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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.
- 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	03/08/2018 17:42
Date Of Accident	02/08/2018 23:20
Exact Location Of Accident	JUNC KOH SENG RD & TEMBELING RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT2008E
Insured/Policyholder	
Name Of Registered Owner	KHOO LENG HONG
NRIC No	S0250188J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90292952
Alternative Phone No	OFFICE-90292952
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PREMIO 1.5F A
Exact Purpose for which vehicle was being use time of accident	ed at PRIVATE USE
Are you claiming under your own insurance po for repair to your vehicle?	NO NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072052188-02
Cover Note Number	
Driver	
Name of Driver	KHOO LENG HONG
NRIC No	S0250188J
Date Of Birth	16/09/1943
Occupation	INDOOR
Date Of Driving Pass	01/10/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90292952
Fax Number	
Contact Number	OFFICE-90292952
EMail Address	NOEMAIL

BLK 506B SERANGOON NORTH AVENUE 4 Address

#13-430 552506

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

Postcode

OWNER

Insurance Company of Driver's Own Vehicle

YES

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2

YES Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 4

Passenger 1

NAME: : HEW MOI

GENDER: FEMALE

Passenger 2

NAME: : TAN GIM BEE

GENDER: FEMALE

Passenger 3

NAME: : LIM KIM CHOOL

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709, POSTCODE: Police Station Address

550108, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180803/2098.

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL5975Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEONG KIN KOK MICHAEL

NRIC/Passport Number

S0165543D

Contact Number

97626488

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KHOO LENG HONG

Approximate Age

Injuries Sustain

NECK & BACK

SKT2008E

Were seat belts worn?

Injured person in which vehicle?

YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

Postcode

DETAILS OF INJURED PERSON 2

Name

HEW MOI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKT2008E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

TAN GIM BEE

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKT2008E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 4

Name

LIM KIM CHOOL

Approximate Age

Injuries Sustain

NECK & BACK SKT2008E

Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by

YES

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 <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 Fersonnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN			
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ECLARATION			
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licyholder's Signature te & Time:	Driver's Signature	Reporting Centre Personnel's Signature	
	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:	
	1000 C 100 C	ranic/rita (40):	

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SICT JOOK E

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 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.

Accident details

Date and time of accident	Date: 02 Any 2018	(DD/MM/YY) Time: 2220	(HH:MM)
Exact location of accident	Tembelly Koon		

Details of vehicle

Vehicle registration number	8£72108E
Vehicle make and model	Toyota Premio
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	PAvate
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim Reporting only D

Insurance information

Insurance company	NTUC	
Policy number	5072052188-02	
Type of policy	Comprehensive Third party fire & theft	TP only

Insured / Policy holder

Name	khoo hery Hong	Male 🗆	Female =
NRIC / Fin / Passport number	8 02501885		
Contact	9028 2852		
Address	Block 5068 Brangoon Horsh	15250	6

Driver

Same as insured above (skip to D.O.B)

Name		Male Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	16 lept 1843	
Occupation	Indoor D Outdoor D	
Driving date pass	01 Oct 1976	

General information of the accident

the insured's company? Accident captured by camera? Yesp No O Weather condition Clear Raining O Others: Road surface No of passenger 1 Name Gender Male Female Passenger 3 Name Gender Male Female Passenger 4 Name Gender Male Female Passenger 5 Name Gender Male Female Passenger 6 Name Gender Male Female Passenger 6 Name Gender Male Female Passenger 7 Name Gender Male Female Passenger 8 Name Gender Male Female Passenger 9 Name Gender Male Female Passenger 9 Name Gender Male Female Passenger 9 Name Gender Male Female Passenger 9 Name Gender Male Female Passenger 9 Name Gender Male Female Passenger 9 Name Gender Male Female Passenger 9 Name Other information Was anybody injured? Yesp No Deltails of police action Details of police action Reported to police? Yesp No Deltails of police station.		
Accident captured by camera? Yes No ON		No
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Passenger 5 Name Gender Male Female Passenger 6 Name Gender Male Female Other information Was anybody injured? Yes No Was other vehicle damaged? Yes No Details of police action Reported to police? Yes No If yes, please state which police station.		
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Other information Was anybody injured? Was other vehicle damaged? Petails of police action Reported to police? Yes No If yes, please state which police station.		
Was anybody injured? Was other vehicle damaged? Yes No Details of police action Reported to police? Yes No If yes, please state which police station.	Male 🗆	Female □
Mas other vehicle damaged? Yes No□ Details of police action Reported to police? Yes No□ If yes, please state which police station.	information	
Details of police action Reported to police? Yes No If yes, please state which police station.	ly injured? Yes	No 🗆
Reported to police? Yes No If yes, please state which police station.	ehicle damaged? Yes	No 🗆
	s of police action	
	police? Yes	No If yes, please state which police station
Police station name Serangoon NOAL MPC	7	7

Third party vehicle 1

Name	Lean kin tok ulichgel
Contact number	
NRIC / Fin / Passport number	901655430.
Vehicle registration number	86658757
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	

Witness 2

Name	
	_

Injured person 1

Name	Hew Wo?	
Injuries sustained	Heck & Back	
Which vehicle person in?	SKT 2008E	
Were seat belts worn?	Yes No D	
Was injured conveyed to hospital by ambulance?	Yes No 🗆	

Injured person 2

Name	Tan Gim Bee	
Injuries sustained	Heek & Back	
Which vehicle person in?	Ok Towalt	
Were seat belts worn?	Yes - No -	
Was injured conveyed to hospital by ambulance?	Yes P No D	

Injured person 3

Name	Lim Klus Cheo	
Injuries sustained	Heck & Back	
Which vehicle person in?	Skt nede	
Were seat belts worn?	Yes No D	
Was injured conveyed to hospital by ambulance?	Yes No.	

Injured person 4

Name	khoo hear Hour	
Injuries sustained	Heck & back	
Which vehicle person in?	SKT 2008t	
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to hospital by ambulance?	Yes - No	





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

1 of 4 Report No. T/20180803/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 16:19		Made:	Vide Report No.: G/20180802/0268		Station Diary No.:	
Informan	t's Partic	ulars				
Name of Informant:			Address:			
KHOO LENG HONG		G	APT BLK 506B SERANGOON NORTH SINGAPORE 552506		AVENUE 4 #13-430	
ID Type / ID No.:		08507.0	Contact No.:			
NRIC NO / S0250188J		88J	Home/Office: Mobile		90292952	
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Female	Age:	Date of Birth: 16/09/1943	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation CHURCH			Driving Licence Information: Class: 3	Date of	Expiry:	

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 02/08/2018 23:20		Type of Location X-Junction
Location: Along Road 1 KOON SENG At the junction Weather:			ng road Surface:		Pos	d Spood Limit
Clear Dry Traffic Flow: Traffic		: Control: ontrolled		Road Speed Limit: Traffic Volume: Light		
						Type of Collis

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKT2008E	Car	ТОУОТА	PREMIO 1.5F A	White		3
SLL5975Z						1

Details of V	ehicle Insurance			Section (CV)
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT2008E	NTUC Income Insurance Co-Operative Limited	5072052188-02	28/10/2017	27/10/2018





T/20180803/2098

2 of 4

Report No. T/20180803/2098

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

CONTINUATION OF REPORT

Details of Perso	n Involved			4755		
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL	- E	Use of Ped	destriar	Cross	sing: NA
Passenger		The State of State of		PERMIT!		
Name	TAN GIM BEE			ID No.		S0323022H
Related Vehicle	SKT2008E (Car)			Contact No.		NIL
Hospital/Clinic	CHANGI GENERAL	. HOSPITAI		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	03/08/2018	***************************************	Date Disc		NIL	
	ted Medical Leave	NIL	Degree of			
Passenger				NEW Y		
Name	HEW MOI		ID No.		S2735655	
Related Vehicle	SKT2008E (Car)		Contact No.		NIL	
Hospital/Clinic	CHANGI GENERAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	03/08/2018		Date Disci	and the second	_	V2018
	ted Medical Leave	05		gree of Injury NIL		
Driver					110-519	
Name	KHOO LENG HONG	3		ID No		S0250188J
Related Vehicle	SKT2008E (Car)	and the second second		Contact No.		90292952
Hospital/Clinic	CHANGI GENERAL	. HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	03/08/2018		Date Disch			/2018
No. of Days grant		04	Degree of			72.70





3 of 4

Report No. T/20180803/2098

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

CONTINUATION OF REPORT

Passenger					18 TO		
Name	LIM KIM CHOOI	ID No.		S0685234C			
Related Vehicle	SKT2008E (Car)	Contact No.		NIL			
Hospital/Clinic	CHANGI GENERAL HO	OSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	03/08/2018		Date Disc	ischarge 03/08		3/2018	
No. of Days gran	ted Medical Leave 0	5	Degree of Injury NIL				
Driver			CARLES				
Name	LEONG KIN KOK MICH	ID No.		S0165543D			
Related Vehicle	SLL5975Z		Contact No.		97626488		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disch	narge	NIL		
No. of Days grant	ed Medical Leave N	IL	Degree of		NIL		

Brief Details.

On 02.08.2018 at around 2330hrs, I was driving my vehicle SKT2008E with 3 of church members travelling along Koon Seng road towards Still road. As I was driving, suddenly there was a fast oncoming vehicle SLL5975Z from the right side of Tembeling road which dashed across and hit onto my vehicle's front side. I was traumatized by the impact and the rest of my church members was observed to be injured. Both of us then shifted our vehicles to the road shoulder to prevent bus obstruction. I alighted and the said driver approached me blaming that I was in the wrong. One of my church members made a call to her son Lim Beng Heng Derrick S7419809J who made a call to the ambulance A while later traffic police and ambulance arrived at the scene. Two were conveyed =to Changi General Hospital while the other two passengers were sent by Derrick. All statements was recorded. Traffic police IO Feroz advised me to lodge an accident report. I wish to state that the said driver had admitted that it was his mistakes as he did not stop before the white line.





4 of 4

Report No. T/20180803/2098

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

CONTINUATION OF REPORT

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 65/474885 stating the **report number** as reference.

0: 1 0/0% D		
Signature Of Officer Recording 1	he Report:	Signature Of Informant:
Sgt 3 MUHAMMAD ASYRAF BII	N ARIS	(yb)
Signature Of Interpreter:		Date/Time:
Not applicable	1	03/08/2018 16:19
Officer In Charge Of Case: TP / GIT /	L	Classification Of Case:
SI THABAGESH JEYATHESH		
Contact No.: 65476232		SN 154
Authentication Stamp NP168	Sign	nature:
	Singapore Police	ce Force



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0250188J



Name

KHOO LENG HONG



CHINESE

16-09-1943 SINGAPORE

502501883

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





08-06-2010

APT BLK 506B SERANGOON NORTH AVENUE 4 #13-430 SINGAPORE 552506

NP 428A





Certific	cate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	ATION) RULES, 1960
Certificate Number: 5072052188-02	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder. Provided that the person driving is permitted in the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from dri 6. Limitations as to Use# (a) Use for social domestic and pleasure purposes This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or social Use for the carriage of goods (other than sample) (d) Use for any purpose in connection with the Mo	: SKT2008E : NZT2603038601 : KHOO LENG HONG : 28 Oct 2017 : 27 Oct 2018 colder's order or with his/her permission. In accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any living the Motor Vehicle. and in connection with the Policyholder's business or profession. speed-testing. les) in connection with any trade or business. stor Trade.
Act (Chapter 189) and Section 95 of the Road Tr headings.	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: \$\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KHOO LENG HONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify that the Policy to which this Certific Vehicles (Third Party Risks and Compensation) Act (Cha Agency : SIMPLY CARS PTE, LTD. (0000057 Date of Issue : 25 Oct 2017 10:24 hrs	cate relates is issued in accordance with the provisions of the Motor pter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Countersigned By:	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Authorised Office	er Chief Executive

eBao Tech								1		Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	0	2/08/2018 2	3.20	
	Vehicle	No.(For Mator)	SKT200	08E		Certif	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072052188+ 02		KHOO LENG HONG	S0250188)	GPC	drivo CLASSIC	SKT2008E	SKT2008E	28/10/2017	27/10/2018
						Continue	l				

Policy No.	5072052188-02	Policyholder Name	KHOO LENG	HONG	Policyholder NRIC	S0250188J	
Certificate No.							
Address	BLK 506-B #13-430 SERANG	OON NORTH AVE	NUE 4 SING	APORE 552506			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/10/2017	Effective Date	28/10/2017	00:00	Expiry Date	27/10/2018 23	59
Excess Type		All Claims Excess					
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			Young/	Inexperience Driver Excess
Agent	SIMPLY CARS PTE, LTD.	Agent Tel.	63663322		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy	holder Mailing Address						
Address 1	BLK 506-B #13-430	Addre	ess 2	SERANGOON NORT	H AVENUE 4	Address 3	SINGAPORE 552506
HOUTESS I		Addre	ess Type	Singapore address		Post Code	552506
		ridari					
Address 4 Unit No.			ed Policy per	5072052188-02			
Address 4 Unit No.	ed Object: SKT2008E	Relat		5072052188-02			
Address 4 Unit No.	Control of the Contro	Relat		5072052188-02			

Claim Handling					· Exi
Accident MT/1005890					
Policy No.	5072052188-02	Vehicle No.	SKT2008E	GST Registration No.	
Certificate No.					
Poscyholder Name	KHOO LENG HONG			Policyholder NR3C	sozsotasz
Product Code	PRIVATE CAR INSURANCE	Cover Type	driyo CLASSIC	Loading	0
Contact No. (Mobile)	90292952	Contact No. (Office)	0.	Contact No.(Home)	0
Email Address		Special Remark		eCode	rai 🗸
KPK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Report Date	03/08/2018 18:06	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	05/08/5018	Time of Accident Nh:mm	23:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC KOH SENG RO & TEMBELING RD				
▽ Benefits					
T Excess					
Dwn damage Excess	600,00	Additional Excess	0	Windstreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform					
GST Registered GST Registration No.	No.		GST Registration Date	100	
Modification History			GST Status Verified	Yes	
Policyholder Hailing Ad	ddress				
Address 1	BLK 506-B #13-430	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 552506
Address 4		Address Type	Singapore address	Post Code	552506
Link No.		Related Policy Number	5072052188-02	1-1100-1	
OI Driver Info					
Driver Name	KHOO LENG HONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NICIC	50250188)	Driver DOB	15/09/1943
Register Date of Driver License	01/10/1976	Driver Age	74	Driving Expenence	41
Contact No.(Mobile)	90292952	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK S08-B	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 552506
Address 4		Address Type	Singapore address	Post Code	552506
Unit No.	13-430				
Does he own a Singapore Registered car?	○ Yes ④ No	Driver Vehicle No.		Driver Insurer Company	
Declaration.					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Claim 001 New					
Claim Type •	DD-MX	Insured Name	19100 LENG HONG	Insured NRIC	502501883
Contact No.(Mobile)	90292952	Contact No.(Home)	64818619	Contact No. (Office)	NDL
Email Appress	patkhoo7@singnet.com.sg	OT Vehicle Number	SKT2008E	TP Vehicle Number	SL15975Z
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name +	22	Clamant NAIC *			
Claim Description	SKT2008E / SLLS975Z ON 2 Aug 2018			Name of Preferred Workshi	ор
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/08/2018 18:07	Claim Close Date		Date Received	03/08/2018 00:00
Report Taken By	Jackson				
Print AK letter					
			2.00		
			Seve Submit		
Attachment					
79					
Accident No.	MT/1005890	Claim No.	001		
Last Doc. Received	® Yes □ No.	Upload Date	03/08/2018 18:08		
-18/000001F(-0/18/-)	Patn +	THE PERSON NAMED IN		Confidence	
	Path.*	Browse.	Category •		pency * Description *
		Browse.		Z Name	
		Browse.		Z NO V Norma	
		Browse.	Clear Please Select	NO V North	N V

