Date In: 26/2/18 -18:09	Jeb description		Date &Time Completed	Done	pi.
Ref No: 44 1 14 C 1820 3 6 48/24	SAS e-filing				
Veh No: 5142679L	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 9/1/8-16:35	i-Motor Clai	m Form	MT 0983752	26/2/18	18: 29
	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uplo	aded	1		a
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> t	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / C	QW: (Tel:	ax:	
TP Particulars: Veh No	SLM1410A	. INC ()/Non-INC()	1 1	
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()_	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loadin	g:\$1,000()/\$2,000				
General Remarks:				100	14 Au
() Walk-In Customer : Custome					
() Total Loss Case : to e-mail		indeficient & or	*		
	The second secon	10 /) · T	owing Co: ()
		0 (), 1			, , , , , , , , , , , , , , , , , , ,
Remarks:- (INC hotline: 6788)	(616)		Date&Time Completed	Done	hy
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	1 ()		*		11.00
3) Upload Resurvey Photo [Repair Co	ost > \$3000] ()			
Technology and the second			7		
Injury:	.,				a Nag. F.
Date/Time Actions		10 10 10 10 10 10 10 10 10 10 10 10 10 1		MANAGORIA.	
		ii		Water American	STEPSIES
	3				
•					-core c
14.4	9	Invoice Pre	paration Checklist	Anit (S)	Amt (
VA1801205 .		1) AR : Accident	SECTION PRODUCTS AS AN AND SEASON SEASON.	TH BILL	- Mon.D
laimant's Particulars :-	(1.000 m)	2) DA : Damage	Assessment (\$100); INC (\$	Autorita management and an artist and artist artist and artist artist and artist and artist artis	
river/Owner:		3) TF : Towing F 4) FT : Follow-T		\$120	-
		5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
	(2)			5)	
		For claiming a	gainst INC Only (wef 10 Jan 200 ction	\$75	
		6) TR: Re-inspe 7) N1: Idae DA	+ SMRT Survey	\$75 \$160	
		For claiming a 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi	+ SMRT Survey	\$75	
nmaged Portion:		For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD.*	+ SMRT Survey onal Services:-	\$75	
nmaged Portion:		For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD.* *N5: Courtesy *N6: Repair C	+ SMRT Survey onal Services:- Car / Tpt Allowance Co-ordination	\$75 \$160 \$5 \$10	
nmaged Portion: C Checked by (Engr-In-Charge):		For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep	+ SMRT Survey onal Services:- Car / Tpt Allowance co-ordination pair Inspection	\$160	
ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors' Comments::		For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD.* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): Ti	ction + SMRT Survey onal Services	\$75 \$160 \$5 \$10 \$25 \$5 \$20	
nmaged Portion: C Checked by (Engr-In-Charge):		Por claiming a 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	ction + SMRT Survey onal Services	\$75 \$160 \$5 \$10 \$25 \$5 \$20 30	

F - per st 1-25

SINGAPORE ACCIDENT STATEMENT

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 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 rchiving 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	26/02/2018 18:09	
Date Of Accident	09/02/2018 16:35	
Exact Location Of Accident	BEATTY LANE TWDS TYRWHITT RD LOT 4	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN2679L	
Insured/Policyholder		
Name Of Registered Owner	CHOO KOON CHIAN	
NRIC No	S1491211H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96335827	
Alternative Phone No	OFFICE-96335827	
Vehicle Particulars		
Manufacturer	VOLVO	

S60 2.0T 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

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

5097010891 Policy Number

Cover Note Number

CHOO KOON CHIAN Name of Driver

NRIC No S1491211H Date Of Birth 01/05/1961 OUTDOOR Occupation 01/12/1992 Date Of Driving Pass

25 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96335827 Mobile Number

Fax Number

OFFICE-96335827 Contact Number

NOEMAIL EMail Address

Address

BLK 113A MCNAIR RD

#04-276

Postcode

322113

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

ē

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

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?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KALLANG NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 105 TOWNER ROAD #01-400, POSTCODE: 321105,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2996999 - FAX NO: 63912397

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180219/2141,

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM1410H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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.
- 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 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:
 - 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 .:

mml IXM ADBA Beatty lone

A: 83N 2679 L B: SLM 1410 H X: parked van

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	7
	refer to Traylic Police Report No: - T120180219/2141 dtd 19:02.2018
	No: - T/20/80219/2141
	dtd 19.02.2018
, And	7
Mrc	

DECLARATION

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

Mush

Policyholder's Signature Driver's Signature

Date & Time:

(If driver is not the policyholder)
Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver. ٠
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow ٠ 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 traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	09.02.2018	(DD/MM/YY)
Time of accident	1635	(HH:MM)
Exact location of accident	Beatty Lane tood	s Tymhitt Rd. Lot 44.

	DI	TAILS OF V	EHICLE		
Vehicle registration number	NCS	2679			
Vehicle make and model	Vol	vo.			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV □ Motorcy	Van cle □	Others:
Vehicle category	Private 🗆	Comme	ercial 🗸 🛮 N	Notorcy	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part o	No D	if no, please Reporting o		

Insurance company	NTUC		
Policy number	50970108	91	
Type of policy	Comprehensive	Third party fire & theft □	TP only □

Karana and Anna and A	INSURED / POLICY HOLDER		
Name	Choo Keen Chian.	Male	Female 🗆
NRIC / Fin / Passport number	31491211H.		
Contact	96335827		
Address	BLE 113A Monair Rd #04-276. (322113)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name		emale 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	01.05.1961	
Occupation	Indoor Outdoor	
Driving date pass	01.12.1992	

G	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes O No P
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗆 No 🗷
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	(Inclusive of driver)
Resident State of the State of	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male Female
Gender	
	PASSENGER 5
Name	
Gender	Male Female
Gender	Mide 2
	PASSENGER 6
Name	
Gender	Male Female
Gender	
NAME OF TAXABLE PARTY.	OTHER INFORMATION
Was anybody injured?	Yes - No -
Was other vehicle damaged?	Yes 🗆 No 🗆
Was other venice demaged.	
	DETAILS OF POLICE ACTION
Reported to police?	Yes No I If yes, please state which police station.
Police station name	Kallana NPP.
1 Once station name	The state of the s
	WITNESS 1
Name of the last o	WIIILDS
Name	
Section like Section 10 Code S	VAUTAIFCC 2
SECTION OF SECTION SECTION	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	3Lm 1410H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	

		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1.55	
nospital by ambalance.		
	Name of the last	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		2
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1000	110 11
mospital by ambulance:		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1030	110 1
nospital by ambalance:		
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?	103 0	
nospital by animalance.		
	SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	100000	233.70
	Name of the	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
were seat beits worn:	162 [NO L
Was injured conveyed to	Yes 🗆	No 🗆





1 of 3

Report No. T/20180219/2141

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105

REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-2996999

Date/Time 19/02/201		flade:	Vide Report No.: A/20180209/0120	Station Diary No.: 56	
Informan	t's Particu	ulars			
Name of I			Address: APT BLK 113A MCNAIR RO	DAD #04-276 SINGAPORE 322113	
ID Type / NRIC NO		11H	Contact No.: Home/Office: Mobile: 96335827		
Nationality SINGAPO		EN	Email:		
Sex: Male	Age: 56	Date of Birth: 01/05/1961	Type of Informant: Driver	19 8	
Race: Chinese		13	Language:	Institution / School Name:	
Occupation DRIVER	n:	16455 3-07. 2	Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2018 16:35	Type of Location Straight Road
Location: Along Road 1 BEATTY LAN Along Beatty	E Lane towards Tyrwhitt R	oad. Lot number 4A		
Weather: Clear		Road Surface: Dry	Ψ ,	Road Speed Limit:
Traffic Flow: One Way	E 28	Traffic Control: Not Controlled	6	Traffic Volume: Light
Type of Collis Moving Vehic	ion: le Against - Parked Vehi	cle	11 W 8	Anyone conveyed by ambulance: No

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJN2679L	Car	VOLVO	S60 2.0T AUTO	Blue	Slightly Damaged	0
SLM1410H	Car	HONDA	EDIX 1.7 A	Grey	No Damage	0

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SJN2679L	NTUC Income Insurance Co-Operative Limited	5097010891	27/12/2017	26/12/2018				





2 of 3

Report No. T/20180219/2141

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105

Tel No: 1800-2996999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver		A Property				
Name ,	CHOO KOON CHIA	N.		ID No		S1491211H
Related Vehicle	SJN2679L (Car)		Conta	ct No.	96335827	
Hospital/Clinic	ospital/Clinic NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL -	

Brief Details.

On 09/02/2018, at about 1600hrs, I parked my car (Registration No: SJN2679L) along Beatty Lane, Lot number 3A.

On the same day, at about 1635hrs, I came back to my car and discovered that there was another car (Registration No: SLM1410H) parked in front of my car (Parking Lot 4A). I noticed that the said car was already out of the lot. When I checked closely, I discovered that the rear of the said car was already in contact with the front of my car. The driver was not there. As such, I had to call for the Police. Traffic Police attended to my case vide A/20180209/0120.

The Police came and after assessing the situation, he left my contact on the windscreen of the said car so that the other driver could contact me. I was agreeable to this. The Police also told me to give the said driver about one week to contact me. Otherwise, I may proceed to lodge a report. I agreed to this as well. At that point in time, the said car was parked very closely to me and the car at the back was also close to me as well. I had no means of exiting the lot. As such, I had to wait.

On the same day, at about 2300hrs, the driver was still not back. As such, I had no choice but to call the Police for assistance again. On the same day, at about 2330hrs, I went to the toilet first. When I came out at about 2333hrs, I discovered that the driver of the said car has already drove off.

I wish to state that as a result of this accident, my car suffered scratches on the front bumper. Also, I am a Grab and Uber Driver. As I am held up due to this accident for about 7 hours, I have lost my income as well as addition parking cost. I also wish to state that I have given the driver of the said car ample time to contact me but he has not. As such, I am lodging this report as per the Police advice.





3 of 3

Report No. T/20180219/2141

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105

Tel No: 1800-2996999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: A /	Signature of Informatic.
Sgt 2 LEE ZHAN RUI XAVIER	romme.
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2018 19:45
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1491211H





CHOO KOON CHIAN

CHINESE

01-05-1961 M

51491211H

Country of birth

SINGAPORE







S1491211H

05-07-2012

APT BLK 113A MCNAIR ROAD #04-276

SINGAPORE 322113

NRIC No:\$1491211H

Date;21/02/2017

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 01 Dec 1992 of the driver; and other motor vehicles =< 2500kg

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: 5097010891

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: SJN2679L

Chassis Number

2. Name of Policyholder

: YV1RS494992729944

3. Effective Date of Insurance

: CHOO KOON CHIAN

4. Expiry Date of Insurance

27 Dec 2017

: 26 Dec 2018

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.

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - # 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)

: \$\$2,000

EXCESS (SECTION 2)

: \$\$2,000

WINDSCREEN EXCESS

: S\$100

INSURE WITH COF

· YES

HIRE PURCHASE COMPANY

: DBS BANK LTD

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)

: GRABCAR PTE. LTD. (00000601726)

Date of Issue

: 27 Dec 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	1,1199	0.00000000				Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	0.				Date of Acc	ident	09/02	/2018 16:35	3
	Vehicle	No.(For Motor)	53N2679L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097010891	CHOO KOON CHIAN	51491211H	GCV	Comprehensive	\$JN2679L	SJN2679L	27/12/2017	26/12/2018
			INCAS ASSESS			Continue				

Policy No. 5	5097010891	Policyholder Name	CHOO KOON CHIAN	Policyholder NRIC	51491211H
Address E	BLK 113A #04-276 MCNAIR ROA	D MCNAIR TO	WERS SINGAPORE 32	2113	
Product (Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy ssue 2 Date	27/12/2017	Effective Date	27/12/2017 00:00	Expiry Date	26/12/2018 23:59
Third Party 2 Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925	GST Flag	Υ
Flag	No				
Open Policy Info Certificate Info					
Policyho	older Mailing Address				
			MONATE BOAR	Address 3	MCNAIR TOWERS
Address 1	BLK 113A	Address 2	MCNAIR ROAD	Addicas a	
	BLK 113A SINGAPORE 322113	Address Type	Singapore address	Post Code	322113
Address 4	(CONT. 2 T COM.	Address			
Address 4 Unit No.	SINGAPORE 322113	Address Type Related Policy	Singapore address		
Address 1 Address 4 Unit No. Insured Endorse	SINGAPORE 322113 04-276 Object: SJN2679L	Address Type Related Policy	Singapore address		

cident MT/0983752			G-05000					
licy No.	5097010891	Vehicle No.	51N2679L		SST Registration No.			
licyholder Name	CHOO KOON CHIAN				folicyholder NR1C		51491211H	
INDUCT COME	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensiv		leading Contact No.(Home)		0	
ntect No.(Mobile)	96335827	Consact No.(Office)	0				No.	
sail Address		Special Remark			cCode cCode Reason		NC W	
K	® No ○ Yes	TCA	® No ○Yes		Private Hire		rea:	
D Protection	No.	NCD Entitlement(%)	20		ALTRINGE PRINCE		.,	
Accident Details					2-04/252			der und auf
port Date	25/02/2018 18:27	Accident Report Within 24 hrs	Yes		Acodent Type		Damaged wit	isac parwess
se of Accelem	09/02/2018	Time of Academt Nh:mm	16:35		Country of Accident		Singapore	
porting Centre		Orange Force			ICM No.			
cident Location	BEATTY LANE TWOS TYRWHITT RD LOT 4							
Benefits								
Excent	2,000.00	Additional Excess			Windscreen Excess			100.00
n damage Excess	2,000.00	Outside Singapore OD Excess						
named Driver Excess								
nd Party Excess	2,000.00	Outside Singapore TP Excess						
GST Registered Informa			CETO	tegistration Date				
[Registered	740			Status Venfied	No			
F Registration No.								
irication History								
Policyhelder Halling Ad	Stress							
	BLK 113A	Address 2	MCNAIR ROA	0	Address 3		MONAIR TO	WERS
dress 1		Address Type	Singapore ad		Post Code		322113	
dress 4	SINGAPORE 322113		5097010891	10.000				
it No.	D4-276	Related Policy Number	5047010891					
OI Driver Info		Driver Type	Unnamed Dri	iver				
iver Name	Unnamed Driver	Driver NRIC	S1491211H		Driver DOB		01/05/1961	
named driver Name	CHOO KOON CHIAN		56		Driving Experience		25	
gister Date of Driver License		Driver Age			Contact No.(Home)		0	
ntact No.(Mobile)	96335827	Contact No.(Office)	0		Address 3		MONAIR TO	WERS
								Traces .
ddress 1	BLK 113A	Andress 2	MCNAIR ROA	NO.				
	BLK 113A SINGAPORE 322113	Address Type	Singapore ac		Post Code		322113	
ddress 4								
ddress 1 ddress 4 init No. roes he own 4 Singapore egistered car?	SINGAPORE 322113					any		
ddress 4 not No. noes he own a Singapore egosared car ⁹ . sclaration	SINGAPORE 322113 04-276	Address Type		dress	Post Code	any		
ddress 4 Init No. Ioes he own a Singapore	SINGAPORE 322113 04-276 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore ad	dress	Post Code	any		
ddress 4 nit No. oes the own a Singapore egacared car? edaration reachalyser or Blood Test eading?	SINGAPORE 322113 04-276 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore ad	dress	Post Code	any	322113	
idness 4 vt No. bes the own a Singapore gostered car? daration eachalyser or Glood Test eachalyser best badding? Claim 001 New	SINGAPORE 322113 04-276 Ves ® No.	Address Type Driver Vehicle No. Any injury?	Singapore ac	dress	Post Code	any		
idress 4 vt No. bes the own a Singapore glosared car? claration eachalyser or Glood Test eading? claim 001 New laim Type *	SINGAPORE 322113 04-276 Ves ® No. 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore ad	dress	Post Cede Driver Insurer Comp	any	322113	4
ont No. Des the own a Singapore grant of Singapore	SINGAPORE 322113 04-276 Ves (a) No. 0 mg OD-MX 96335827	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® N	dress	Post Code Driver Insurer Compo	any	322113	
Idress 4 Int No. Des the own a Singagere registered car? Caration Patchalyaer or Blood Test padfication History Claim 001 New Interpret of Caration Inte	SINGAPORE 322113 04-276 ☐ Yes ⑤ No 6 mg OD-MX 96335827 puts13chso@gmail.com	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore ac	dress	Post Cede Driver Insurer Compo		514912111 +	
Idress 4 Nt. No. Des the own a Singapore glocared car? Claration Caration Caration Caration Calm 001 Them Type * Ontact No. (Mobile) mad Address leim Description	SINGAPORE 322113 04-276 Ves (a) No. 0 mg OD-MX 96335827	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	O Yes ® No	o N CHIAN	Post Cede Driver Insurer Compo		514912111 +	
orderss 4 Int No. Des tre own 4 Singapers colaration reschalyser or Broad Test addication History Claim 001 New Internation No. [Mobile] ontact No. [Mobile] lists Description referred Workshop Contact referred Workshop Contact	SINGAPORE 322113 04-276 ☐ Yes ⑤ No 6 mg OD-MX 96335827 puts13chso@gmail.com	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® N	o N CHIAN	Post Code Briver Insurer Composition Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W		\$14912111 + \$LM1410H	
Int No. Des the own 4 Singapore organization reachalyser or Blood Test bading? Claim 001 New Jam. Type 4 Ontact No. (Mobile) mad Address laim Description readment Workshop Contact no.	SINGAPORE 322113 04-276 ☐ Yes ⑤ No 6 mg OD-MX 96335827 puts13chso@gmail.com	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No CHOO KOOP SJN2679L	o N CHIAN	Post Cede Driver Insurer Composition Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W		\$14912111 + SLM1410H	✓
Idress 4 Nt. No. Deb the own a Singagere glocared car? diaration eachayaer or Blood Test cading? diffication History Claim 001 New laim Type * ontact No. (Mobile) mad Address laim Description referred Workshop Contact equire Finelization	SINJAPORE 322113 04-276 Ves © No. 0 mg 0D-MX 96335827 buts13ctso@gmail.com SINZ679L / SLM1410H ON 9 Feb 2018	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	○ Yes ® No CHOO KOOP SJN2679L	O CHIAN	Post Code Briver Insurer Composition Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W		\$14912111 + \$LM1410H	✓
Idress 4 Int No. Des he own a Singapore registered car? Idress of Board Test adding Claim 001	SINGAPORE 322113 04-276 ☐ Yes ③ No 0 mg 0 mg 000-MX S6335827 Dods13Choo@gmail.com SINZ679L / SLM1410H ON 9 Feb 2018	Address Type Driver Vehicle No. Any Injury? Injured Name Contact No.(Home) Of Vehicle Number Injured Liability * Preferered Repair Option	○ Yes ® No CHOO KOOP SJN2679L	O CHIAN	Post Cede Driver Insurer Composition Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W		\$14912111 + SLM1410H	✓
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Idress 4 Nt. No. No. No. No. No. No. Idress 4 No. No. Idress 4 No. Idress 4 No. Idress 4 No. Idress 7 Idress 8 Idress 8 Idress 9 Idress	SINSAPORE 322113 04-276 ○ Yes ⑤ No 0 mg 0D-MX 96335827 5us13ctroo#gmail.com SIN2679L / SLM1410H ON 9 Feb 2018 Ves 26402/2016 18:29 Jackson	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Clode Date	○ Yes ® No CHOO KOOP SJN2679: Not at Paul Freferred W	N CHIAN NOTION NAME unknown Workshop, Name unknown Workshop Name unknown	Post Code Driver Insurer Composition Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	Urgeni	\$14912111 + \$LM1410H Received 26/02/201	∇
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Attachment	1.8	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
NOS _	NAC_PAYA_UBI_B00601(NATH	NAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:30	NRJC/ Driving License		Normal	NRIC/ Driving License 2018-2-26	Edit
***	NAC_PAYA_UBI_B00601(NATX	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe ti 2016 18:30	SAS		Normal	SAS 2018-2-26	Edit
	NAC_PAYA_UBI_BD06D1(NATIO	WAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:30	Photos		Normal	Photos 2018-2-25	tim
	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:30	Photos		Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UB1_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:30	Photos		Normal	Photos 2018-2-26	Edit
*	NAC_PAYA_UBI_B00601[NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2016 18:30	Photos		Normal	Photos 2018-2-25	Edit
	NAC_PAYA_UBI_B00601{ NATIO	DWAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:30	Photos		Normal	Photos 2018-2-26	Edit
30	NAC_PAVA_UBI_B00601(NATS	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2016 18:30	Photoe		Normal	Photos 2016-2-26	Edit
1	NAC_PAYA_UB(_800601(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:30	Photos		Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_B00601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 26 Pe b 2018 18:30	Photos		Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UMI_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Pe b 2018 18:30	Photos		Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800603(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:29	Photos		Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:29	Photos		Normal	Photos 2018-2-26	Edit
5	NAC_PAYA_USI_800801(-NATI	DNAL ASSESSMENT CENTRE SERVICES) on 26 Fe D 2018 18:29	Photos		Normal	Photos 2018-2-26	Edit
	NAC_PAYA_USI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:29	Photos		Normal	Photos 2018-2-26	Edit
24	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 3018 18:29	Photos		Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Fe b 2018 18:29	Photos		Normal	Photos 2018-2-26	Edit
♥ Video List	Uploaded By/Date	Folder Date	File Name		?	Source	Action

Display in New Window Scan and uploading