTER 190) |
|--|----------------------|
| MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION   | N) RUIES 1960        |
| ROAD TRANSPORT ACT, 1987 (MALAYSIA)                  | */ NOLES, 1900       |
| MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALA) | (EIA)                |

| Certificate | Number: | 5077344510-01 |  |
|-------------|---------|---------------|--|
|-------------|---------|---------------|--|

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJD6824K

Chassis Number

2. Name of Policyholder

: JHMFD163085214846

: KOO LEE ENG

3. Effective Date of Insurance

: 31 Mar 2017

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

: 30 Mar 2018

(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.

EXCESS (SECTION 1) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF : NO

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: YES (FREE)

NCD PROTECTION TRANSPORT ALLOWANCE

: NO : NO

EXCESS WAIVER

PRIMARY DRIVER

: PO CHEE PING

NAMED DRIVER (1)

: NONIS LIONEL LAWRENCE

NAMED DRIVER (2)

: PO MUN YING

HIRE PURCHASE COMPANY

: 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)

Agency

: NGEOW SIONG WEI (00000457873)

Date of Issue

: 27 Feb 2017 13:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive**