Date In: 11/7/18 - 15:25	Jeb description	Date & Time Completed	Done by
Re[No: NA] NC18 012629 /24	SAS e-filing		
Veh No: SK4719X	E-mail (within Shrs, AIC 2hrs	()	
D.O.A: 6/3/R	i-Motor Claim Form	£00-1626001 TM	11/3/18 15:45
\sim	i-Motor W/O (Within: OD		
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	rt	
TP Insurer:	Ass't Report by Fax / Han	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(Tel: F	ax:
TP Particulars: Veh No:	k192335 . INC	C(,)/Non-INC().	AST VERNING
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
	\$1,000 ()/\$2,000 ()		
General Remarks;-			Some State of the
() Walk-In Customer: Customer's			
() Total Loss Case : to e-mail In	surer URGENTLY.	N	K0
		; Towing Co: (.)
			POLICE SERVICE
Cemarks:- (INC horline: 6788 661		Date&Time Completed	Done by
) Apply for Transport Allowance ()/Courtesy Car ()		
)/Courtesy Car ()	7	*
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: ate/Time Actions	() > \$3000] ()	reparation Checklist.	Anit (S) Ariti
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	11/07/2018 15:25
Date Of Accident	10/07/2018 19:45
Exact Location Of Accident	PIE (CHANGI) BEFORE JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK4714X
Insured/Policyholder	
Name Of Registered Owner	SUN VISTA TRANSPORT
Co Reg No	53311347D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 DOHC AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082010941-01
Cover Note Number	
Driver	
Name of Driver	KOH SHAW BOON (XU SHAOWEN)
NRIC No	S7516485H
Date Of Birth	31/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91476938
Fax Number	
Contact Number	OFFICE-91476938

NOEMAIL

Address BLK 182 RIVERVALE CRESCENT

#06-301

Postcode 540182

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

0

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? 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?

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKL9233S

Vehicle Make/Model/Colour MERCEDES/CLC180/BLACK

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver SIM HWEE FERN
NRIC/Passport Number S7835350C

Contact Number 91545574

Address 64 SPINGLEAF GARDEN

Postcode 788216

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJA8787L

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLS1847A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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 KOH SHAW BOON (XU SHAOWEN)

Approximate Age

Injuries Sustain HEAD

Injured person in which vehicle? SJK4714X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- 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.
- 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:
 - 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.

A POPL

Policyholder's Signature Date & Time Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

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.:

SINGAPO	PRE ACCIDENT STATEMENT	
A	CCIDENT STATEMENT	
Date Of Accident	* 10/07/18 Time 1945 Hrs	
Exact Location Of Accident	* PIE TOWARDS CHANGI - BEFORE	JLN EUNOS
DETAILS O	OF OWN VEHICLE (VEHICLE A)	JUN COMOUS
Vehicle Registration Number	· SJK 4714 X	
Insured Policynglass		
Name of Registered Owner	· SUN VISTA TRANSPORT	
NRIC/FIN/Passport Number	* 52211241201	
Manufamilian	233113440	
Manufacturer	HYUNDAI	
Model	130	
Exact Purpose for which vehicle was being	250	
used at time of accident	* Private use Commercial use Hire & reward	
Are unu statestus und	Others please specify	
Are you claiming under your own insura policy for repair to your vehicle?		
If No, please state action to be taken	* Yes No Others * Third Party Claim Reporting Only	
Vehicle Category		
Histories comments	CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO	
Name of Insurance Company	· NTUC	
Type of Coverage	· COMPREHENSIVE	
Fleet Policy	Yes No	
Policy Number	• [5082010941-01]	
Cover Note Number		
Diver		
Name of Driver	· KOH SHAW BOON	
NRIC/FIN/Passport Number	1975164851	
Date of Birth	- 3110511975	
Occupation	· DRIVER	
Date of Driving Pass	- 28/12/1998	
Gender	* Male Female	
Mobile Number	71476938	
Address		
	BIK 182 RIVERVALE CRESCENT # 06-301 (S) 540182	
Email Address	Paulkon75 @ gmail com	
Was driver an employee of the Insured's		
Company? If no, Relationship of the Driver with the	* Yes No	
Insured	· EMPLOYEE	

Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable)	
General Information of the Accident	
	The second secon
Type of Accident	CHAIN, COLLUSION
Weather Conditions •	Clear Raining Others
Road Surface	Dry Wet Others
Other Information	
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	Yes No
Details of injured Persons	AND PROPERTY OF THE PROPERTY O
Name *	KOH SHAW BOON
Address	BIK 182 RIVERVAUE CRESCENT \$ 06730
Approximate Age *	43 (5) 540/
Injuries Sustained •	BACK OF HEAD
If vehicle Occupants, state in which vehicle?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	
Details of Police Action	Yes No
	AND THE RESIDENCE OF THE PARTY
If Yes, please state which Police Station	Yes No
Was notice of intended Prosecution given? *	
If Yes, against whom?	Yes No
TOUR DESCRIPTION OF THE PARTY O	
	HICLE(S) / PROPERTIES (VEHICLE B)
Vehicle Registration Number •	SKL 9233 S
Vehicle Make / Model / Colour	MERCEDES / CLC 180 / BLACK
Detail Of Properties	
Varne of Driver *	SIM HUEE FERN
NRIC/Passport Number	S 7835350C
Contact Number •	91545574
Email Address	
Address	64 SPRINGLEAF GARDEN (S) 788216'
nsurance Company Name	(x) 100 PTC
lature of Damage	
Petalle CfcWimess	
lame	
Phone Number	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7516485H





KOH SHAW BOON (XU SHAOWEN)



CHINESE Date of birth

SINGAPORE

31-05-1975

REPUBLIC OF SINGAPORE DRIVING LICE



Name Number S7516485H

KOH SHAW BOON (XU SHAOWEN)

Birth Date: 31 May 1975 Issue Date: 17 Sep 2010



NHICN: S7516485H

Date of issue

03-08-2009

APT BLK 182 RIVERVALE CRESCENT #06-301 SINGAPORE 540182

NRIC No: \$7516485H

Date: 26/01/2013

No: 7245818

4440364

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 28 Dec 1998 of the driver; and other motor vehicles << 2590kg

NP 428A



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5082010941-01

The Policyholder

: SUN VISTA TRANSPORT

NIL

Period of Insurance

: 22 Oct 2017 To 21 Oct 2018

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$2,339.27

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver Named Driver (1)

: N/A

: N/A

Named Driver (2)

: N/A

Make/Model

: HYUNDAI/i 30

Capacity

: 1600cc

Registration Number

: SJK4714X

Registration Year

: 2008

Chassis Number

: KMHDC51DR9U137351

Off-peak Car

: No

Repair at Owner's Preferred Workshop: No Excess (Section 1)

: \$\$2,000

Insure with COE

Excess (Section 2)

NCD Entitlement : 0%

Windscreen Excess

: \$\$1,500

: \$\$100

NCD Protection

: No

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: S9 CAPITAL PTE LTD

Optional Cover

Transport Allowance

: No

Excess Waiver

: No

Memo A: The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. Endorsement Operative: N/A

Agency

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 19 Oct 2017 15:07 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					2.	Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								
Notice of Loss Policy No.		io.				Date of Acc	ident	10/07	//2018 19:45	3
	Vehicle	No.(For Motor)	SJK4714X							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082010941- 01	SUN VISTA TRANSPORT	53311347D	GPC	drivo CLASSIC	SJK4714X	S)K4714X	22/10/2017	21/10/2018
					I	Continue				

Policy No.	5082010941-01	Policyholder Name	SUN VISTA	TRANSPORT	Policyholder NRIC	53311347D	
Address	BLK 70B #07-527 TELOK BLA	NGAH HEIGHTS	TELOK BLAN	GAH RIDGEVIEW	SINGAPORE 102	070	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/10/2017	Effective Date	22/10/2017	7 00:00	Expiry Date	21/10/2018 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
- Folicy	BLK 70B #07-527	Addre	ss 2	TELOK BLANGA	H HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIEW
in a succession of the	DLK 700 #07-327	7.700					
Address 1	SINGAPORE 102070		ss Type	Singapore addre	ess	Post Code	102070
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Address 1 Address 4 Unit No.	SINGAPORE 102070	Addre Relate	ed Policy		SS.	Post Code	102070
Address 1 Address 4 Unit No.	SINGAPORE 102070 07-527 ad Object: SJK4714X	Addre Relate	ed Policy		ss	Post Code	102070

ccident MT/1002571								
olicy No.	5082010941-01	Vehicle No.	53K4714X		GST Registration N	io.		
licyholder Name	SUN VISTA TRANSPORT				Policyholder NRIC		53311347D	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSI	c	Loading		0	
Cact No. (Mobile)	NA	Contact No (DMcw)			Contact No.(Home)			
sil Address	3770							
	® No ○ Yes	Special Remark TCA	A. A.		eCode		AL V	
			® No ○Yes		eCode Reason			
O Protection	No	MCD Enotiement(%)	0		Private Hire		Not evailable	
Accident Details								
ort Date	11/07/2016 15:33	Accident Report Within 24 hrs	Yes		Accident Type		Chain Collision	
e of Accident	10/07/2018	Time of Accident hh:mm	19:45		Country of Accident		Singapore	
orting Centre		Orange Force			JCM No.		300000	
ident Location	PIE (CHANGI) BEFORE IALAN EUNOS EXT							
Benefits								
Excess								
	120000	727700 65						
n damage Excess	2,000.00	Additional Excess	0		Windscreen Excess		100.00	
named Driver Excess		Dutside Singapore OD Excess		2,000.00				
nd Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
GST Registered Inform	nation							
Registered	No		GST N	egistration Date				
Registration No.				tatus Venfied	No			
Offication History								
Policyholder Mailing A	ddress							
ovess 1	BLK 708 #07-527	Address 2	TELOK BLANG	SAH HEIGHTS	Address 3		TELOK BLANGAH RIDGEVIEW	
óréss 4	SINGAPORE 102070	Address Type	Singapore add	dress	Post Code		102070	
it No.	07-527	Related Policy Number	5102076741					
OI Driver Info			A CONTRACTOR					
ver Name		Driver Type						
named driver Name		Driver NRIC			Driver DOS			
pater Date of Driver Licens								
	•	Driver Age			Driving Experience			
ntact No.(Mobile)								
		Contact No.(Office)			Contact No.(Home)			
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