Date In: 17 1918-17:57	Jeb description	Date &Time Completed	Done by	
Re[No: NA] 1 NC180 6970 24	SAS e-filing			
Veh No: 6w68lak	E-mail (within Shrs, AIC 2hrs)	T		
D.O.A : K G 18 -17:00	i-Motor Claim Form	M7/10/18/19-001	17/9/8 18:24	3
	i-Motor W/O (Within: OD 2hr			
OD : TP : Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report	1		
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:)
TP Particulars: Veh No: Judga	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	Te.
Year of Registration: () W	arranty: YES ()/NO ()		Man 1111
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:			STANT SECTION	W)
() Walk-In Customer: Customer's inform	nation strictly Confidential & St	rictly NO refer of repairer.	•	C-MUNIC
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T	owing Co: (.)	
		3.00	Doneby	
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Con		Date&Time Completed®	Done by	- "
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Con 2) QC Check / Post Repair Inspection	urtesy Car ()	Date&Time Completed	Done by	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Con	urtesy Car ()	Date&Time Completed*	Done by	
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e special car

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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	17/09/2018 17:52
Date Of Accident	15/09/2018 17:00
Exact Location Of Accident	JUNC PAYA LEBAR RD & SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW6810K
Insured/Policyholder	
Name Of Registered Owner	KOYO REFRIGERATION AND AIR CONDITION SERVICES
Co Reg No	10403100W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67452869
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5061594406-05
Cover Note Number	
Driver	
Name of Driver	CHAN FOOK ONN
NIPIC NIe	S10142207

 Name of Driver
 CHAN FOOK ONN

 NRIC No
 \$1014230Z

 Date Of Birth
 06/05/1946

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/04/1964

 Driving Experience
 54 YEARS AND 5 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-98179046

 Fax Number

Contact Number OFFICE-98179046

EMail Address NOEMAIL

Address

BLK 8 EUNOS CRESCENT

#01-2673

Postcode

400008

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 - 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?

NO

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.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

83.e

GENDER:

: MALE

Passenger 2

NAME:

. .

GENDER:

: MALE

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

SLD6933E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOANNA WONG QUEE HENG @JOANNA WOO QUEE HENG

NRIC/Passport Number

S1138945G

Contact Number

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:
 - 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

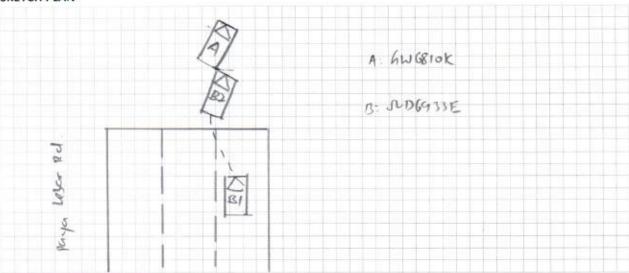
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to	Hartement.		
		/	

DECLARATION

KOVO Pofiligaretian & Amoon Conjoer
Blk 3 Europ Consont
#01-2073

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personne Signature

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN FROM LANE 2 PAYA LEBAR RD TWDS SIMS AVE. SUDDENLY VEHICLE B WAS TRAVELLING ALONG LANE 1 CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 9 /	(DD/MM/YYYY), TIME:(17 : 00)(HH:MM)
LOCATION: MOC Page 1	elar Rd & Jims Ave
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 6	
b)INSURANCE COMPANY	
C)POLICY TYPE: (COMPRE	HENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	THENSIVE / THIRD PARTY PIKE &THEFT)
	/ MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	RIVATE / COMMERCIAL / MOTORCYCLE)
	ACCIDENT TIME: WUT IS TO
i) ARE YOU CLAIMING UND	DER YOUR OWN INSURANCE (YES/NO)
	RD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	erstion and air ronditionmale / FEMALE)
b)NRIC/FIN/PASSPORT:	10403100W CONTACT: 67 47838 69
c)ADDRESS:	CONTACT: 04 NOTE
* CONTINUE TO 3.d IF DRIV	YER ALSO POLICY HOLDER
Ho of passengs DRIVER	STANDARD CONTRACTOR AND
(Including disa) a) NAME: UNA POOK	Total Total
DINNIC/TIN/F ASSFORT.	(MEN 801/162) (MARIN 68)
c) ADDRESS: Blic & Euna	s (many 801-1673 (42008)
*d)DATE OF BIRTH: (6 /	1 /1946)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR	OUTDOOR
f) YEARS OF DRIVING EXPRE	Secretary and the secretary an
 WAS DRIVER AN EMPLOY 	EE OF THE INSURED'S COMPANY? (YES) NO)
	THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (C	CLEAR / RAINING / OTHERS
b)ROAD SURFACE: ORY / 1	WET / OTHERS
 WAS ANYBODY INJURED (Y a) REPORTED TO POLICE (Y 	
IF YES, PLEASE STATE WHIC	CH POTICE STATION:
8. THIRD PARTY VEHICLE	STIT OLICE STATION.
He of passanger a) VEHICLE NUMBER: JUD	6937E. MODEL:
Including driver) b) DRIVER'S NAME: JOAN	no wong ance tring @ Junna woo suce the
c) NRIC/FIN/PASSPORT;	CONTACT:
9. THIRD PARTY VEHICLE	
No of passanger al DRIVER'S NAME:	MODEL:
Induly a los of DRIVERS HAME.	The second secon
f) NRIC/FIN/PASSPORT:_	CONTACT:
200 m	8 2 2

email =

fax =

VIDEO -

NOTICE OF REPORTING

This is to confirm that CHAN FOOK ONN NRIC/FIN S10142302 residing at Blk 8 Euros Crescent #01-2673 S(400008), has reported to the Police a non-injury traffic accident which occurred at on 15/09/2018 at 1710hrs involving the following vehicles: GW6810K Nissan/Gold/Lorry and SLD6933F Cheverolet/Black/Saloon car. Location is Guillemard Road turning right to Sims Avenue, Mr. Chan was on the second lane to turn right, the other party was on the first lane to turn right however misjudged the turning circumference and hence collided into the rear right portion of Mr.Chan's vehicle. No injury.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Muhd Sayvidi

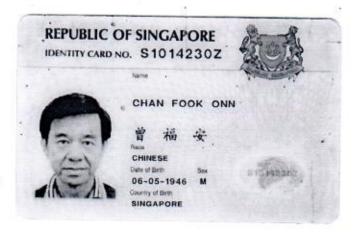
Date: 15/09/2018

Time: 2020hrs

S/D Ref: 8

Police Post Unit: Kampon Ubi NPP

Kampong Ubi NPP Block 9 Euros Crescent 101 2867 Singapore 4000









eBao Tech							250		Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601		THE RESERVE OF THE PERSON			• Change L	anguage	• Chang	e Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.					Date of Accident 15/			/09/2018 17:00	
	Vehicle No.(For Motor)	GW68	10K		Certific	ate Number				
				9	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5061594406- 05		KOYO REFRIGERATION AND AIR CONDITION SERVICES	10403100W	GCV	Third Party	GW6810K	GW6810K	01/08/2018	31/07/2019
				C	ontinue					

Policy No.	5061594406-05	Policyholder Name	KOYO REFR	IGERATION AND AIR	Policyholder NRIC	10403100W	
Certificate No.							
Address	BLK 8 #01-2673 EUNOS CRESCE	ENT SINGAPO	RE 400008				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	27/06/2018	Effective Date	01/08/2018	00:00	Expiry Date	31/07/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 8 #01-2673	Addre	ess 2	EUNOS CRESCENT		Address 3	SINGAPORE 400008
Address 4		Addre	ess Type	Singapore address		Post Code	400008
		Relat	ed Policy	5061594406-05			
		Numi	per				
Unit No.	ed Object: GW6810K		per	353 0040, (240, 350, 350, 350, 350, 350, 350, 350, 35			
Unit No.			per				

laim Handling								
cident HT/1011819				W10751546				
licy No.	5081594406-05		Vehicle No.	GW6810K	1	GST Registration No.		
ertificate No.								
Reynolder Name	KOYO REPRIGERATION					Policyholder NRIC		10403100W
oduct Code	COMMERCIAL VEHICLE	INSURA	Cover Type	Third Party		Loading	3	0
ontact No. (Mobile)	0		Corract No.(Office)	67452869		Contact No.(Home)		0
nail Address	2002		Special Remark	0231161		eCode	Į.	NC V
K	® No ○ Yes		TCA	® No ○ Yes	2.5	eCode Reason		
D Protection	No		NCD Entitlement(%)	20	1	Private Hire		No
Accident Details								
port Date	17/09/2018 18:22		Acadent Report Within 24 his	Yes	19	Academ Type	19	Collision - Change / Cross lane
te of Accident	15/09/2018		Time of Accident hh:mm	17:00	9	Country of Accident	83	Singapore
porting Centre			Orange Force		1	ICH No.		
odent Location	JUNC PAYA LEBAR RD 8	SIMS AVE						
Excess								
in damage Excess		0.00	Additional Excess			Windscreen Excess	4	0.00
named Driver Excess			Outside Singapore OD Excess					
rd Party Excess		0.00	Outside Singapore TP Excess					
Benefits								
GST Registered Informa	ation							
Registered	No			GST Registration Date				
Registration No.				GST Status Verified		No		
diffication History								
Belleubelder	(decent)							
Policyholder Mailing Ad Press 1	BLK 8 #01-2673		Address 2	BUNOS CRESCENT	314	Address 3		SINGAPORE 400008
dress 4	STATE OF THE PARTY		Address Type	Singapore address		Post Code		400008
rt No.			Related Policy Number	5061594406-05	100	WALL STATE	8	Thomas and the same of the sam
OI Driver Info			- Commission of March 1988 (1988)	- WARRY TON THE				
ver Name	Unnamed Driver		Driver Type	Unnamed Driver				
named driver Name	CHAN FOOK OWN		Driver NRIC	51014230Z	114	Driver DOB	554	06/05/1946
ister Date of Driver License			Driver Age	72		Driving Experience		54
ntact No.(Mobile)	98179046		Contact No. (Office)	0		Contact No.(Home)		
ivess 1	BLK B		Address 2	EUNOS CRESCENT		Address 3		SINGAPORE 400008
press 4	and a		Address Type	Singapore address				
ft No.	01-2673		wooness lybe	Singapore appress		Post Code	100	400008
es he own a Singapore								
gistered car?	○ Yes No		Driver Vehicle No.			Driver Insurer Compa	any	
daration								
athalyser or Blood Test sting?	0 mg		Any injury?	○ Yea ® No				
dification History								
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m Type *	OD-MX		Insured Name	KOYO REFRIGERATION AND AIR	0.0	ton and smith	-	
nact No.(Mobile)	146.310.	-	Contact No.(Home)	COSTS OF THE PROPERTY AND AND ADD		Insured NRIC Contact No.(Office)		10403100W 98179046
all Address			Of Vehicle Number	CWERTON			100	
mant Type Claimant Type *	Please Saleri	V		GW6810K Please Select		TP Vehicle Number	1	SLD6933E
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mant Address	munerau ce serve					UNIO CALENTONIO CONTROL	corporate P	
m Description ferred Workshop Contact	GW6810K / SLD6933E C	IN 15 Sept 2018			A	Name of Preferred Wo	arkshop	
			Insured Liability •	Not at Fault			100	
uire Finalisation	Yes		Preferered Repair Option	Preferred Workshop, Name unknown	n 🔻 0	SIA report	Γ	Received
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