NATIONAL Assessment Centre	Services were some			V-10-07-07-07	
Date In 14/09/18	Jeb description	Date & Time Completed	Done	by	
Ref No NA/INC18016827/13	SAS e-filing	 			
Veh No SL48063M	E-mail (within 8hrs, AIC 2hrs)			7	
DOA 14/04/18 1030	i-Motor Claim Form	milinus is - c			
OD (1) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
	i-Photo Uploaded			-	
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel: Fax	:	-	
TP Particulars: Veh No:	5418474 INC)/Non-INC ()	<u> </u>		
Owner / Driver: (Tel:)		
Policy No: () Peri	od: (Cover Type: (
Confirmed by : (Date:	Time:			
Insured/Driver Liability (%) [N	ote-Est. Status (WO): N: 0-2		%1		
)	7.0]		
	0()/\$2,000()	1			
General Remarks:-	7, 02,000 ()				
() Walk-In Customer: Customer's inform	STOLE TOWN WITHOUT SUBJECT	ASSEMBLE BOOKEN, JULIE -			
Apply for Transport Allowance () / Co QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	() 00] ()				
Injury: ————		· · · · · · · · · · · · · · · · · · ·			
Date/Time Actions	Table Yeshin Sanga	Market agus vegavar			
			-		
		-			
NA1805872	Invoice Pre	paration Checklist	Amt (\$)	Amit (\$	
laimant's Particulars :-	1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC (\$80)			
Priver/Owner:	3) TF : Towing I	Foc \$40/\$4.			
ontact No:		'hrough Survey (Resurvey) \$30	-		
		gainst INC Only (wef 10 Jan 2005) ction \$7:			
amaged Portion:	6) TR : Re-inspe 7) NI : Idac DA			(F)	
	8) NTUC Additi	onal Services;-	-	-	
C Checked by (Engr-In-Charge):	*N5: Courtesy	Car / Tpt Allowance \$:	5		
	*N6: Repair C *N7: Post Rep		Marian Company of the Parket o		
uditors' Comments :-	120 A Co. C.	MIC Inspection 54.			
at. 1:	<u>TP (N11) : TF</u>	(Non INC) against INC \$20)		
t. 2 / 3:	9) N12: Idne Mo Invoice dated	bile 30 Fee Charged		N' N' Ja	
	Invoice dated	Fire Charged	-iria		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number 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.
- 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.

SERVICE ASSESSMENT OF THE PROPERTY OF THE PROP	ACCIDENT STATEMENT
Date Of Report	14/09/2018 14:32
Date Of Accident	14/09/2018 10:30
Exact Location Of Accident	SLP RD FROM LOYANG AVE TO PASIR RIS DR 3
Country/State of Loss	SINGAPORE
with the second of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU8063M
Insured/Policyholder	
Name Of Registered Owner	KHOO AH SUAN JOYLEEN
NRIC No	S1579587E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94528167
Alternative Phone No	OTHERS-94528167
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095306545
Cover Note Number	
Driver	
Name of Driver	TAN HENG HENG
NRIC No	S1157924H
Date Of Birth	06/07/1956
Occupation	INDOOR
Date Of Driving Pass	08/05/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92728760
Fax Number	

NOEMAIL

Address 120J TANAH MERAH BESAR LANE

Postcode 498938

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

510

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

ambulance :

YES

NO

1

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

YES

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH1847H

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)

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.
- 3. 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 part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:
 - (i) 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
- 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 signatury (If driver is not the policyholder)

Date & Time:

g Centre Personnel's Signature

Name:

NRIC/FIN No .:

VEHICLE B- SLH 1847H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1	WAS STATIONARD STOPPED AT THE GIVEWAS LINE OR
SLI	P ROAD 4 LOSANG AVE INTO PASIR RIS DR 3".
WH	ILIZ I WAS WASTING AND GIVING WAY TO THIR
ON	- CLOING TRAFFIC ALONG PASIR RIS DR 3, WHILE SUDDER
I	PELT A IMPACT FROM THE REAR OF MY VEHICLE.
Au	IGHTED FROM MY VEHICLE AND REALIZED IT WA
	VEHILCLE WITH LICENCE PLATE (SLH 1847H) THAT
	LLIDED TO THE REAR OF MY VEHICLE.
URM	11 CLE A - SLU 8063 M
VEH	11 CUZ B - SCH 1847 H.
)

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:

Report of Centre Personnel's Signature

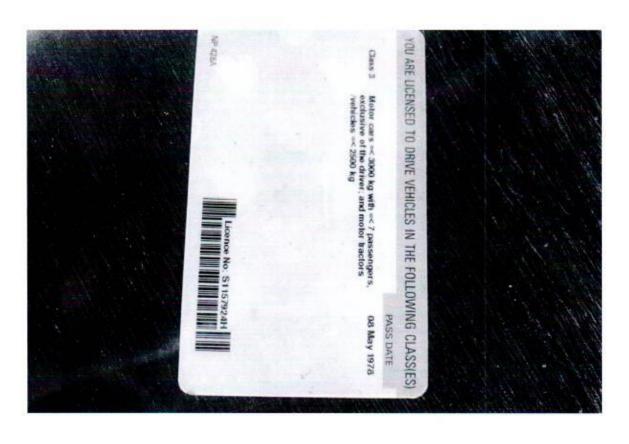
Name:

NRIC/FIN No.:

Vehicle No.	SLU 8063 M Model/Make TOSOTA HARRIER
Date of Accident	I HOREITA HOREITER
Time of Accident	14/9/2018. HRS 10.30 gm.
Location of Accident	7 7 90 9
Exact purpose use during acc	SLIP ROAD FROM LOYAND AND TO PASICRIS DR
Name of Owner	12400 AH SWAN JOYLARN
Telephone No.	H/P: 9452 8167 Home: Office:
NRIC	5 1579587 & Office:
Address	
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	OD THIRD PARTY REPORTING ONLY
Type of Coverage	
Policy No.	Comprehensive Third Party Third Party / Fire / Theft
News of D.:	
Name of Driver	As Above If NO, TAN HENLY HENLY
NRIC	S 115 79241-1 Any Passengers: 0
Date of birth	\$ 107/56
Occupation	Outdoor / kidoor
Driving License Pass Date	08 mad 1978
Gender	Male / Female
Contact No.	H/P: 92728760 Home: Office:
Address	1203 TANAH MERAH BESAR LANE S(498938)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Sports
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SCH 1747 H Any Passengers: 3
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REDR
Camera Recorder	Yes / No
Email Address	
HAVE YOU BEEN APPROACH B	Y UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	N-51 BURDMORNE PTE LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
AX NO	6741 0510
	sales @ n51. com. sg





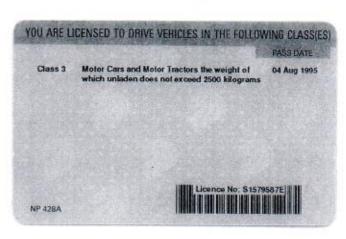
















Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISES AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) Cover : drivo PREMIUM

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095306545

- 1. Index mark and Registration Number of Vehicle
- Chassis Number Name of Policyholder
- 3. Effective Date of Insurance
- 4. Expiry Date of Insurance
- 5. Persons or Classes of Persons entitled to drive!
- (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 (a) The Policyholder. 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.

SLU8063M

25U600064775 KHOO AH SUAN JOYLEEN

31 Oct 2017

: 30 Oct 2018

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. 6. Limitations as to Usea

This Policy does not cover

- (c) Use for the carriage of goods (other than samples) in connection with any trade or business. (b) Use for racing, pace-making, reliability trial or speed-testing.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) (d) Use for any purpose in connection with the Motor Trade. Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

5\$600 headings. EXCESS (SECTION 1) N/A EXCESS (SECTION 2) : 55100 WINDSCREEN EXCESS - N/A

: PLEASE REFER OVERLEAF ADDITIONAL EXCESS UNNAMED DRIVER EXCESS . YES REPAIR AT OWNER'S PREFERRED WORKSHOP · YES YES

INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO

: KHOO AH SUAN JOYLEEN EXCESS WAIVER TAN HENG HENG PRIMARY DRIVER

NAMED DRIVER (1) HUP LONG AUTOMOBILE PTE LTD NAMED DRIVER (2) MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS HIRE PURCHASE COMPANY SUM INSURED

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)

: HO SEET PENG (00000573621) Agency : 31 Oct 2017 14:33 hrs

Date of Issue

Countersigned By:

Authorised Officer

Chief Executive

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Annex A

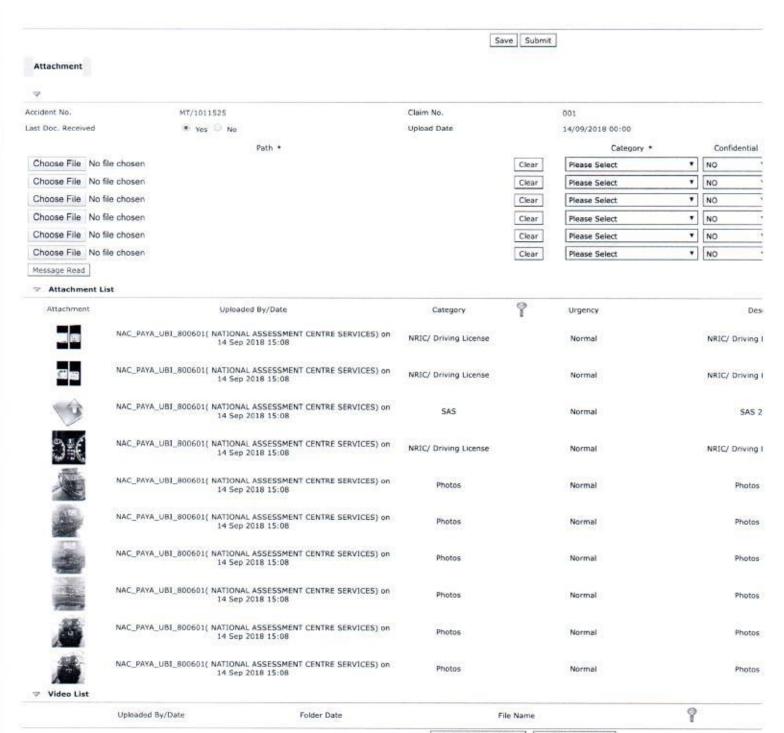
Transaction ref 20171031123738542100

The owner and vehicle particulars for Vehicle No. SLU8063M as at 31 Oct 2017 are as follows:

		CHOO AH SUAN JOYLEEN
1.	Name	Singapore NRIC
2	HIGHII ICHIIM A TOUR A JA	\$1579587E
3.	Identification (vo.	
4	Place Of Passport Issue	201 TANAH MERAH BESAR LANE
5	Registered Address	SINGAPORE 498938
6.	Mailing Address	SLU8063M
7.	Venicle No.	31 Oct 2017
9.	Original Registration Date	31 Oct 2017
10.		31 Oct 2017
11.	Vehicle Type	P11 - Passenger Station Wagon/Jeep/Land Rover
12	Vahiela Scheme	Normal
13.	Attachment 1	With Sun Roof
14.	Attachment 2	
	Attachment 3	
15.		TOYOTA
16.	Vahiela Model	HARRIER PREMIUM 2.0 CVT
17.	Year of Manufacture	2015
18.	Primary Colour	Black
19.	Secondary Colour	
21.		4
22.	Chassis/Trailer Chassis No.	ZSU600064775 /-
23.	on the Canadard	Petrol / JPN2009 + Port Fuel Injection
1-91201	Faring No (Motor No.	3ZRB681019 /-
24.	Engine Canacity(cc)/Power Kating(kw)	1700
25.	Design District Chilling & William	111.0 / 148
26.	tt to don Weight(ke)	1610
27.	1 den Weighlikg)	1885
28.	Onen Market Value	\$35,436.00
30.	PARF Eligibility	Yes
31.	PARF Eligibility Expiry Date	: 30 Oct 2027
32.	Minimum PARF Benefit	: \$18,305.00
33.		2017110103001311M
34.	COE No.	: 30 Oct 2027
35.	The state of the s	: B - Car above 1600cc or 97kW (130bbp)
36.	COT Catagory	: B - Cal applye 1000cc of 37KH (120cmb)
37.	Onota Premium/Prevailing Quota Premium	; \$49,996.00 e40,006.00
38	Actual Quota Premium/PQP Paid	549,990.00
39	. Actual ARF Paid	: \$36,611.00
40	. CO2 Emission(g/km)	: 133.00
41	. Actual CEVS Rebate Utilised	: \$5,000.00
42	. CEVS Surcharge Paid	
43.	Actual Green Vehicle Rebate Utilised	
44.	Vehicle Lifespan Expiry Date	
45.	Road Tax Amount	: \$598.00
46.	Road Tax Start Date	: 31 Oct 2017
47.	Road Tax End Date	: 30 Apr 2018
	Remarks	: This vehicle is eligible for PARF.
48.	Remarks	To renew the COE, the Prevailing Quota Premium payable is that of Category B.

Claim Handling

Accident MT/1011525						
Policy No.	5095306545	Vehicle No.	SLU8063M		GST Regist	tration No
Certificate No.						
Policyholder Name	KHOO AH SUAN JOYLEEN				Policyholde	er NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading	
Contact No.(Mobile)	94528167	Contact No.(Office)	0		Contact No	o.(Home)
Email Address		Special Remark			eCode	
KFK	• No Yes	TCA	No Yes		eCode Rea	950n
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hir	re
Report Date	14/09/2018 15:04	Accident Report Within 24 hrs	Yes		Accident T	Гуре
Date of Accident	14/09/2018	Time of Accident hh:mm	10:30		Country of	f Acciden
Reporting Centre		Orange Force			ICM No.	
Accident Location	SLIP RD FROM LOYANG AVE TO PASIR RIS DR 3					
▽ Excess						
Own damage Excess	600.00	Additional Excess	0		Windscree	en Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00		
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
▽ Benefits						
	ion					
GST Registered	No		GST Regis	tration Date		
GST Registration No.			GST Statu			Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	120J TANAH MERAH BESAR LAN	Address 2	SINGAPORE 49893	18	Address 3	
Address 4		Address Type	Singapore address		Post Code	8
Unit No.		Related Policy Number	5095306545			
♥ OI Driver Info		10)				
Driver Name	TAN HENG HENG	Driver Type	Named Driver			
Unnamed driver Name	X NOT VESTERSON DOTS	Driver NRIC	S1157924H		Driver DO	В
Register Date of Driver License	01/01/1978	Driver Age	62		Driving Ex	xperience
Contact No.(Mobile)	92728760	Contact No.(Office)	0		Contact N	
Address 1	1203 TANAH MERAH BESAR LAN	Address 2	SINGAPORE 49893	38	Address 3	
Address 4	1200 Private Pictors I Branch and	Address Type	Singapore address		Post Code	
Unit No.					200000000000000000000000000000000000000	
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.			Driver Ins	surer Con
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes (e) No			
Modification History						
Claim 001 OD-MX New						
Claim Type •				OD-MX	Insured Name	кноо
Contact No.(Mobile)				94528167	Contact No.	62787
					(Home)	
Email Address				HELLO@DESSERTGURU.SG	Vehicle Number	SLU80
Claim Description				SLU8063M / SLH1847H ON	14 Sept 2018	
Preferred	Insured Liability Not at Fault	•				
	Profesered Liability Not at Fault	C14		1		
Workshop Sontiet No. Vac	FIGURE		*	1		
	Repair Option Preferred Workshop (refer	below) Feport Received	•	14/09/2018 15:09	Claim Close Date	
Workshop 899WKt No. Finalisation	Repair Preferred Workshop (refer			·	Close	p



Display in New Window Scan and uploading