NATIONAL Assessment Cer	ntre Services twell 1 Jan		1 -
Date In: 18/4/18 - 15: 41	Jeb description	Date &Time Complete	od Done by
RCTNO: NA INCROO7206/24	SAS e-filing	1	
Veh No: JB 4279 H	E-mail (within Shrs, AIC		
D.O.A .: 16 4/18-18:40	i-Motor Claim Forn	m7/0990933-00	1 18/4/18 16:25
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Re	port	
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No: ()	587024	INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: (Period: () Cover Type: (
Confirmed by : (Date	11)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO):		30-100%]
Year of Registration: (Warranty: YES ()/N	0()	
	\$1,000()/\$2,000()	2. Com 10 and 10	CARREL STATE
	The state of the s	Control of the Section	
() Walk-In Customer: Customer's		al & Strictly NO refer of repair	rer.
() Total Loss Case : to e-mail In	surer URGENTLY.		
Drive-In ()/Towed-In (); Inv	roice: YES () / NO (); Towing Co: (,)
Remarks:- (INC horline: 6788 661	6)	Date&Time Complet	d. Done by
) / Courtesy Car ()	***	
2) OC Check / Post Repair Inspection	()		1
3) Upload Resurvey Photo [Repair Cost.	> \$3000] ()		
Injury:			ARREST MARKET CONTROL OF THE SECTION
Date/Time Actions	Control of the Contro		SO SESSIONES
	F (2)		
			400
			Anit (5) Amit (\$)
1/4/208144	(***X3*	ce Preparation Checklist	IN Bill Add Bill
Claimant's Particulars :-	1) AR:	Accident Reporting (530); Damage Assessment (\$100); IN	NC (\$80)
usak ana manana ang ma	3) TF:	Towing Fee	\$40/\$45 \$120
Oriver/Owner:	Shirt.	Follow-Through Survey Follow-Through Survey (Resurvey)	\$30
Contact No:	Ford	Re-inspection	n 2005) \$75
Darnaged Portion:	7)N1:	Idao DA + SMRT Survey	\$160
	\$ 8) NTU	JC Additional Services:-	
C Checked by (Engr-In-Charge):	*N5	Courtesy Car / Tpt Allowance	\$5
	•N6	Repair Co-ordination Fost Repair Inspection	\$10 \$25
Auditors' Comments :-	*N8	DV / Collect Excess Coordination	\$5
at. 1:		N11): TP (N::n INC) against INC : Idao Mobile	\$20 30
	Involo	dated Fee Cha	B04204 52 525
Cat. 2/3:	Invoice	s dated Fee Cha	arged

Figure 44 Figure

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.

Any false reporting may be referred to the Police for investigation.

- 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

	ACCIDENT STATEMENT
Date Of Report	18/04/2018 15:41
Date Of Accident	16/04/2018 18:40
Exact Location Of Accident	PASIR RIS DR 8 TWDS TAMPINES
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB4279H
Insured/Policyholder	
Name Of Registered Owner	KHOO JUN CHUAN, KENNY (QIU JUNQUAN)
NRIC No	S8612989B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81827084
Alternative Phone No	OFFICE-81827084
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 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	

Insuran	ce Co	mnany

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5096914621 Policy Number

Cover Note Number

Driver

KHOO JUN YONG, NICHOLAS (QIU JUNRONG) Name of Driver

S9043882D NRIC No 16/11/1990 Date Of Birth INDOOR Occupation Date Of Driving Pass 01/07/2011

6 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90098531 Mobile Number

Fax Number

OFFICE-90098531 Contact Number

NOEMAIL EMail Address

BLK 323 TAMPINES STREET 33 Address

#08-172

520323 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 1

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SKS8702A Vehicle Registration Number

Vehicle Make/Model/Colour

AUDI

Details Of Properties

PRIVATE CAR Vehicle Category

LEW QI Name of Driver

NRIC/Passport Number

97407683 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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.
- 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.
- 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' 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:
 - 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 .:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT (ane of teH an fowards drive car. portron vehille vehicle alone graze and uehide and DECLARATION I/We declare the foregoing particulars are true in every respect.

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.:

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.
- Information provided must be as fruitful and accurate as possible. Any wliful misrepresentation or withholding of material facts may allow
- 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.

1.10g · APT 的 数字	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	16/04/16	(HH:MM)
Time of accident	18:40	8 Jamarde Tambines
Exact location of accident	Along Pasir Ric Drive	0 701000

THE RESERVE OF THE PARTY OF THE	DETAILS OF VEHICLE
Vehicle registration number	SJB 4279 H
Vehicle make and model	Honda Stream. CRV D Van D
Type of vehicle	Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes □ No ø if no, please select: Third part claim ø Reporting only □

	INSURANCE INF	ORMATION	
Insurance company	NTUC		
Policy number	509691462	C C Aboff	TP only 🗆
Type of policy	Comprehensive 7	Third party fire & theft \square	TP OTTY L

	KHOO JON CHUAN, KENNY	Male ✓ Female □
Name	0	
NRIC / Fin / Passport number	S8612989B	
Contact	182 1084 Apr RLK 323, Tampines 17 33,	#08-172,
Address	APT BLK 323, Tampines 17 33,	0 323)

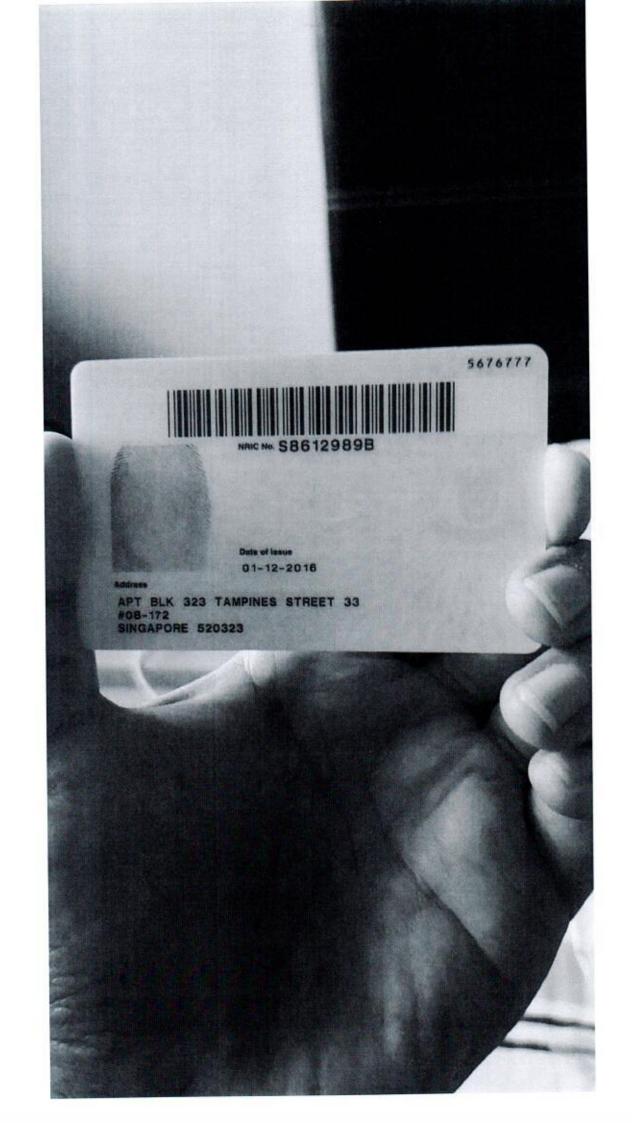
DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)
Name NRIC / Fin / Passport number Contact Address	S 9043882 D 90098531 / 65824316 (Office) Apr. B1c. 323, Tampines ST 33, \$08-172, S (520323)
Email address	
Date of birth	16.11-1990
Occupation	Indoor Ø Outdoor □
Driving date pass	01.67.2011

GE	NERAL IN		F THE ACCIDENT	
las driver an employee of	Yes 🗆	Noø	datums and insured:	Brother
ne incured's company?	If no, rela	tionship of the	driver and insured:	
ccident captured by camera?	Yes 🗆	Nod	Others:	
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Was other vehicle damaged	Yes	NO L		
		DETAILS OF PO	OLICE ACTION	in the station
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/ehicle make model	
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9043882D



1

KHOO JUN YONG, NICHOLAS

(QIU JUNRONG) 丘 峻 榮

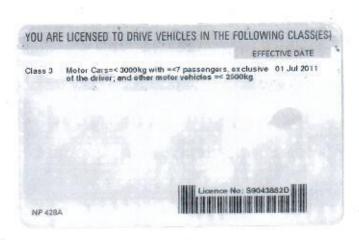
CHINESE

HINESE to of birth

16-11-1990 Country of birth SINGAPORE 280436850









Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AN	D COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIND TANT) DISKS AND	COMPENSATION PILLES 1960
MOTOR VEHICLES (THIRD PARTY RISKS AN	D COMPENSATION , ROLES, 1900
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
RUAD TRANSPORT ACT, 1907 (III DICKE) BU	HEC 10EO (MANIAVEIA)

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

Certificate Number: 5096914621

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJB4279H

Chassis Number

: RN61054466

2. Name of Policyholder

: KHOO JON CHUAN KENNY

3. Effective Date of Insurance

: 26 Dec 2017

4. Expiry Date of Insurance

: 10 Jan 2019

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.

: \$\$600

EXCESS (SECTION 1) **EXCESS (SECTION 2)**

: N/A

WINDSCREEN EXCESS

: \$\$100

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: KHOO JUN CHUAN KENNY

NAMED DRIVER (1)

: N/A : N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: MAYBANK

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

: CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)

Date of Issue

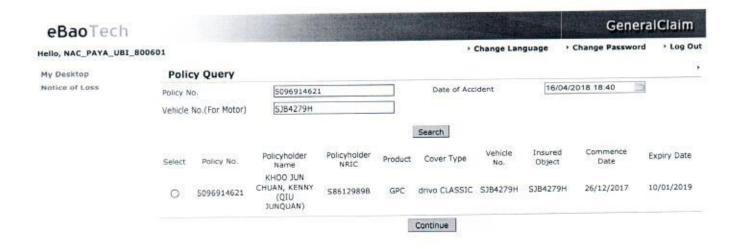
: 24 Dec 2017 10:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5096914621	Policyholder Name	KHOO JUN CHUAN, KENNY (QIU	Policyholder NRIC	S8612989B
Address	BLK 323 #08-172 TAMPINESS S	TREET 33 SIN	GAPORE 520323		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	24/12/2017	Effective Date	26/12/2017 00:00	Expiry Date	10/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate Info					
Policyh	nolder Mailing Address				
	BLK 323 #08-172	Address 2	TAMPINESS STREET 33	Address 3	SINGAPORE 520323
Address 1		Address 2 Address Type	TAMPINESS STREET 33 Singapore address	Address 3 Post Code	SINGAPORE 520323 520323
Policyh Address 1 Address 4 Unit No.		Address	200		
Address 1 Address 4 Unit No.		Address Type Related Policy	Singapore address		
Address 1 Address 4 Unit No.	BLK 323 #08-172 d Object: SJB4279H	Address Type Related Policy	Singapore address		
Address 1 Address 4 Unit No. Insure	BLK 323 #08-172 d Object: SJB4279H sements	Address Type Related Policy Number	Singapore address	Post Code	

im Handling							
ident MT/0990933			and the same of		GST Registration No.		
ty No.	3030314021	Vehicle No.	S3B4279H		Policyhonger NR3C	886129898	
cytrolder Name	KHOO JUN CHUAN, KENNY (QIU JUNQUAN)				Loading	0	
luct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Contact No. (Home)	0	
tect No (Mobile)	61827084	Contact No.(Office)	0		eCode	THE CO	
ei Address		Special Remark			eCode Realion	1	
	® No ○ Yes	TCA	® No ○Yes		Private Hire	No.	
Protection	No	NCD Enditement(%)	Ö		Private rock		
Accident Details					1877 TO CO. LECT. 18	Collision - Change / Cross	r lane
ort Date	18/04/2018 16:23	Accident Report Water 24 Trs	Yes		Accident Type		
e of Accident	16/04/2018	Time of Accident Nhomm	18:40		Country of Accident	Singapore	
orting Centre		Drange Force			ICM No.		
ident Location	PASIR RIS DR. 8 TWDS TAMPINES						
Benefits							
Excess							
	600.00	Additional Excess		0.00	Windscreen Excess		100,00
t damage Excess.		Outside Singapore OD Excess		600.00			
arned Driver Excess	500.00			0.00			
d Party Excess	0.00	Dutside Singépore TP Excess		0.00			
GST Registered Informa	stion		22.2				
Registered	No			jistration Date	Yes		
Registration No.			651.50	itus Verified	100		
Acation History							
Policyholder Mailing Ad	dress						
	BUK 323 #08-172	Address 2	TAMPINESS ST	REST 33	Address 3	SINGAPORE 520323	
dress 1	AND SECURITION OF SECURITION O	Address Type	Singapore add		Post Code	520323	
dress 4		Related Policy Number	9096914621				
ė No.		Committee of the commit	2 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
OI Driver Info	CANCEL PROPERTY	Driver Type	Unnamed Driv	er:			
ver Name	Umarred Driver	Driver NRIC	59043882D		Driver DOB	16/11/1990	
named driver Name	KHOO JUN YONG, NICHOLAS (C				Driving Experience	6	
gister Date of Driver License	01/07/2013	Driver Age	27			0	
ritect No.(Mobile)	90098531	Contact No. (Office)	0		Contact No.(Home)	SINGAPORE 520323	
sdress 1	BLK 323	Address 2	TAMPINESS S	TREET 33	Address 3		
idress 4		Address Type	Singapore add	ress	Post Code	520323	
of No.	08-177						
	30.17				Driver Insurer Compa	2207	
es he own a Singapore	Company of the Compan	Descer Welvicle No.				arry .	
	○ Yes No	Driver Vehicle No.					
gistered car?	○ Yes ® No	Driver Vehicle No.					
gistered car? claration eathalyser or Blood Test	○ Yes ® No	Driver Vehicle No. Any injury?	○ Yes (1) No				
gistered car? claration wathalyser or Blood Test			○ Yes (No				
oes ne own a Singapore registered car? claration reathalyser or Blood Test cading?			⊖ Yas (∰ No				
gistered car? claration wathalyser or Blood Test			. ○ Yes ® No				
claration satisfactor Risod Test ading?			○ Yes ® No				
satered car? laration autholyser or Blood Test sting? affication History							
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claration satisfactory Eliana OO1 New	□ mg	Any injury? Insured Name	KHOO JUN D	KIAN, KENNY (QIJ)	The latest and the la		
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99	NAC PAYA UBI 800601(NATIO	IAL ASSESSMENT CENTRE SERVICES) on 18 Ap 7 2018 16:26	SAS	Normal	SAS 2019-4-18	Edis
1	NAC_PAYA_URI_800601(NATIO	IAL ASSESSMENT CENTRE SERVICES) on 18 Ap / 2018 16:26	Photos	Normali	Photos 2018-4-18	Edit
CARRY	NAC_PAYA_URI_800601(NAT10	VAL ASSESSMENT CENTRE SERVICES) on 18 Ap. (2016 15:26	Photos	Normal	Photos 2018-4-18	Edit
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6	NAC_PAVA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 18 Ap - 2018 16:23	Photos	Normal	Photos 2018-4-15	Edit
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