Date In: >3/4/18 - 20111	Jcb description	Date &Time Completed	Done by
Ref No: NA) INC 1800 7495/24	SAS e-filing		
Veh No: SDE \$2866	E-mail (within Shrs, AIC 2h	(5)	
D.O.A .: 20/4/18-11/20	i-Motor Claim Form	M7 699 KV8-001	23/4/18 20:2
	i-Motor W/O (Within: OI		
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repo	rt i	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QV	N: (Tel:	Fax:
TP Particulars: Veh No:	Unknown IN	C()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-	100%]
Year of Registration: () Warranty: YES ()/NO		
	(:\$1,000()/\$2,000()	Here was a second	
	The state of the s		
	r's information strictly Confidential	Strictly NO rater of repairer.	
() Total Loss Case : to e-mail	Insurer URGENTLY.		
Drive-In ()/Towed-In (); I	nvoice: YES () / NO ()	; Towing Co: (.)
Remarks:- (INC hotline: 6788 66	CICO	Date&Time Completed	Done by
		- 1	A
1) Apply for Transport Allowance ()/Courtesy Car ()		- Aller aller
2) QC Check / Post Repair Inspection			
3) Upload Resurvey Photo [Repair Cos	st>\$3000] ()		
Injury:		, , , , , , , , , , , , , , , , , , , 	
Injury:			er see and a see a see
	22 YO MORES		
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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.

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.

Massacratic State of the State	ACCIDENT STATEMENT
Date Of Report	23/04/2018 20:11
Date Of Accident	20/04/2018 11:20
Exact Location Of Accident	SIMS WAY BEFORE JUNC GEYLANG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDE8280G
Insured/Policyholder	
Name Of Registered Owner	LEOW CHIN HUA
NRIC No	\$04182041
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96693663
Alternative Phone No	OFFICE-96693663
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5095801992 Policy Number

Cover Note Number

Driver

LEOW CHIN HUA Name of Driver S0418204I NRIC No 18/08/1950 Date Of Birth INDOOR Occupation 11/11/1986 Date Of Driving Pass

31 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96693663 Mobile Number

Fax Number

OFFICE-96693663 Contact Number

NOEMAIL EMail Address

BLK 487 PASIR RIS DRIVE 4 Address

#05-521

510487 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

Insurance Company of Driver's Own Vehicle

OWNER

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY

Other Information

Road Surface

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180423/2161.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

UNKNOWN

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name

Nature Of Damage

Page 2 of 15

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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.
- 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:
 - 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.:

DECLARATION

Date & Time:

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Girthal SeathPartners VI

SINGA RENOVATION AND RENOVATION CONTRACTOR

345 Guillemard Road, Singapore 399766 Fax: 6383 3752

Tel: 6368 2746

Email: singa.reno@gmail.com

Date: 21 April 2018

NTUC Income

By Email Only

admin@indexagency.com.sg

Reporting of incident

Mercedes Benz (Licence SDE8280G)

Policy No. 5095801992

As required under Clause 3 of the Conditions of Contract of the above policy, I am reporting an incident which occurred at approximately 11.20 am yesterday (20 April 2018) wherein my abovenamed vehicle was knocked in the front left fender by a van where the driver is a Malay gentleman accompanied by a lady in the passenger seat. He hit me and then ran and I had no opportunity to record his licence plate.

Please note that I am only filing this report with you for record purposes in the event if the said Malay gentleman makes a claim against me. I am not making any claim for the damage sustained by my car.

Yours faithfully

Sluenlan

Steven Leow

ACCIDENT STATEMENT

ACCI	DENT DATE: 20/4/18 (DD/MM)	/YYYY), TIME:(_	11 7	Q_)(HH:MM)	
	10/200	anction	64/01	ig Rd	
LOCA	110N: 71007 Med 20511 6				
		9346	•		3.00
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: 50 E8280 G	mr/	L		
· .	a) VEHICLE NUMBER:		1.		
7	b)INSURANCE COMPANY: NTUC	***********			8
	CIPOLICY NUMBER: 559580 972	D DARTY / THIP	DPARTY	FIRE &THEFT)	
	d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTI / THIN	Diraci	100	- 15 - 15
	WALKE & MODELL				
	FITYPE: (SALOON / COUPE / MPV /VAN /	LORRY / MOTO	ORCYCLE	.7 OTTICKOT	
	ALVERIOLE CATEGORY (PRIVATE / COMM	MERCIAL / MO	OKCIC	.E) .	2 0
	ENPURPOSE OF USING AT ACCIDENT TIME	10144	- ARA	-	
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)		
	IF NO, PLEASE STATE (THIRD PARTY CLAIR	M / REPORTING	ONLY		D D
	INSURED / POLICY HOLDER		-		
2.	A) NAME: 40 W Chin Man		MALE	/ FEMALE!	977
	b)NRIC/FIN/PASSPORT: SOPI 8 8041	CON	TACT:	1669 36 6	· 0
[3]	CIADDRESS: MIC 487 Pasir Ris Pro			510487)	- X HO OF
	CIADDKESS: OILC 181				possenger
	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER		4	. (Including .
-				111	
3.	700 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MALE	/ FEMALE)	
	a)NAME:	CON			X.
	b)NRIC/FIN/PASSPORT:				
	c) ADDRESS:				10.25
	1010101010101	IDD/MMA/VYY	YI		15))2
0	*d)DATE OF BIRTH: (S) 191	(DD/MM/111	.7	. (7)	
	e)OCCUPATION: (INDOOR / OUTDOOR)	1 45%	99 18		2
701	f)YEARS OF DRIVING EXPRERIENCE: (1) WAS DRIVER AN EMPLOYEE OF THE IT	USUPED'S CO	MPANY?	(YES INO)	
4.	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSUE	RED:	Own n	00
	THE PROPERTY OF THE PARTY OF TH	NG /OTHERS			
5.	OWENIER CONDITION. (CLERK) KAIT				
0000	b)ROAD SURFACE: (DRY) WET / OTHERS		100	•	38
	WAS ANYBODY INJURED (YES / 10)			***	3
7.	a) REPORTED TO POUCE (YES / NO)				*
	IF YES, PLEASE STATE WHICH POLICE STA	ATION:			
. 8.	THIRD PARTY VEHICLE	70,000	1000		- * No of pas
	a) VEHICLE NUMBER: Un known	MODI	EL:		Control Control
	b) DRIVER'S NAME:		T107		- Claduding .
. 9	c) NRIC/FIN/PASSPORT:	сон	TACT:		$-\left(-\frac{1}{2}\right)$
9.	THIRD PARTY VEHICLE	1000000	-		
	d) VEHICLE NUMBER:	MODI	EL:		- A Ho of par
	e) DRIVER'S NAME:				Cincludina
1	f) NRIC/FIN/PASSPORT:	СОИ	TACT:		- ([
	M M				(_)
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lax =



Report No. T/20180423/2161

POLICE REPORT (NP299)

Police Station Of Origin Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Time Report Made 23/04/2018 18:12	Vide Rep	Station Diary No.					
Name Of Informant LEOW CHIN HUA	Address APT BLK 487 PASIR RIS DR 4 #05-521 HDB-PASIR RIS SINGAPORE 510487						
ID Type / ID No. NRIC NO / S04182041	Contact Home/O		Mobile 96693663				
Nationality	Email Address						
SINGAPORE CITIZEN Occupation	Sex Male	Age 67	Date of Birth 18/08/1950	Race Chinese			
CONTRACTOR Institution/School Name	Langua						
Date/Time Of Incident 20/04/2018 11:00 - 20/04/2018 11:20	Location	Of Incider	nt .				
Oriof dataile							

As required under Clause 3 of the Conditions of Contract of the above policy, I am reporting an incident which occurred at approximately 11.20am (20 April 2018) wherein my above named vehicle was knocked in the front left fender by a van where the driver is a Malay gentleman accompanied by a lady in the passenger seat. He hit me and then ran and I had no opportunity to record his licence plate.

Please note that I am only filing this report with you for record purposes in the event if the said Malay ake a claim against me. I am not making any claim for the damage sustained by my car.

Signature Of Officer Recording The Report: TP / TONG HWEE SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2018 18:12
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	BONES LOUGE

Signature: _





Report No. T/20180423/2161

CONTINUATION OF REPORT

am lodging this report for my insurances.

nat's all.

nature Of Officer Recording The Report:

/ TONG HWEE SIONG

nature Of Interpreter: applicable

cer In-Charge Of Case: / Traffic Police Department Investigation Branch / ff Sgt TANG SIEW PING ntact No.: 65476430

hentication Stamp

Signature Of Informant:

Date/Time: 23/04/2018 18:12

Classification Of Case:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S04182041





LEOW CHIN HUA







18-08-1950

SINGAPORE



5617128

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 11 Nov 1986 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3



NP 428A

13-06-2016

APT BLK 487 PASIR RIS DRIVE 4 #05-521 SINGAPORE 510487

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601			A STATE OF THE PARTY OF THE PAR			Change Lan	guage	Change Passwo	rd · Log Out
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Notice of Loss	Policy N	10.				Date of Acc	cident	20/04/	2018 11:20	
	Vehicle	No.(For Motor)	SDE828DG							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095801992	LEOW CHIN	S0418204I	GPC	drivo CLASSIC	SDE8280G	SDE8280G	15/11/2017	14/11/2018
					8	Continue				

Policy No.	5095801992	Policyholder Name	LEOW CHIN HUA	Policyholder NRIC	S0418204I
Address	BLK 487 #05-521 PASIR RIS D	RIVE 4 SINGAR	ORE 510487		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/11/2017	Effective Date	15/11/2017 00:00	Expiry Date	14/11/2018 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	INDEX AGENCY PTE LTD	Agent Tel.		GST Flag	Υ
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	BLK 487 #05-521	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510487
Address 4		Address Type	Singapore address	Post Code	510487
Unit No.		Related Policy Number	5098498906		
) Insure	d Object: SDE8280G				
	sements				
Sequence	ce Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content

Accident MT/0991548									
Porcy tea.	5095801992		Vehicle No.	50662600	G8	ST Registration No	0.		
Policyholder Name	LEOW CHIN HUA				Po	oscynolder NRIC		\$041820	41
Product Code	PRIVATE CAR INSURAN	CE	Cover Type	drivo CLASSIC	LD	pating		0	
Contact No. (Mobile)	96693663		Contact No. (Office)	0	Co	ontact No.(Home)		0	
Email Address			Special Remark		ec	Code		NEW	
KPK	® No ○ Yes		TCA	® No ○ Yes	eC	Code Reason			
NCD Protection			NCD Estition ant/8/1					No	
	No		NCD Entitlement(%)	20	100	rivate Hire		NO	
□ Accident Details									
Report Date	23/04/2018 20:21		Accident Report Within 24 hrs.	Yes	Ac	codent Type		Collision -	Change / Cross lane
late of Accident	20/04/2018		Time of Accident hh:mm	11:20	Co	ountry of Accident		Singapore	Contract of the Contract of th
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hard Party Excess		0.00	Outside Singapore TP Excess	0.00					
	. (Q.,	0.00	Cotts de Singapore III Extess	0.00					
GST Registered Inform									
FT Registered	No			GST Registration Date					
ST Registration No.				GST Status Verified		Yes			
lodification History									
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Policyholder Mailing Ad			70278089775271	10 200 AUG/200 (240)	- (2)	20WW27		ASSAULTED TO THE PARTY OF THE P	12.5(2005)
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iddress 4			Address Type	Singapore address	Po	est Code		510487	
Init No.			Related Policy Number	5098498906					
OI Driver Info									
river Name	LEOW CHIN HUA		Driver Type:	Main Driver					
nnamed driver Name	Section Control (Control (Cont		Driver NRIC	504182041	Del	river DOB		18/08/19	50
	W12242-204-000-0								30
egister Date of Driver License	11/11/1986		Driver Age	67	Dvi	nying Experience		31	
ontact No.(Mobile)	96693603		Contact No.(Office)	0	Co	ontact No.(Home)		0	
doress 1	BLK 487		Address 2	PASIR RIS DRIVE 4	Ad	didress 3		SINGAPO	RE 510487
ddrest A			Address Type	Singapore address	Po				
	06-571		Address Type	Singapore address	Por	st Code		510487	
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