NATIONAL Assessment Centre		ef 1 Jan'05) My	NA 118 12 12 X3	11	Done b	11
Date In: 23/11/18 - 15:54	Jeb description		Date & Time Com	pieted	Done (	15
Ref No: NA   MC 1802 1138 /24	SAS e-filing					
Veh No: Syrangyy.	E-mail (within 8h	rs, AIC 2hrs)				
D.O.A: >>/11/18-17:50	i-Motor Claim	Form	M7 1021070.	001 72	11/18	1:05
	i-Motor W/O (	Within: OD 2hrs	s, 7'P 4hrs)			
OD (TP)! Reporting Only	i-Photo Upload	ded	1			
	Assessment/Sur	vey Report	Ì			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	Sitt. of Ph. Phonon.	)
TP Particulars: Veh No: JLN	62764	. INC(	)/Non-INC(	)		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Pc	riod: (	)	Cover Type: (			
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [	Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%.	F: 80-100%	]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,0	000 ( )/\$2,000 (	)	A	garage saspe a		
General Remarks:-		ALL DESCRIPTION OF THE PARTY OF	ACM TO DO SO SHOW		Carlo b	
( ) Walk-In Customer: Customer's info		fidential & St	rictly NO refer of r	epairer.		
( ) Total Loss Case : to e-mail Insur-	er URGENTLY.			· — ·		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / N	0();7	Towing Co: (	1		)
Remarks: (INC hotline: 6788 6616)		2. (4)	Date&Time Con	ple od	Done	hy
	Courtesy Car ( )	20.00.20.20.20.20.20.20.20.20.20.20.20.2				
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )			7.1		
Injury:		-				
Date/Time Actions					SCHOOL ST	
Date Time Actions			. 45 . 4	CONSULTATION AND ADDRESS.		
					4	
	-	TO STATE OF THE PARTY.				
NAV.		Invoice Pr	eparation Checkl	ist	Ant (S)	And Bill
NAIFOZ634 :		1) AR : Accide	at Reporting (\$30);	A82,73	, in Dan	
laimant's Particulars:-		2) DA : Damag 3) TF : Towing	Assessment (\$100);	INC (\$80) \$40/\$45		
Oriver/Owner:		4) FT : Follow-	Through Survey	\$120		
Contact No:	9 0	5) FT : Follow- For claiming	Through Survey (Resurvey against INC Only (wef	10 Jan 2005)	***	
Damäged Portion:		6) TR : Re-insp	ection	\$75		ļ
zamageu Fordon.	-3		+ SMRT Survey tional Services:-	3100		
C Checked by (Engr-In-Charge):		OD.	sy Car / Tpt Allowages	\$5	/ <u>************************************</u>	
C. Checked by (Engr-In-Charge):		• N6: Repair	Co-ordination	\$10		
Auditors' Comments :-		*N7: Fost R	epair Inspection folloct Excess Coordinati	\$25 on \$5		
at. 1:	New York and Astronomy Commercial	TP (N11):7	P (Non INC) against IN	C \$20		1.
		9) N12: Idea M		e Chargea	1	and a second
at_2/3;		Invoice dated	F	e Charged	<b>海岸排放</b>	

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#### 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.
- 3. 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 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. 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 of the report being made available.

	ACCIDENT STATEMENT
Date Of Report	22/11/2018 15:54
Date Of Accident	22/11/2018 13:50
Exact Location Of Accident	JB CUSTOM
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR9294Y
Insured/Policyholder	
Name Of Registered Owner	CHIN KIM CHOW
NRIC No	S8471320A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94350160
Alternative Phone No	OFFICE-94350160
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI 1633G5 HID SR NAV
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	5102981612
Cover Note Number	

#### Driver

 Name of Driver
 CHIN KIM CHOW

 NRIC No
 \$8471320A

 Date Of Birth
 25/09/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 11/08/2005

Driving Experience 13 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94350160

Fax Number

Contact Number OFFICE-94350160

EMail Address NOEMAIL

Address BLK 98 ALJUNIED CRESCENT

#02-403

Postcode 380098

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

#

Insurance Company of Driver's Own Vehicle

\*

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

#### 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.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME: : -

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?

n? 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 SLN6236G

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.
- 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 .:

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JB		A	8
Custom	1	1	1

81 11 CG : AD C

A: SLR 92944

B: SLN 6236G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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		2007							
DANCE									
		2000			2000				

# 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars
Date of Accident: 32   1   18 Time of Accident: 1-52 pm
Exact Location of Accident: JB custom
Owner's Name: Chin Kim Chow NRIC No: 5847132019P No: 9435016
Driver's Name: NRIC No: HP No:
Date of Birth: 35 9 198 Briv ng Licence Passing Date: 11 8 2005 Occupation: Indoor / Outdoor
Address: 98 Aljunied (resent #02-403 (380098)
Relationship of Driver with Insured: ONNE Email Address :
Vehicle No: SLR 92947 Make & Model: Volksvagen
Insurance Co: NTUC Coverage: Comprehensive Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Parky Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Clear / Raiping / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
9 No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (*Ces/No)
Third Party Driver's Particulars
Vehicle & No: SLN 6236G Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:





CHIN KIM CHOW

劲

Country/Pince of hirth MALAYSIA 25-09-1984 Date of birth CHINESE

<sup>20</sup> ≥

11880







NP A28A



# 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: 5102981612

Cover: drivo PREMIUM

Index mark and Registration Number of Vehicle

: SLR9294Y

Chassis Number

: WVWZZZ16ZGM019810

2. Name of Policyholder

: CHIN KIM CHOW

3. Effective Date of Insurance

: 31 Aug 2018

4. Expiry Date of Insurance

: 30 Aug 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

: CHIN KIM CHOW 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

: ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

Date of Issue

: 14 Aug 2018 18:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

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Notice of Loss	Policy N	lo.				Date	of Accident	2	2/11/2018 1	3:50	
	Vehicle	No.(For Mator)	SLR929	94Y		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102981612		CHIN KIM CHOW	S8471320A	GPC	drivo PREMIUM	SLR9294Y	SLR9294Y	31/08/2018	30/08/2019
						Continue					

Policy No.	5102981612	Policyholder Name	CHIN KIM C	HOW	Policyholder NRIC	S8471320A	
ertificate lo.							
ddress	BLK 119 #01-24 ALJUNIED AVEN	UE 2 SINGAP	ORE 380119				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue oate	14/08/2018	Effective Date	31/08/2018	00:00	Expiry Date	30/08/2019 23	3:59
xcess		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
-	holder Mailing Address						
Policy					2	Address 3	SINGAPORE 380119
	BLK 119 #01-24	Addre	ess 2	ALJUNIED AVENUE	4		211011 0112 200222
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Address 1	BLK 119 #01-24	Addre	ess Type ed Policy			accompanies	
Address 1 Address 4 Unit No.	BLK 119 #01-24	Addre Relate	ess Type ed Policy	Singapore address		accompanies	
Address 1 Address 4 Unit No.	ed Object: SLR9294Y	Addre Relate	ess Type ed Policy	Singapore address		accompanies	

Policy No. 5102981612 Vehicle No. SLR9294Y GST Registration No.	Claim Handling					
March   Marc	Accident MT/1021020					
Martin Carlo   Mart	Policy No.	5102961612	Vehicle No.	SLR9294Y	GST Registration No.	
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March   Marc		94350160	Contact No. (Office)	0	Contact No.(Home)	d
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Security					Windscreen Excess	100.00
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Diver Safe	Address 4		Address Type	Singapore address	Post Code	380119
Driver Tippe	ME NO.		Related Policy Number	5102981612		
Dower Name   Propriet Date (Fame   Propriet Date (Fame)   100/2005   100/20	○ OI Driver Info					
## Private Expensions   1/08/2005		CHIN KIM CHOW				
## STATES THE PROJECT THE PRO						
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The interference weeks and the control of the cont				CHIN KIM CHOW	Insured NRIC	58471320A
Demant Type Clarmant Type * Please Select				particular and the second		
Description   SLR9294* / SLN6230G ON 22 Nov 2018		and the same of th			TP Vehicle Number	SLN6236G
Same Description   SLR9294Y / SLM6236G ON 22 Nov 2018			1100	Please Select		
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