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OD TP Reporting Only	i-Motor W/O (Within: OD 2hr			-
OD MIP. Reporting Only	i-Photo Uploaded	1		
TRI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: SLG	3508D . INC()/Non-INC()		
Owner / Driver: (,,,,,,	Tel:)	10000
Policy No: () Pe	riod: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	51-7442
Year of Registration: ()	Warranty: YES ()/NO ()		
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SINGAPORE ACCIDENT STATEMENT

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 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.
- 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.
- 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	07/07/2018 16:32
Date Of Accident	06/07/2018 10:40
Exact Location Of Accident	BEDOK RESERVOIR ROAD TWDS BEDOK RESERVOIR VIEW
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ580J
nsured/Policyholder	
Name Of Registered Owner	K&T CARS
Co Reg No	53208965X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5069003466-03
Cover Note Number	
Oriver	
Name of Driver	LIAN CHIAN SIANG
NRIC No	S9249062I
Date Of Birth	31/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96929668
ax Number	
Contact Number	OFFICE-96929668
	011102-00025000

BLK 718 BEDOK RESERVOIR ROAD Address

#08-4572

NO

Postcode 470718

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

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)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

SLG3508D

Vehicle Registration Number

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIAN CHIAN SIANG Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

YES

BODY

SKJ580J

NO

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>truckful</u> and accurate as <u>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)

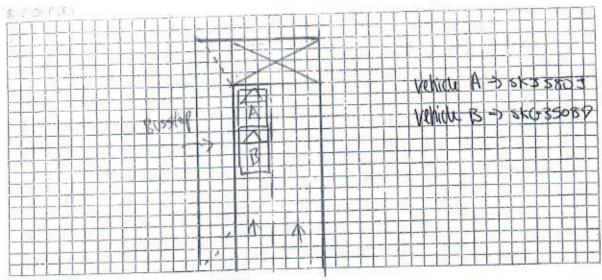
I understand, acknowledge, agree and consent that:

- (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 shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monétary 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.

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

Name: NRIC/FIN No.:



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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.:

TICE

to such submit this form to the individual insurance authorised reporting centre.

use 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 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 traffic police department for investigation.

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DRIVER:	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
ne	Lian chian Siang Male of Female E							
C / Fin / Passport number	50249062 I							
tact	96929668							
Iress	BIK 718 Bedok Reservoir Road #08-4572 S(476718)							
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Was injured conveyed to hospital by ambulance?	Yes 🗆	No &

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Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Yes □	No п

DENTITY CARD NO. \$92490621 OF SINGAPORE



Name

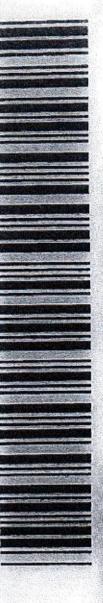
LIAN CHIAN SIANG



31-12-1992

SINGAPORE Country of birth





NRIC No. S92490621



Date of issue

11-01-2008

APT BLK 718 BEDOK RESERVOIR ROAD #08-4572 SINGAPORE 470718 NRIC No: \$92430621 Date: 19/02/2010

Date: 19/02/2010

No: 6422068

DRIVING LICENCE PUBLIC OF

CHIAN SIANG

Buth Date 31 Dec 1992

Sue Date: 08 Feb 2012

002040987F

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

EFFECTIVE DATE

Hass 3

Motor Cars=< 3000kg with =<7 passengers, exclusive 08 Feb 2012 of the driver; and other motor vehicles =< 2500kg

Licence No: 592490621

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: 5069003466-03 Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle : SKJ580J

Chassis Number : MR053HY9305003295

 2. Name of Policyholder
 : K&T CARS

 3. Effective Date of Insurance
 : 04 Dec 2017

 4. Expiry Date of Insurance
 : 03 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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and 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 for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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.

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES : YES INSURE WITH COE NCD PROTECTION . NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : GENIE FINANCIAL SERVICES PTE 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)

Agency : SOONG WAI SAN (00000525488)

Date of Issue : 30 Nov 2017 08:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	iguage	Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	lo.				Date of Acc	ident	06/07	7/2018 10:40	3
	Vehicle	No.(For Motor)	SK35803	But I						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5069003466- 03	K&T CARS	53208965X	GFT	drivo PREMIUM	SK35803	SKJ580J	04/12/2017	54
					-	Continue				

olicy No.	5069003466-03	Policyholder Name	K&T CAR	rs .	Policyholder NRIC	53208965X	
Address	53 UBI AVENUE 1 #01-23 PA		RIAL PARK	SINGAPORE 408934	11110		
roduct lame	FLEET INSURANCE	Plan	02030300000		Group Policy Flag	N	
olicy ssue Date	30/11/2017	Effective Date	04/12/20	017 00:00	Expiry Date	03/12/2018	23:59
xcess ype		All Claim Excess					
hird arty xcess	1000.00	Own damage Excess	1000.00		Windscreen Excess	100.00	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00			You	ng/Inexperience Driver Excess
Agent	SOONG WAI SAN	Agent Tel.	6547115	i4	GST Flag	Υ	
Co- nsurance Flag Open Policy nfo Certificate	No						
	holder Mailing Address						
ddress 1	53 UBI AVENUE 1	Addre	ess 7	#01-23 PAYA UBI	INDUSTRIAL I	Address 3	SINGAPORE 408934
ddress 4			ess Type	Singapore address		Post Code	408934
Init No.		Relat	ed Policy	5100493351		. Jac words	70000
	4 OLI - 4. SKIEGO	Numi	ber	3100493331			
□ Insure □ Endors □	d Object: SKJ580J						
		Endonomi	ant Toma	Endorson Month	· Follows		Forting Control
Sequer	04/12/2017 00:00	Basic Informa Endorsement	ation	000001286715127	Endorsem Effective	ment Status ent Take	Endorsement Content internal endt - vehicle usage chang from Rental vehicle (less than 12 mths) to Private Hire (Self Drive of Chauffeur)
ì	28/12/2017 00:00	Basic Informa Endorsement		000001286721825	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGR8939L 28-12-2017 \$1,128.20 In view of this amendment, an additional premium of \$1,128.20 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
	03/01/2018 00:00	Basic Informa Endorsement		000001286727435	Endorseme Effective	ent Take	opportunity to serve you. We confirm that from 03 Jan 2018, th Hire Purchase Company is amende as follows for SGR89391: HIRE

						·Ex
Accident MT/1002055						
Policy No.	5069003466-03	Vehicle No.	SK()58())	GST Registration No.		
Policyholder Name	KNT CARS			Policyholder NRTC	53208965x	
Product Code	PLEET INSURANCE	Cover Type	Drivo PREMDUM	Loading	0	
Contact No.(Mobile)	0	Contact No.(Office)	0.	Contact No.(Home)	0	
Email Address		Special Remark		eCode	Fig. C	
KFK	No ○ Yes	TCA	® No ○ Yes	eCode Reason		
NCD Protection	No.	NCO Entitlement(%)	0	Private Hire	No.	
□ Accident Details						
Report Date	07/07/2018 16:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
Date of Acoders	D6/07/2016	Time of Accident hh:mm	10:40	Country of Accident	Singapore	
Reporting Centre		Orange Force	3443	ICM No.	. Sangapara	
Accident Location	BEDOK RESERVOR ROAD TWOS BED			TEPT NO.		
♥ Benefits	DESCRIPTION NAME I WAS BEEN	on separation right				
♥ Excess						
Own damage Excess	1,000.00	Additional Excess	0		144.11	
Unnamed Driver Excess	1,000.00			Windscreen Excess	100.00	
Third Party Excess	1,000.00	Outside Singapore DO Excess	1,000.00			
S GST Registered Informa		Outside Engapore TP Excess	1,000.00			
GST Registered Informa	No		GST Registration Date			
GST Registered	100		GST Registration Date	Yes		
Modification History				100		
The second secon						
♥ Policyholder Hailing Ad	ldress					
Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934	
Address 4		Address Type	Singapore address	Post Code	408934	
Line No.		Related Policy Number	5100493351	Page Care	400704	
OI Driver Info		The state of the s				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			+
Unnamed driver Name	LIAN CHIAN SIANG	Driver NRIC	592490621	Driver DOB	31/12/1992	
Register Date of Driver License	08/02/2012	Driver Age	25	Driving Experience	6	
Contact No.(Mobile)	96929668	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 718	Address 2	BEDOK RESERVOIR ROAD	Address 3	53NGAPORE 470718	
Address 4		Address Tyne				
Address 4	08.4572	Address Type	Singapore address	Post Code	470718	
Unit No.	08-4572			Post Code	470718	
	08-4572 () Yes @ No	Address Type Driver Vehicle No.			470718	
Unit No. Does he own a Singepore Registered car?				Post Code	470718	
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test				Post Code	470718	
Unit No. Does he own a Singapore	○ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	470718	
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	470718	
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test	○ Yes ④ No	Driver Vehicle No.	Singapore address	Post Code	470718	
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading?	○ Yes ④ No	Driver Vehicle No.	Singapore address	Post Code	470718	
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading?	○ Yes ④ No	Driver Vehicle No.	Singapore address	Post Code	470718	***************************************
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New	○ Yes ④ No	Driver Vehicle No.	Singapore address ® Yes ○ No	Past Code Driver Insurer Compa	470718	
Unit No. Does he own a Singepore Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New	○ Yes ® No	Driver Vehicle No. Any Injury?	Singapore address	Post Code Driver Insurer Compa Insured NRIC	470718	
Unit No. Does he own a Singepore Registered car? Declaration Breathelister or Blood Test Reading? Modification History Claim 001 New Comm Type * Commact No (Mobile)	○ Yes ® No	Driver Vehicle No. Any injury? Insured Name	Singapore address Yes No KST CARS	Post Code Driver Insurer Compa Insured NRIC Contact No. (Office)	470718 smy 53208965X	77.77
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Comact No.(Mobile) Email Address	○ Yes (● No :	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address ® Yes ○ No	Post Code Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number	470718 siny 53208965X 51G3508D	
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Attachment	Uploaded By/Date	Category	Urgency	Description	Sent? Actio (CO)
1	NAIC_PAYA_UB1_800003(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:51	NRIC/ Driving License	Normal	NRIC/ Driving License 3018-7-7	Edit
G-1	NAC_PAYA_UBS_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) bn 07 Jul 2018 16:51	NRIC/ Driving Ucerse	Normal	NR3C/ Driving License 2018-7-7	Edit
1.	NAC_PAVA_URI_ROOGDS(NATIONAL ASSESSMENT CENTRE SERVICES) on 07.3ul 2018 36:51	NRIC/ Driving License	Normal	NR3C/ Driving License 2018-7-7	Edit
110	NAC_PAYA, JIBL 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:S1	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-7	Edit
1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:51	SAS	Normal	SAS 2018-7-7	Edit
10	NAC_PAYA_UBI_BOOKOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:50	Photos	Normal	Photos 2018-7-7	Edit
THE STATE OF THE S	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:50	Photos	Normal	Photos 2018-7-7	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:49	Photos	Normal	Photos 2018-7-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:49	Photos	Normal	Photos 2018-7-7	Edit
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:49	Photos	Normal	Photos 2018-7-7	Edit
-	NAC_PAYA_UBJ_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 16:49	Photos	Normal	Photos 2018-7-7	Edit
♥ Video List					
	Uploaded By/Date Folder Date	File Name	9	Source	Action