Date In: (6 8 18 -14.05	Jcb description		Date & Time Completed	Don	ie by
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	Assessment/Su				
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Preferred Wksp / INC Assign Wksp / QW: (7 1100		Fax:	-
TP Particulars: Veh No: JH	·	INC (
Owner / Driver: (14100/4		Tel:)	- 725 -
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (· onou. (Date:	Time:		
	Note-Fet Status (V		0%; P: 21-79%. F: 80-	100%]	
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Year of Registration: ())/NO(/		
Excess: (\$) Loading:\$			A Managara A 7 Sale (17 at 15 A C)	773 5 7 7 7 5	
General Remarks:-				Section 1	1.
() Walk-In Customer's in	nformation strictly Cor	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.	*	No. of the last of		
Drive-In ()/ Towed-In (); Invo	oice: YES () / N	T; () OI	'owing Co: ()
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Remarks:- (INC horline: 6788 6616			Date&Time Completed	Don	e by
	/ Courtesy Car ()			
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ())	*		
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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.
 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.
- 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

aloresaid,	
Data Sopradella syrencia	ACCIDENT STATEMENT
Date Of Report	16/08/2018 14:05
Date Of Accident	15/08/2018 20:30
Exact Location Of Accident	HAVELOCK RD TWDS NEW MARKET RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS6961T
Insured/Policyholder	
Name Of Registered Owner	CRICKET TRADING
Co Reg No	53370257K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E MANUAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094270966
Cover Note Number	
Driver	

Driver

Name of Driver ANG GORDON NRIC No. S9136699A Date Of Birth 14/10/1991 Occupation OUTDOOR Date Of Driving Pass 28/01/2010

Driving Experience 8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98528570

Fax Number

Contact Number OFFICE-98528570

EMail Address NOEMAIL Address BLK 940 HOUGANG STREET 92

#14-19

Postcode 530940

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured F

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

FRIEND

General Information of the Accident

1 40 60

Type Of 'Accident COLLISION - CHANGE/CROSS LANE

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : DAVE CHUA JUN KIAT

GENDER: : MALE

NO

NO

4

Passenger 2

NAME: JASON ANG LI JIE

GENDER: : MALE

Passenger 3

NAME: : ONG HUI MIN, PHYLLIS

GENDER: : FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJH7100M

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

ANG GORDON Name

Approximate Age

BODY Injuries Sustain

SJS6961T Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 2

DAVE CHUA JUN KIAT Name

Approximate Age

BODY Injuries Sustain SJS6961T Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

Name JASON ANG LI JIE

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SJS6961T Were seat belts worn? YES Was this injured conveyed to hospital by NO ambulance?

Address Postcode

DETAILS OF INJURED PERSON 4

ONG HUI MIN, PHYLLIS Name

Approximate Age

BODY Injuries Sustain SJS6961T Injured person in which vehicle?

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.
- This Form must be completed by the Pollcyholder 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark of the insurance companies.
- 5. Any faise 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)

t 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 Monstery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (f) processing, handling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the actident 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 netices 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 few in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insured(s) who have insured vehicle(s) involved in this occident 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 Personal and
- (c) my Personal Information may/can be disclosed by say of the insurers and/or GIA to their third party service providers or agents/including their lawyers/law firms), which may be sked outside of Singaporo, for one or more of the above Purposes.
- (a) 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 dalms.
- (a) the information so collected under (d) above thay 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:

TRA

REG.NO.

Oriver's Signature (If Griver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.1

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On 15 A	ugust 2018 at around 8-30 pm , I was	travelling on
	N. (1997)	
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Ryo No 12		
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R4 NO ZX		
R40 NO K G		

REG.NO. 2 (53370257K)

Policyholder's Signature Date & Time: Oriver's Signature

(If driver is not the policyholder)

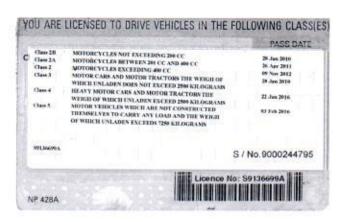
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No :

Date of Accident	: 15 August 16 Accident Time: 20:30 (24-HR-Format)
Accident Place	: Along Have book Road toward, New Market Road
Vehicle Reg. No. (Car Plate No.)	: SJS6961T
Vehicle Make/Model	: TOYOTA VIDS
Insurance Company	:_NTUC Policy No
Owner or Company Name /IC No.	: CRICKET TRADING
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: ANG GORDON
DRIVER'S Date Of Birth	: 14/10/1991 DRIVER'S License Pass Date 28 Jan 18
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: APT BLK 940 HOUGANG STREET 92 #04-19
DRIVER'S Contact No./ Alt No.	:1) 9852 8570 2) S530143
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Weiguan 0312@ gmail.com
Weather & Road Surface	CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only (Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver):
Was there any video Captured by c Exact purpose for which vehicle w	ar camera VES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SJH7100	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9136699A





Name

ANG GORDON

洪

国 龙

CHINESE Date of birth 14-10-1991 M

5013969PA

Country of birth SINGAPORE

MRC No. S9136699A

14-10-2006

APT BLK 940 HOUGANG STREET 92 #14-19 SINGAPORE 530940



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: 5094270966-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJS6961T

Chassis Number

: MR053HY9305127089

2. Name of Policyholder

: CRICKET TRADING

2. Italie of FolicyHolder

CRICKET TRADIN

3. Effective Date of Insurance

: 18 Sep 2018

4. Expiry Date of Insurance

: 17 Sep 2019

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.

 EXCESS (SECTION 1)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : 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 : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : S9 CAPITAL 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

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 25 Jul 2018 11:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	, Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.					Date	of Accident	[5/08/2018	20:30	
	Vehicle	No (For Motor)	SJS696	1T		Certif	icate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094270966		CRICKET TRADING	53370257K	GPC	drivo CLASSIC	SJS6961	SJS6961T	18/09/2017	17/09/2018
				20110000	10	Continue	I				

Seque	nce Date of Endorsemen	t	Endorsemen	t Type	Endorsement	Status	Endorsement Content
	sements						
D Insure	d Object: SJS6961T						
Init No.	14-19	Relati	ed Policy er	5094270966-01			
Address 4			ess Type	Singapore address		Post Code	530940
Address 1	BLK 940 #14-19	Addre	ess 2	HOUGANG STREET	92	Address 3	SINGAPORE 530940
Policy	holder Mailing Address						
Certificate nfo							
Policy nfo							
Open							
nsurance lag	No						
Co-	The state of the s	rigent reti	00100000		Corney		
Agent	TONG HIN INSURANCE AGENCY	Agent Tel	65155333		GST Flag	Y	
Singapore DD Excess	2000	Singapore TP Excess	1500			Young/Ir	nexperience Driver Excess
Outside		Premium Outside	350				
Additional excess	0	os	0				
Party	1500	damage Excess	2000		Windscreen Excess	100	
Type Third		Excess Own					
Date Excess		All Claims		TO MANUFACTURE OF THE PARTY OF	wagen y water	27,00,2010 2012	
Policy ssue	18/09/2017	Effective	18/09/201	7.00:00		17/09/2018 23:5	SQ.
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 940 #14-19 HOUGANG STR	EET 92 SING	APORE 53094	40			
Certificate No.							
Policy No.	5094270966	Policyholder Name	CRICKET T	RADING	Policyholder NRIC	53370257K	

Claim Handling					. 4
Accident MT/1007471					
Policy No.	5094270956	Verycle No.	SJS6961T	GST Registration No.	
Certificate No.					
Policyholder Name	CRICKET TRACING			Policyholder NR3C	53370257K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	o.
Contact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Spepal Remark		eCode	to. V
KPK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NOD Protection	No.	NCD Entriement(%)	0	Private Hire	Yes
 Accident Details 					
Report Date	16/09/2018 14:46	Acadent Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	15/08/2018	Time of Accident Nh.mm	20:30	Country of Accident	Singapore
Reporting Centre		Oranga Force		ICM No.	
Accident Location	HAVELOCK RD TWDS NEW MARKET RD				
 Benefits 					
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OO Excess	2,000.00		
Trind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Vented	No	
Modification History					
© Policyholder Mailing Ad	Idrace				
Address 1	BLK 940 #14-19	Appress 2	HOUGANG STREET 92	Address 3	SINGAPORE 530940
Address 4	DEN 240 9 14 15	Address Type	Singapore address	Post Code	530940
Unit No.	14-19	Related Policy Number	5094270966-01	Plac Code	530940
○ OI Driver Info	14-13	Resects Forcy Humber	3034270000-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	ANG GORDON	Driver NRIC	59136699A	Driver DOS	14/10/1991
Register Date of Driver License		Driver Age	26	Oriving Experience	8
Contact No.(Mobile)	96526570	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 940	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530940
Address 4		Address Type	Singapore address	Post Code	530940
Linit No.	14-19				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Andrew et rail.					
Declaration					
Breathalyser or Blood Test Reading?	Omg	Any injury?	® Yes ○ No		
Modification History					
Committee of the commit					
Claim 001 New					
Claim Type •	OD-MX	Insured Name	CRECKET TRADING	Insured NRIC	53370257K
Contact No. (Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		Of Vehicle Number	S356961T	TP Vehide Number	S3H7100M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	To Autoria Manager	(2370) 20071
Claimant Name *	22	Claimant NR3C *			
Claim Description	SIS6961T / SIH7100M ON 15 Aug 2018			Name of Preferred Workshop	7
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Require Finalisation	Ves v	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received.
Date Registered	16/08/2018 14:48	Claim Close Date	Presented Montalogy, Name Continues.	Date Received	16/08/2018 00:00
Report Taken By	Tackson	Section Section (Said Catalogue	1000000100000
	product				
Print AK letter					
			Save Submit		
Attachment					
2					
•					
Acodem No.	MT/1007471	Claim No.	001		
Last Doc. Received	Yes ○ No	Upload Date	16/08/2018 14:49		
	Path *		Category *	Confidential Urger	cy * Description *
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		Browse	Clear Please Select	Normal V Normal	V
		Browse	Clear Please Select	Normal V	V
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