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## 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 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.

- 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.

storesaid.	
HEALTH WHILE THE STREET	ACCIDENT STATEMENT
Date Of Report	08/02/2018 11:18
Date Of Accident	07/02/2018 17:20
Exact Location Of Accident	IRWELL BANK ROAD TOWARDS RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA5685S
Insured/Policyholder	
Name Of Registered Owner	PATRICIA SOKE YIN LOH
NRIC No	S2011719B
Email Address	TUNNELITE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96602348
Alternative Phone No	OTHERS-96602348
Vehicle Particulars	
Manufacturer	TOYOTA
Model	RAV4-2.4 (A)
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
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	5063030067-04
Cover Note Number	
Driver	
Name of Driver	PATRICIA SOKE YIN LOH
NRIC No	S2011719B

 NRIC No
 \$2011719B

 Date Of Birth
 03/01/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 06/10/1982

Driving Experience 35 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96602348

Fax Number

Contact Number OTHERS-96602348

EMail Address TUNNELITE@GMAIL.COM

40 LLOYD ROAD Address

#06-48

239107 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR

Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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 SKA5678B

ERCEDES BENZ Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

HO HOCK CHENG Name of Driver

S0418565Z NRIC/Passport Number 96468923 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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
- 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,
- 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:

02

Driver's Signature (If driver is not the policyholder)

Date & Time:

Beporting Centre Personnell's Signature
Name:
NRIC/FIN No. FORM

4 LASS FILTER FR GRANGE SKETCH PLAN A) SJA 5685S B) SKA 5678B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 120AD -HOLAGAN TANGLIN WAS COMING SELDND LOOK ER 601006 M05 ara

# DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 08 02 18 10:55 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:
NRIC/FIN No.:

NEIC/FIN No.:

NRIC/FIN No .:

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#### Claim Handling Accident MT/0981544 Policy No. Vehicle No. 53A56B55 5063030067-04 GST Registration No. Policyholder Name PATRICIA SOKE YIN LOH Policyholder NRIC Loading Product Code PRIVATE CAR INSURANCE Cover Type grivo CLASSIC Contact No. (Mobile) 96602348 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KPK No Yes TCA © No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire Accident Details 08/92/2018 14:11 Accident Report Within 24 hrs Accident Type Side Swipe Report Date Date of Accident 07/03/2018 Time of Accident hhomm Country of Accident Singapore Reporting Centre ICM No. Orange Force Accident Location IRWELL BANK ROAD TOWARDS RIVER VALLEY ROAD □ Benefits Sum Insured Excess Waiver 99999999.99 Transport Allowance 9999999999 ⊕ £xcess Own damage Excess 0.00 Additional Excess 0.00 Windscreen Excess Unnamed Driver Excess 0.00 Outside Singapore OD Excess 0.110 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 GST Registered Information **GST Registered GST Registration Date** No GST Registration No. GST Status Venhed Modification History Pelicyholder Mailing Address Address 1 CACIN CYCLL OR Address 2 #06-48 LLOYD COURT Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 5063030067-04 OI Driver Info PATRICIA SOKE YIN LOH Main Driver Driver Type Unnamed driver Name Driver NRIC 520117156 Driver DOB Register Data of Driver License 05/10/1982 Driver Age Driving Experience Contact No. (Mobile): Contact No.(Office) Contact No.(Home) Address 1 40 LLOYD ROAD Address 2 PS6-48 LLCYD COURT Address 3 Address 4 Address Type Singapore address Post Code Unit No. 06-48 Yes Till No. Driver Vehicle No. SIASGUSS Driver Insurer Company Declaration Breathalyser or Blood Test O mm Any injury? Yes @ No. Modification History Claim 001 New Claim Type \* OD-MX Insured Name PATRICIA SOKE YIN LOH Insured MRIC Contact No.(Moone) 96602348 Contact No.(Home) 62782220 Contact No. (Office) Email Address OI Vehicle Number SJA56855 TP Vehicle Number Claim Description 51A56855 / SKA56788 ON 7 Feb 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability + not at Fault Require Finalisation Preferenced Repair Option Preferred Workshop, Name unknown GIA report Date Registered 08/02/2018 14:14 Claim Close Date Date Received Report Taken By ROSLI WAHAB Print AK letter Save Submit Attachment Accident No. MT/0981544 Claim No.

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5, 6,	OCCUPATION (INDOOR) OUTDO I) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DROWEATHER CONDITION (CLEAR) R b) ROAD SURFACE: (DRY) WET OF WAS ANYBODY INJURED (YES / NO)	OR) KET 1982 IE INSURED'S COMPANIVER WITH INSUREDIL AINING / OTHERS	Y7 (YES /NO)
4, 5,	B) OCCUPATION (INDOOR) OUTDO I) DATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE DR IF NO, RELATIONSHIP OF THE DR O) WEATHER CONDITION (CLEAR) R b) ROAD SURFACE: (DRY) WET OF WAS ANYBODY INJURED (YES /NO)	OR) KET 1982  IE INSURED'S COMPAN  IVER WITH INSURED I  AINING / OTHERS  [ERS.	Y7 (YES /(NO))
5, 6,	OCCUPATION (INDOOR) OUTDO I) DATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE DR IF NO, RELATIONSHIP OF THE DR O) WEATHER CONDITION (CLEAR) R b) ROAD SURFACE (DRY) WET OH WAS ANYBODY INJURED (YES /NO) O) REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE	OR) KET 1982  IE INSURED'S COMPAN  IVER WITH INSURED I.  AINING / OTHERS.  E STATION:	
4, 5, 6, 7,	OCCUPATION INDOOR OUTDO IDATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE DR IF NO, RELATIONSHIP OF THE DR OWEATHER CONDITION (CLEAR R BIROAD SURFACE: (DRY ) WET / OH WAS ANYBODY INJURED (YES / NO) OREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUC THIRD PARTY VEHICLE OF VEHICLE NUMBER: SIGN A 5	OR) KET 1982  IE INSURED'S COMPANIVER WITH INSURED LAINING / OTHERS  ESTATION:  678 6 MODEL: N	
4, 5, 6, 7, 8, 4 No of passing ar	OCCUPATION TINDOOR OUTDO  IDATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE DR  IF NO, RELATIONSHIP OF THE DR  O) WEATHER CONDITION (CLEAR / R  b) ROAD SURFACE: (DRY / WET / OH  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SKA 5	OR) KEY 1982 IE INSURED'S COMPANIVER WITH INSURED LAINING / OTHERS IERS MODEL! N	ERCEDES.
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4, 5, 6, 7, 8, 4 No of passing ar	PASS  WAS DRIVER AN EMPLOYEE OF THE DR  IF NO, RELATIONSHIP OF THE DR  O) WEATHER CONDITIONS (CLEAR) R  b) ROAD SURFACE: (DRY) WET / OH  WAS ANYBODY INJURED (YES / HO)  O) REPORTED TO POLICE (YES / HO)  IF YES, PLEASE STATE WHICH POUC  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SKA 5  b) DRIVER'S NAME: HO HOC  THIRD PARTY VEHICLE	OR) KET 1982  IE INSURED'S COMPAN  IVER WITH INSURED I.  AINING / OTHERS  IERS  E STATION:  678 B MODEL: N  CONTACT	ERCEDES.
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4, 5, 6, 7. 4 No of passing ar (Induding driver) (A) 9.	DATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE DRIVING PASS  IF NO, RELATIONSHIP OF THE DRIVING (CLEAR) R  BIRDAD SURFACE: (DRY) WET OF THE DRIVING (YES /NO)  OREPORTED TO POLICE (YES /NO)  IF YES, PLEASE STATE WHICH POUC  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SKA 5  DRIVER'S NAME: HO HOC THIRD, P'ARTY VEHICLE  d) VEHICLE NUMBER: SO 1.8  THIRD, P'ARTY VEHICLE  d) VEHICLE NUMBER: SO 1.8  THIRD, P'ARTY VEHICLE  d) VEHICLE NUMBER: SO 1.8  THIRD, P'ARTY VEHICLE  d) VEHICLE NUMBER: SI 1.8  THIRD, P'ARTY VEHICLE  d) VEHICLE NUMBER: SI 1.8  THIRD, P'ARTY VEHICLE  d) DRIVER'S NAME: SI 1.8  THIRD, P'ARTY VEHICLE  DRIVER'S NAME: SI 1.8  THIRD P'ARTY VEHICLE  TH	OR) KET 1982  IE INSURED'S COMPAN  IVER WITH INSURED I.  AINING / OTHERS  IERS  E STATION:  678 B MODEL: N  CONTACT	BECEDES 96468923
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email: tunnelite @ gmail: com

fax =

V1080

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2011719B





None

PATRICIA SOKE YIN LOH

羅淑然

Hape CHINESE Date of both Sea 03-01-1954 F

Country of times UNITED KINGDOM

3616490



MIC No. S2011719B

24-09-2004

Address 40 LLOYD ROAD #06-48 SINGAPORE 239107

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 2 0 1 1 7 1 9 B

Name:

LOH SOKE YIN PATRICIA

Birth Date: 03 Jan 1954

Issue Date: 28 Aug 2003



# 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

06 Oct 1982



NP 428A



### 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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5063030067-04 Cover : drivo CLASSIC

: SJA5685S 1. Index mark and Registration Number of Vehicle Chassis Number : ACA365008148

2. Name of Policyholder : PATRICIA SOKE YIN LOH

3. Effective Date of Insurance : 13 Dec 2017 : 12 Dec 2018 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.

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) N/A EXCESS (SECTION 2) N/A : 55100 WINDSCREEN EXCESS 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) TRANSPORT ALLOWANCE : YES **FXCESS WAIVER** : YES

: PATRICIA SOKE YIN LOH PRIMARY DRIVER NAMED DRIVER (1) : TANG SHEUNG CHING

NAMED DRIVER (2)

HIRE PURCHASE COMPANY : INDEX CREDIT PTE LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: INDEX AGENCY PTE LTD (00000572017) Date of Issue

29 Nov 2017 16:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive