NATIONAL Assessment Centre	Services. P	ret i Janost . N	1MA 118137395	The state of the s	
Date In: 23 /10/18 10:52	Jeb description		Date &Time Completed	Done	by .
Ref No: WA/IMC18019210/64.	SAS e-filing				
Vch No: SJP 7990 T	E-mail (within 81	rs, AIC 2hrs)			4
D.O.A: 22/10/18 17:20.	i-Motor Claim	Form	147/1016803-001	23/10/18	14:57.
	i-Motor W/O	Within: OD 2hrs,			
OD / TP / Reporting Only	i-Photo Uploac	ded	1		
The L	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		SECOND CONTRACTOR
Preferred Wksp / INC Assign Wksp / QW: (A STATE OF THE STA	***************************************	Tel:	Fax:)
TP Particulars: Veh No:	SFY 6006.5.	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (10-000 WOMEN SOLVE - 200 RES	Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80	-100%]	
Year of Registration: () W	arranty: YES ()/NO()		
	0()/\$2,000()		CHERRY CHARLES	
General Remarks -	Section 1			Second Second	
() Walk-In Customer: Customer's Inform				r	
() Total Loss Case : to e-mail Insurer	URGENTLY.	¥			
Drive-In ()/ Towed-In (); Invoice:	YES () / NO) () ; To	wing Co: ('')
Remarks:- (INC hotline: 6788 6616)			Dates: Time Comple 54	Done	by
the state of the s	urtesy Car ()	so open charge a very		A. W. Carrier	
2) QC Check / Post Repair Inspection	(·)			7	
3) Upload Resurvey Photo [Repair Cost > \$30					
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Date/Time Actions				A CHARLE	
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	13) TF : Towing Fe		\$40/\$45	
river/Owner:) FT : Follow-Th	rough Survey rough Survey (Resurvey)	\$120 \$30	
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amaged Portion:) TR : Re-inspect		\$160	
) NTUC Addition	nal Services:-		
C Checked by (Engr-In-Charge):	ş	*NS: Courtesy	Cor / Tpt Allowance	\$5	
	- N. T.	*N6: Repair Co	-ordination	510 525	-
nditors Comments:		*N7: Fost Repa *N8: DV / Coll	ect Excess Coordination	22	
1.1:	A - MC-12, The J. Class C. C. J.	TP (N11): TP	Non INC) against INC	30	1.
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(2/3;		Involce dated	Fee Charge	d MEUN	

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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 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.
- 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.	sent to the archiving of this report at the centre and to copies of the report being made available
The State of State of the State	ACCIDENT STATEMENT
Date Of Report	23/10/2018 10:52
Date Of Accident	22/10/2018 17:20
Exact Location Of Accident	BUKIT BATOK RD
Country/State of Loss	SINGAPORE
All of the second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP7990T
Insured/Policyholder	
Name Of Registered Owner	HENG KEE HUAT
Co Reg No	53342992K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96678010
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087463102-01

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Cover Note Number	•
Driver	
Name of Driver	HENG KEE HUAT
NRIC No	S2194025I
Date Of Birth	21/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE

Mobile Number

(LOCAL) +65-96678010

Fax Number Contact Number **EMail Address**

NOEMAIL

Address 8 FLORA RD #03-03

Postcode 509728

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

7

Insurance Company of Driver's Own Vehicle

3

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

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

NO

NO

NO

Circumstances of Accident

PLEASE REFER TO ATTACHED 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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SFY6006S

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

- Please report <u>correctly</u> 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:
 - (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

HENG KEE HUAT

8 FLORA ROAD #03-03
AZALEA PARK CONDO
S'PORE 509728
H/P: 96678010

Policyholder's Signature

Date & Time:

Driver's Signature

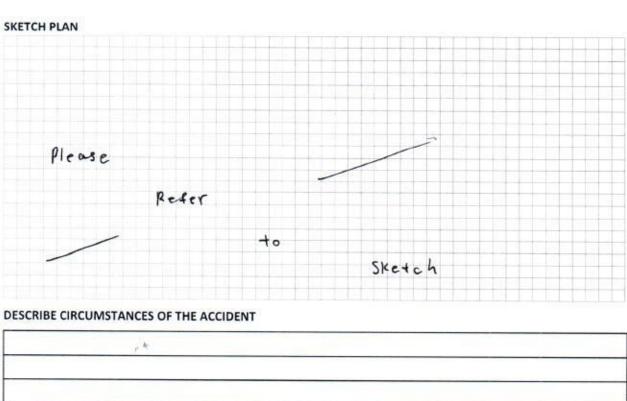
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Refer	+.	statement
	Refer	Refer to

DECLARATION

NHENG TREESHUAT culars are true in every respect.

8 PLORA ROAD #03-03

AZALEA PARK CONDO
S'PORE 509728

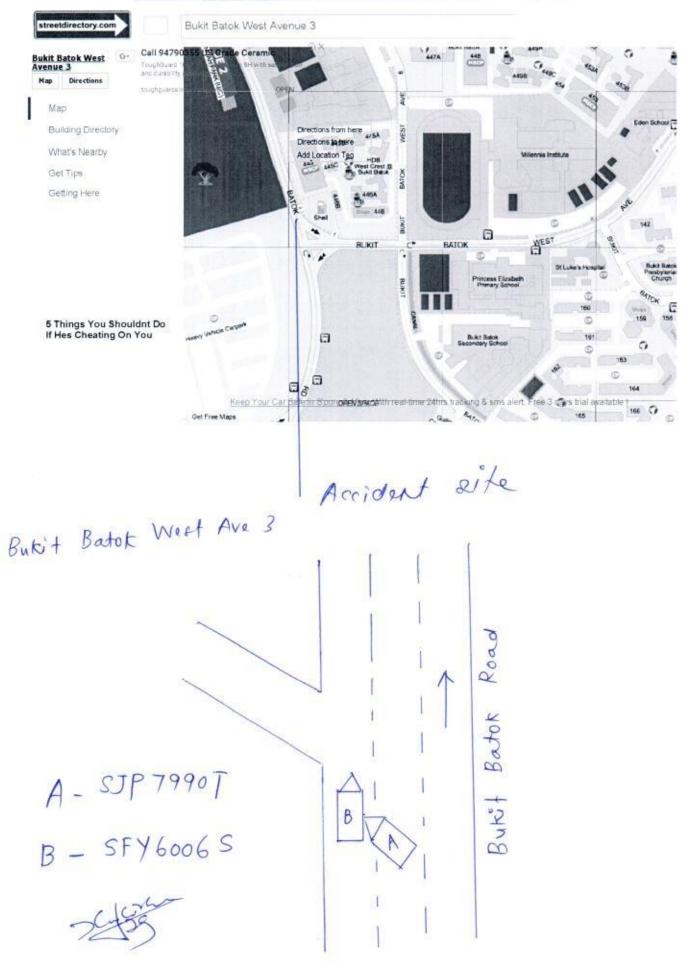
Policyholder's Signature 010

Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





Accident Statement

On 22nd Oct 2018, at around 1720Hrs. I was driving a vehicle (SJP7990T) travelling along Bukit Batok Road. I have accidentally hit onto the right side of a vehicle (SFY6006S) when I changing lane. I am making this report for the purpose of reporting only.

Name: Heng Kee Huat

NRIC: S2194021729442C



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$21940251





HENG KEE HUAT

王啟发

CHINESE Date of birth

57194025

21-11-1967 Country of birth SINGAPORE

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

EFFECTIVE DATE

Class 3

NP 428A

Motor cars with unladen weight =< 3000kg with =< 7 20 May 1985 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

03-02-2010 8 FLORA ROAD #03-03 SINGAPORE 509728 NRIC No: \$21940251 Date: 03/01/2013



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: 5087463102-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJP7990T

Chassis Number

: NZT2603031993

2. Name of Policyholder

: HENG KEE HUAT

3. Effective Date of Insurance

: 09 Apr 2018

4. Expiry Date of Insurance

: 08 Apr 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

EXCESS (SECTION 1)

- (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.

: \$\$2,000

EXCESS (SECTION 2)	; \$\$1,500
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 .	: NO
TRANSPORT ALLOWANCE	· NO

EXCESS WAIVER : NO PRIMARY DRIVER : N/A 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 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

: GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue

: 29 Mar 2018 12:07 hrs

Reprint

: 29 Mar 2018 12:10 hrs

Countersigned By:

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Claim Handling

Date of Accident 22/10/2018 Time of Accident Reporting Centre Orange Force Accident Location BUKIT SATOK RD **Excess** Own damage Excess** Unnamed Driver Excess** Outside Sing				
Policyholder Name HENG KEE HUAT Product Code PRIVATE CAR INSURANCE Cover Type Contact No. (Mobile) 96678010 Contact No. (Mobile) 96678010 Contact No. (Mobile) 96678010 Contact No. (Mobile) 96678010 Contact No. (Mobile) Production No NCD Entitler FIX NO. Protection No NCD Entitler FIX Accident Details Report Date 23/10/2018 14:43 Accident Reg Orange Force Accident Location BUKIT BATOK RD Fix Excess One damage Excess 2,000,00 Additional Excident Location BUKIT BATOK RD Fix Excess One damage Excess 1,500.00 Outside Sing Benefits Fix Graph Registered Information GST Registered Information GST Registered Information No. Modification History Fix Policyholder Mailling Address Address 1 B FLORA ROAD Address Type Information History Fix Policyholder Mailling Address Address 1 B FLORA ROAD Address Type Information No. Modification History Fix Policyholder Mailling Address Address 1 B FLORA ROAD Address Type Information No. Mobile) 96678010 Contact No. (Mobile) Private Policyholder No. (Mobile) Private P	53P7990T		GST Registration No.	
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Email Address KFK NO Yes TCA NCD Protection No NCD Protection NCD Protecti	drivo CLASSIC		Loading	0
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