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Date In: 0/11/18-16:19	Jcb description		Date & Time Completed	Done	py.				
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Vch No: JK16789A	E-mail (within	Shrs, AIC 2hrs)			-1				
D.O.A: 5/11/18 07:20	i-Motor Clai	m Form	My 110199 69-001	12/11/18	7:05				
	i-Motor W/C	(Within: OD 2ht	s, 7'P 4hrs)						
OD TP)' Reporting Only	i-Photo Uplo	i-Photo Uploaded							
TR:	Assessment/St	irvey Report							
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:					
TP Particulars: Veh No: 1	L79218 .	, INC()/Non-INC()						
Owner / Driver: (Tel:)					
Policy No: ()	Period: ()	Cover Type: ()					
Confirmed by : (Date:	Time:)					
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]					
Year of Registration: ()	Warranty: YES ()/NO()		46-11-16-6				
	31,000 ()/\$2,000								
General Remarks;-				5000 F					
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() Total Loss Case : to e-mail Ins		-	· · · · · · · · · · · · · · · · · · ·						
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Remarks:- (INC hotline: 6788 6616	0		Date&Time Completed	Don	by				
Apply for Transport Allowance ())			- Laboratoria de la compositoria della compositori				
2) QC Check / Post Repair Inspection				-					
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3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()		1	-				
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()							
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Injury: Date/Time Actions NAISO 7480 Inimant's Particulars:- river/Owner:	> \$3000] (Invoice Pre 1) AR : Acciden 2) DA : Damege 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For cleiming	paration Checklist. t Reporting (530); Assessment (5100); INC Fee Through Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2	Ant (5) 18t Bill (580) 540/545 5120 530 205)	Ami (
Injury: Date/Time Actions NAISO 7480 Inimant's Particulars:- river/Owner:	> \$3000] (Invoice Pre 1) AR : Acciden 2) DA : Damege 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-iuspe	paration Checklist. t Reporting (530); Assessment (5100); INC Fee Through Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2	Ant (5) 1st Bill (\$80) \$40/\$45 \$120 \$30	Ami (
Injury: Date/Time Actions NAISO 7480 Inimant's Particulars:- river/Owner:	> \$3000] (Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	paration Checklist t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 action + SMRT Survey	Ant (5) Th Bill (580) 540/545 \$120 \$30 (205) \$75	Ami (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number 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.
- 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.

建筑 成员的特殊的企业的企业。	ACCIDENT STATEMENT
Date Of Report	15/11/2018 16:10
Date Of Accident	15/11/2018 07:20
Exact Location Of Accident	SLE (BKE) NEAR L/P: 627
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL6789A
Insured/Policyholder	
Name Of Registered Owner	LUCKY JOINT CONSTRUCTION PTE LTD
Co Reg No	198200882E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97716789
Alternative Phone No	OFFICE-97716789
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100981267
Cover Note Number	
Driver	
Name of Driver	CHUA TAH WEE DAVID
NRIC No	S7505091G
Date Of Birth	17/01/1975
Occupation	INDOOR
Date Of Driving Pass	21/06/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE

(LOCAL) +65-96536789

OFFICE-96536789

NOEMAIL

Address BLK 685C JURONG WEST CENTRAL 1

#13-164

Postcode 643685

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 CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

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)

1

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

SJL7921P

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGN3347Z

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

Name CHUA TAH WEE DAVID

Approximate Age

Injuries Sustain BODY

SKL6789A 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

- 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)
 - (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
- (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 Pe sonnel's Signature

Name

NRIC/FIN No.:

SKETCH PLAN LAMP POST 627 VEHICLE Q - SKL 6789A VEHICLE B - SJL 7921P VEHICLE C - SGN 3347 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SLE TOWARD BKE, I WAS ON
THE SECOND LANG
WHILE TRAVELLING STRAIGHT AHEAD DUE TO THE HEAVE
TRAFFIC. THE VEHICLE INFRONT BRAICED TO COMPLETE
STOP AND SO I TO APPLIED BRAKE TO COMPLETE
STOP, SUDDENLY AFTER A FEW SECOND I FEUT A
GREAT IMPACT FROM THE REAR OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS
A VEHICLE WITH LICENCE PLATE NUMBER (SSL 7921P)
THAT COLLIDED TO THE REAR OF MY VEHICLE, AND
IT WAS A CHAIN COLLISION INVOWING 3 VEHICLES.
VEHICLE A - SKL 6789A
VEHICLE B - SJL 7921P
VEHICLE C _ S GN 3347 Z

DECLARATION

I/We deglage the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

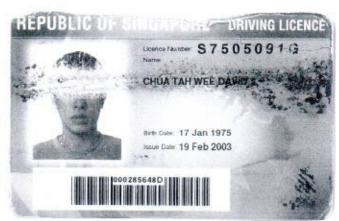
Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

Vehicle No.	SKL 6789A Model / Make TOMOTA ESTIMA
Date of Accident	15/11/2018
Time of Accident	UT20 HRS
Location of Accident	SUE TOWARDS BIER NEAR LAMP POST 627
Exact purpose use during acc	
Name of Owner	LUCKY JOINT CONSTRUCTION POTE LTD
Telephone No.	H/P: "++ 67 " Home: Office:
NRIC	1982008828
Address	17 TUAS AVE 3 5(639414)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTAC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5-100981267
Name of Driver	As Above If No. Chung TAH WEE DAVID
NRIC	S 75 05001 G Any Passengers: NIL
Date of birth	17/01/1975
Occupation	Outdoor / Indoor
Driving License Pass Date	21 Jul 2003
Gender	Male / Female
Contact No.	H/P: 9653 6389 Home: Office:
Address	BCK 685 C JURONG WEST CRITICAL1#13-164 5(6436)
Driver have any own vehicle	
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	CHUA TAH WEE DAVID, 9653 6789
Name And Contact No.	
Police Report	No,) If Yes, Where?
Vehicle B No.	STL 7921P Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	SGN 3347 Z 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	REAR
Camera Recorder	Yes / No
Email Address	formyra @ luckyjoint com eq
HAVE YOU BEEN APPROACH	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIM	S ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN











陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD

3A/5A Aliwal Street, Chann Leonn Building Singapore 199896 www.tib.com.sg

Certificate of Insurance

Tel. (65) 6742 6766 Fax (65) 6742 6669

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION	N) ACT (CHAPTER 189
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALA	YSIA)

Certificate Number: 5100981267 Cover : drivo CLASSIC

: SKL6789A

1. Index mark and Registration Number of Vehicle

Chassis Number

: ACR500163591

2. Name of Policyholder

3. Effective Date of Insurance

: LUCKY JOINT CONSTRUCTION PTE LTD

: 28 Jun 2018

4. Expiry Date of Insurance

: 27 Jun 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : N/A EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COF : YES NCD PROTECTION ! NO TRANSPORT ALLOWANCE YES **EXCESS WAIVER** : YES

PRIMARY DRIVER : CHUA TAH WEE DAVID

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : DBS BANK 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

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 25 May 2018 11:51 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_800	601						• Change	Language	e Chang	e Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	0.				Date o	of Accident		15/11/2018 0	7:20	
	Vehicle	No.(For Motor)	SKL6	789A		Certifi	cate Number				
					[Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Dat
		5100981267		LUCKY JOINT CONSTRUCTION PTE LTD	198200882E	GPC	drivo CLASSIC	SKL6789A	SKL6789A	28/06/2018	27/06/201

Policy No.	5100981267	Policyholder Name	LUCKY JOINT CONSTRUCTION P	Policyholder NRIC	198200882E
Certificate No.					
Address	17 TUAS AVENUE 3 SINGAPORE	639414			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/05/2018	Effective Date	28/06/2018 00:00	Expiry Date	27/06/2019 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Υ
Co- insurance Flag	No			36.24 N 10.571 T	
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	17 TUAS AVENUE 3	Address 2	SINGAPORE 639414	Address 3	
Address 4		Address Type	Singapore address	Post Code	639414
Jnit No.		Related Policy Number	5105342340		
Insure	d Object: SKL6789A				
	ements				
Sequenc	e Date of Endorsement	080 W	ment Type Endorsemer		

Continue

Cancel

Claim Handling

Policy No.	\$100901267	Vehicle No.	SRL6785A		MET Some	tration No.	-		
		340000000000000000000000000000000000000	0.460,000		out negle			4200516257	
ertificate No.									
icyholder Name	LUCKY JOINT CONSTRUCTION PTE LTD				Policyhalde	IN NRIC	- 9	1982008828	
oduct Code	PRIVATE CAN INSURANCE	Cover Type	drivo CLASSIC		Loading			Control of the Contro	
ntact No.(Mobile)	97716789	Contact No.(Office)	0		Contact No	(Hame)	- 1)	
ali Address		Special Remark			eCode		[No. Y	
×	- No Yes	TCA	« No Yes		eCode Rea	acin			
CO Protection	160	NCD Entitlement(%)	50		Private Hir		ř	4a	
Accident Details									
port Date	15/11/2018 17:02	Accident Report Within 24 hrs	Yes		Accident T	ype		hain Collision	
ite of Accident	15/11/2018	Time of Accident hhuman	07:20		Country at	Accident	9	Singapore	
sporting Centre		Orange Force			ICM No.				
pident Lacybon	SLE (BKE) NEAR L/P: 627								
Tacess									
on damage Excess	0.00	Additional Excess	0		Windscree	n Excess	1	00.00	
named Driver Excess		Outside Singapore OD Excess		0.00					
HI PARTY DACHES	0.00	Outside Singapore TP Excess		0.00					
8 Benefits									
veriuge			Sum Ins						
ores Weiver Insport Allowance			222222						
	Marko		999999	99.90					
GST Registered Informat Registered									
Registration No.	Yes M200516257			sstration Date		11/04/1994			
Offication History	M200316287		GST Sta	tus Verified	3.3	res			
151									
Policyholder Mailing Add	rott								
Proncynoider Mailing Add		2222224	290000000000						
Idress 4	17 Tuas avenue 3	Address 2	SINGAPORE 639		Address 3				
15 NO.		Address Type Related Boline Number	Singapore addres		Post Code		t	39414	
OI Driver Info		Related Policy Number	5105342340						
ver Name	CHUA TAH WEE DAVID	Driver Type	Maria Maria						
named driver Name	CHUR IAN WEE DAVID	Driver Type Driver NRIC	Main Driver		******				
gister Date of Driver License	21/06/2003	Driver Age	57505091G		Driver DOE			7/01/1975	
ntact No.(Mobile)	96536789	Contact No.(Office)	43		Driving Exp			5	
	BLK BRSC	Address 2	0 Unoug week o	Carro as a	Contact No	(Home)	9		
uvess-1		mention C .	JURONG WEST C	ENERAL I	Address 3			INGAPORE 6436	85
		Address Tone	Empress - 12	THE COLUMN TWO IS NOT					
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11/15/2018		Claim Hand	ling(ac	cident reporting	g Claim Task)		
Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? (CO)	Action
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	NRIC/ Driving License		Normal	NR3C/ Origing License 2018-11-15	1007	ton
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4	NAC_PAYA_UBL_BOOKGI(NATIONAL ASSESSMENT CENTRE SERVICES) o IS Nov 2018 17:04	Photos		Normal	Photos 2018-11-15		Edit
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