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Veh No: SKT 9661 Y	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 17/18-18:05	i-Motor Claim Form	MT 0982733	19/2/18	27:40
OD / TP Reporting Only	I-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
ob . It's reporting only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		1.007/41	ax:	
TP Particulars: Veh No: (L	. INC (	)/Non-INC()	10	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	).	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	19
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
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( ) Walk-In Customer: Customer's in	nformation strictly Confidential & S	rictly NO refer of repairer.	1.2.2.2.2.2	
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deposit you

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed</u> by the Policyholder and/or the Authorised <u>Driver</u>.
  3. Information provided must be as <u>truthful</u> and <u>accurate</u> 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.	ACCIDENT STATEMENT
Date Of Report	19/02/2018 12:27
Date Of Accident	17/02/2018 18:05
Exact Location Of Accident	JUNC AMK AVE 3 & AMK CENTRAL 1
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT9661Y
Insured/Policyholder	
Name Of Registered Owner	POH CHEE SHIN
NRIC No	S1830771E
	NOEMAIL
Email Address	(LOCAL) +65-97366847
Mobile Phone No	OFFICE-97366847
Alternative Phone No Vehicle Particulars	OFFICE-97300047
70 700-805- 612-612-61	HONDA
Manufacturer	VEZEL 1.5X AUTO
Model	
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	5084168468-01
Cover Note Number	
Driver	
Name of Driver	POH CHEE SHIN
NRIC No	S1830771E
Date Of Birth	21/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1987
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97366847
Fax Number	
Contact Number	OFFICE-97366847
EMail Address	NOEMAIL
Elvidii Addiess	

General Information of the Accident Type Of Accident COLLISION - HEAD TO REAR CLEAR Weather Conditions Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 5 Number of Passengers (Including Driver) Passenger 1 NAME: GENDER: : MALE Passenger 2 NAME: GENDER: : FEMALE Passenger 3 NAME: Ç ... GENDER: : FEMALE Passenger 4 NAME: GENDER: : FEMALE **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

	DETAILS OF OTHER VEHICLE PROPERTY I				
Vehicle Registration Number	SLC8298Y				
Vehicle Make/Model/Colour	TOYOTA ESTIMA				
Details Of Properties					
Vehicle Category	PRIVATE CAR				

TAILS OF OTHER VEHICLE PRODERTY 1

NO

Was there any audio recorded?

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KOON CHING YEH SONNY

S6931184I

96710411

2

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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)
  - (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 Personn

Name:

NRIC/FIN No .:

SKETCH PLAN	E 1		
-3KT 96614	3	4	
-SLC 82987	个自	HDB 7008/	
D)	AVLS Angmer 16:0	AMIZ	
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anothe co	1 behind 1	Jumber place SLC 829841.	TYDE
Estina.			
		314	
DECLARATION  I/We declare the foregoing a			

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.:

# ACCIDENT STATEMENT

		7.0	ACCIDENT	• • • • • • • • • • • • • • • • • • • •	1000000		A STATE OF THE STA	
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		DETAILS OF VEHICLE  DIVERIGLE NUMBER		1661 Y	m):/L			000
		b)INSURANCE COM	1	income	insintance	lo-operat	ve Limited	<
	c	DIPOLICY NUMBER:	F D 1 6-C	11-00				2
		C)POLICY NUMBER:_ D)POLICY TYPE: (CO	MPREHENSIVE /	THIRD PART	Y/THIRD PART	Y FIRE &THEFT	-drivo cla	55.0
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		) VEHICLE CATEGO	RY: (PRIVATE / CO	OMMERCIA	L/MOTORCYC	CLE)	Latine	
		g) VEHICLE CATEGO 1) PURPOSE OF USING	G AT ACCIDENT	TIME: Chin	ese der Year	thering re	CONT.	
		LARE YOU CLAIMING	GUNDER TOUR	DAALA IIADOK	WINCE LIFERING	,		
		IF NO, PLEASE STAT	E (THIRD PARTY C	CLAIM / REP	ORTING ONLY)	C.	10 201	
:	2. 1	NSURED / POLICY H	OLDER					
		NAME: Poh a	chee Shin.			9736684	7	
	1	NRIC/FIN/PASSPO	RT: 5/85077	A P F	_CONTACT: #11-451	-1750801	A Ho of	
	(	ADDRESS: BIK 3	1 530201 )	MUE 5	411-471		pascenger	
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3		NAME: Poh C	hee Shin		(MALE	(FEMALE)		
	ŀ	)NRIC/EIN/PASSPOI	RT: 5/830771	- F	CONTACT:	9736684	L	
		ADDRESS: BIK 3	oz Hongang 1	BVE 5 "	11-451.			
		Syste	3to 15363				•0	
		d)DATE OF BIRTH: (_	21 109 196	] (DD/M	M/YYYY)			
	6	OCCUPATION: (IN	DOOR / OUTDO	OR)	11001195	27)	(B)	
	f	YEARS OF DRIVING	EXPRERIENCE:	31 Year	S'C COMPANY	OFE (NO)	82 8	6
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5	. o	ROAD SURFACE: ([	DRY / WEST OTH	ers				
6		AS ANYBODY INJUI	RED (100)	/		5	**************************************	
7	. a	REPORTED TO POL	ICE (YES / NO)		12			2
455	38 30	IF YES, PLEASE STATE	E WHICH POLICE	STATION:_			<u>2</u> 8	
. 8.	T	IRD PARTY VEHICLE	01. 600	ac t	*Ta	Vara Estin	* Ho of pass	<b>a</b>
	(	) VEHICLE NUMBER	R: 5LC 82	18	MODEL: 70	10:10	50000	
	1	DRIVER'S NAME	KOON CHING	(EM)		96710411	· Claduding a	b
		NRIC/EIN/PASSPO	ORT: 3093/1	041	_CONTACT:	16 11011	(Z)	
9.		IRD PARTY VEHICLE			MODEL:	4		
		VEHICLE NUMBER			_MODEL		* Ho of pas	Si
		DRIVER'S NAME:			CONTACT:		(Induding	d
4.1	f	NRIC/FIN/PASSPO	JK1				. ( )	
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					(A)	i	**	
		W	e e	*				

email = beloglen a yahoo. com. sg.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1830771E





POH CHEE SHIN

CHINESE 21-09-1967

SINGAPORE



5487005



HMG No. S1830771E

03-06-2015

APT BLK 302 HOUGANG AVENUE 5 #11-451 SINGAPORE 530302

NRIC No: \$1830771E

Date: 26/05/2016

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

Class 4

Motorcycles =< 200 cc
Motor Cars =< 3000kg with =<7 passengers, exclusive 19 Aug 1987
of the driver; and other motor vehicles =< 2500kg
'Motor vehicles which are constructed to carry
'Motor vehicles which are constructed to carry
load or passengers and the unladen weight > 2500kg

Licence No:S1830771E

NF 428A

<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601		O CONTRACTOR	Contract Con			Change Lan	guage	Change Passwo	ord Dog Out
My Desktop Notice of Loss	Policy 1	cy Query				Date of Acc	ident	17/02	/2018 18 05	9
		No.(For Motor)	SKT9661Y				ATALL			
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084168468- 01	POH CHEE SHIN	S1830771E	GPC	drivo CLASSIC	SKT9661Y	SKT9661Y	26/12/2017	25/12/2018
					- 1	Continue				

		with the second second		Delieubelder	
Policy No.	5084168468-01	Policyholder Name	POH CHEE SHIN	Policyholder NRIC	S1830771E
Address	BLK 302 #11-451 HOUGANG AV	ENUE 5 SING	APORE 530302		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/12/2017	Effective Date	26/12/2017 00:00	Expiry Date	25/12/2018 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 302 #11-451	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530302
Address 4		Address Type	Singapore address	Post Code	530302
Unit No.	11-451	Related Policy Number	5084168468-01		
D Insure	d Object: SKT9661Y				
▶ Insure ♥ Endors	TOTAL CONTROL OF THE PARTY OF T				

aim Handling					
cident MT/0982733			elemants.	GST Registration No.	
licy No.	5084168458-01	Vehicle No.	SKT9061Y		\$1830771E
licyholder Name	POH CHEE SHIN		0.000 0.000 0.000	Policyholder NR3C	0
aduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading Contact No.(Home)	0
nsact Ne. (Mobile)	97366847	Contact No.(Office)	0	eCode	E-Z
nati Address	040.0400	Special Remark TCA	® No ⊜Yes	eCode Reason	Tana 2
K	® No ⊜Yes	NCD Entitlement(%)	50	Private Hire	No
D Protection	No	NCD entitlement my			
Accident Details	0.0000000000000000000000000000000000000	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
port Date	19/02/2018 23:38			Country of Accident	Singapore .
e of Accident	17/02/2018	Time of Accident hh:mm	18:05	ICM No.	20 debate
porting Centre		Grange Force		ten wa	
ident Location	JUNC AMK AVE 3 & AMK CENTRAL 1				
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verage			99999999,99		
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n damage Excess	0.00	Additional Excess	0.00	The state of the s	
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nd Party Excess	0.00	Outside Singapore TP Excess	5.44		
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T Registered	No		GST Status Venfied	Yes	
Registration No.			and the state of t		
sification History					
Policyholder Mailing A	ddress				
dress 1	BLK 302 #11-451	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530302
dress 4		Address Type	Singapore address	Post Code	530302
it No.	11-451	Related Policy Number	5084168468-01		
OI Driver Info	130.000				
ver Name	POH CHEE SHIN	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$1830771E	Driver DDB	21/09/1967
gister Date of Driver Licens	e 19/08/198?	Driver Age:	50	Driving Experience	30
ntact No.(Mobile)	97366847	Contact No. (Office)	0	Contact No.(Home)	0
dress I	BUK 302	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530302
dress 4		Address Type	Singapore address	Post Code	530302
or No.	11-451				
ses he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	C) TES GETTE	Since Parallel			
claration					
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
rading?	0.00	00000000	5 4.5ax		
dification History					
and the same					
Claim 001 New					
im Type *	QD-MX	Insured Name	POH CHEE SHIN	Insured NRIC	\$1830771E
intact No.(Mobile)	97366547	Contact No.(Home)	63529338	Contact No.(Office)	
nail Address	beinglen@yahoo.com.ig	Ol Vehicle Number	SKT9661Y	TP Vehicle Number	SLC8298Y
im Description	SKT9861Y / SLC8298Y ON 17 Feb 2018			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability +	Not at Fault		
ouire Finalisation	Yes 🗸	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
dure rinamenton se kegisteres	19/02/2018 23:40	Clave Close Date	10	Date Received	19/02/2018 00:00
port Taken By	Jackson				
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coldent No.	MT/0082733	Claim No.	001		
st Doc. Received	● Yes □ No	Upload Date	19/02/2018 23:41		
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