NATIONALA			1.7	
NATIONAL Assessment Ce		Date & Time Completed	Don	e by:
Date In: 3/1/16- 17:06	Jeb description	Date of time combined	Don	c o,
Rei No: NA) INCIRONOM 124	SAS e-filing			
Veli No: 600 4699H	E-mail (within Shrs, AIC 2hr	s)		
D.O.A: 6/12/18-17:25	i-Motor Claim Form	M7/1022999-001	7/11/18	18:07
OD TP Reporting Only	i-Motor W/O (Within: OE	2hrs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo	rt j		
	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5	L764913. INC	C()/Non-INC()		
Owner / Driver: (Tel:)	- 1000
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(WO): N:	0-20%; P: 21-79%. P: 80-	100%]	0.000
Year of Registration: ()	Warranty: YES ()/NO ()	And the second	
Excess: (\$) Loading: \$				
General Remarks:-		1	1933 - 19	1
() Walk-In Customer: Customer's	information strictly Confidential &	Strictly NO refer of repairer.		A STATE OF
() Total Loss Case : to e-mail Ins	The state of the s			
Drive-In ()/ Towed-In (); Inve	pice: YES() / NO()	; Towing Co: (-)
Remarks: (INC hotline: 6788 6616			ny zpikieneg zerok	The second
	Company of the Contract and the State of the Contract and the	Dates: Time Completed	Done	by
2) QC Check / Post Repair Inspection	/ Courtesy Car ()	-		
Upload Resurvey Photo [Repair Cost >	\$20007			
	*\$3000] ()			
Injury:				
Date/Time Actions		5 F 1 144	07-40-	7
			MOSSICKINS.	-
. V.1	Investor D	reparation Checklist	Anit (S)	Amt (
A 18 08 0 2 0 .	(C.S.A.H1995)		fit Bill	AddE
aimant's Particulars :-	40440 Macros Control (1997) Artist Artist (1997) Artist (1	ent Reporting (530); ge Assessment (5100); INC (58	0)	
iver/Owner:	3) TF : Towin	The second secon	/\$45 120	
ntact No:	4) F1 ; Follow	r-Through Survey (Resurvey)	\$30	
	5) FT : Follow	r-I modgh burvey (Reservey)		
maged Portion:	For claimin	g against INC Only (wef 10 Jan 2005)	PORTOR TO THE PROPERTY OF THE PARTY OF THE P	
	For claimin 6) TR; Re-in:	g against JNC Only (wef 10 Jan 2005) pection	\$75	
	For claimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add	g against JNC Only (wef 10 Jan 2005) pection	\$75	
Checked by (Engr-In-Charge):	For claimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add QD*	g against JNC Only (wef 10 Jan 2005 pection A + SMRT Survey	\$75	
Checked by (Engr-In-Charge):	For claimin 6) TR: Re-in: 7) N1: Idao D 8) NTUC Add OD* *N5: Court *N6: Repai	g against INC Only (wef 10 Jan 2005) pection IA + SMRT Survey Litional Services:- csy Car / Tpt Allowance r Co-ordination	\$75 1160 \$5 \$10	
ditors' Comments :-	For claimin 6) TR: Re-in: 7) N1: Idao D 8) NTUC Add OD* *N5: Court *N6: Repai	g against INC Only (wef 10 Jan 2005) pection IA + SMRT Survey litional Services:-	\$75 (160 \$55	
ditors' Comments :-	For claimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add OD* *N5: Court *N6: Repai *N7: Fost B *N8: DV / O TP (N11):	g against INC Only (wef 10 Jan 2005) spection A + SMRT Survey ititional Services csy Car / Tpt Allowance r Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC	\$75 \$160 \$5 \$10 \$23 \$30 \$25 \$30 \$20	
Checked by (Engr-In-Charge): ditors' Comments:: 1: 2/3:	For claimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add OD* *N5: Court *N6: Repai *N7: Fost R *N8: DV //	g against INC Only (wef 10 Jan 2005) spection A + SMRT Survey ititional Services csy Car / Tpt Allowance r Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC	\$75 1160 \$3 \$100 \$23 \$5 \$20 30	A. A

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful</u> and <u>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.
- 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.

AND CONTRACTOR OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	07/12/2018 17:06
Date Of Accident	06/12/2018 17:25
Exact Location Of Accident	ORCHARD BLVD BEFORE ORCHARD TURN
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD4699H
Insured/Policyholder	
Name Of Registered Owner	LING NGAIN CHOO
NRIC No	S2625377B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90869533
Alternative Phone No	OFFICE-90869533
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
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	THIRD PARTY
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	5103591032
Cover Note Number	
Driver	
Name of Driver	GOH CHIN KOK
NRIC No	S2158937C
Date Of Birth	05/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84509779
Fax Number	PERMITTENENT CONTROL OF THE PERMITTENENT CONTROL OF T
Contact Number	OFFICE-84509779
AND	

NOEMAIL

BLK 196 RIVERVALE DRIVE Address

#04-723

Postcode 540196

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

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

3

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: MALE

Passenger 2

NAME: 9 2

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?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJL7649B

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)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

GOH CHIN KOK

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMD4699H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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</u> and accurate as <u>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)

Lunderstand, 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.

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person

NRIC/FIN No .:

Policyholder's Signature Date & Time:

1.00

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bonlewid	In the aba						
"P" + 1			T. India	before	Orchard	Turn !	lehide
D TO ALVE	tis on my	left side	e cut inti	my land	e & hit	onto m	1 vehid
front lest	portion.						
		2010					

DECLARATION

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

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

NRIC/FIN No.:

Policyholder's Signature Date & Time:

SMD 4699 H Model / Make Toyota Altis
6/12/18
5-25 pm HRS
Orchard Benlevisd before Orchard Turn
dent Work
Line Neair Cheo
H/P: 90869533 Home: Office:
\$ 26253778
Blk 196 Rivervale Drive # 04-723
OD (THIRD PARTY) REPORTING ONLY
NTUC
(Comprehensive) Third Party / Fire /Theft
5103591032
As Above If No, Goh Chin Kok
S 2158937C Any Passengers: 2 passengers.
5 Jen 1955 /m 14
(Outdoor) / Indoor
20 Oct 2008
(Male) / Female
H/P: 8450 9779 Home: Office:
As Above
No, If yes, Reg No.
Employee, If no, state Husbard
(Clear) Raining Other
Dry Wet Other
No, If Yes, Who? Goh Chin Kok
I TOS TITLE CITE FOR
(No.) If Yes, Where?
SJL 7649B Any Passengers: / Passengers
Contact No.:
Any Passengers :
Witness Contact :
Front Left
(Yes) No
City hunter 6831@smill - wm .
BY UNKNOWN PERSON SOLICITING /
ASSISTANCE? Yes / No
6842 0051 / 6744 0510











YOU ARE EICENSED TO DRIVE VEHICLES IN THE FOLLOWING-CLASSIES!

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg





VOCATIONAL LICENCE

Licence No : \$2158937C Name : GOH CHIN KOK

Please visit www.ita.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

13/08/2018





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: 5103591032

1. Index mark and Registration Number of Vehicle

: SMD4699H

Chassis Number

: MR053REH104515150

Cover : drivo CLASSIC

2. Name of Policyholder

: LING NGAIN CHOO

3. Effective Date of Insurance

: 05 Sep 2018

4. Expiry Date of Insurance

: 04 Sep 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

(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.

EXCESS (SECTION 1)

: S\$2,000

EXCESS (SECTION 2)

: 5\$1,500

WINDSCREEN EXCESS ADDITIONAL EXCESS

· \$\$100 : 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

: LING NGAIN CHOO

NAMED DRIVER (1)

: GOH CHIN KOK

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: MAYBANK

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

: CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)

Date of Issue

: 05 Sep 2018 11:18 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601				CNO-FARELUDIDES		> Chang	e Language	Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									,
Notice of Loss	Policy #	VO.				Date	of Accident		06/12/2018 1	7:25	
	Vehicle	No.(For Mator)	SMD4	599Н		Cert	ificate Number	- 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103591032		LING NGAIN CHOO	S2625377B	GPC	drivo CLASSIC	SMD4699H	SMD4699H	05/09/2018	04/09/2019
					1	Continue					

olicy No.	5103591032	Policyholder Name	LING NGAI	N CHOO	Policyholder NRIC	S2625377B	
Certificate Io.		Name			NRIC		
Address	BLK 196 #04-723 RIVERVALE DI	RIVE SINGAPO	ORE 540196				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/09/2018	Effective Date	05/09/2018	3 00:00	Expiry Date	04/09/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Y	
Co- insurance Flag	No:						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 196 #04-723	Addre	ss 2	RIVERVALE DRIVE		Address 3	SINGAPORE 540196
Address 4		Addre	ss Type	Singapore address		Post Code	540196
Jnit No.		Relate	ed Policy er	5103591032			
) Insure	d Object: SMD4699H						
	sements						
Endors							

Claim Handling					
ccident MT/1022999	9103591092	tonica bi			
ertificate No.	9103991082	Vehicle No.	SMD4699H	GST Registration No.	
Ricyholder Name	LING NGAIN CHOO			Policyholder NRIC	52625377B
onuct Cope	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
mact No (Mobile)	90869E33	Contact No.(Office)	0	Contact No. (Home)	0
nail Address	At 18	Special Remark		eCode	16 V
*	® No ○ Yes	TCA	® No C Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
Accident Details					
port Date	07/12/2018 18:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
its of Acodent	06/12/2018	Time of Accident hh:mm	17:25	Country of Acadent	Singapore
Lorting Centre		Orange Force		ICM No.	Sudden a
Oldent Location	DRICHARD BLVD BEFORE ORDHARD TURN	-2000 #300000		July 140.	
Excess					
vi damage Excess	2,000.00	Additional Excess			
named Driver Excess	0.00		0	Windscreen Excess	100.00
rd Party Excess		Outside Singapore OO Excess	2,000.00		
Benefits	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform					
T Registered T Registration No.	N60		GST Registration Date		
sification History			GST Status Venfied	Yes	
A44500 (10 (A4450 (A450 (A					
Policyholder Mailing Ad	dress				
dress 1					
	BLK 196 ±04-723	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540196
idress 4		Address Type	Singapore address	Post Code	540196
et 140.		Related Policy Number	5103591032		
OI Driver Info					
Iver Name	GOH CHIN KOR	Driver Type	Named Driver		
named driver Name		Driver NRIC	52158937C	Driver DOB	05/01/1955
gister Date of Driver License		Driver Age	63	Driving Experience	9
ntact No.(Mobile)	84509779	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 196	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE \$40195
dress 4		Address Type	Singapore address	Post Code	540196
it No.	04-723				
es he own a Singapore gistered car?	○ Yas (♠) No	Driver Vehicle No.		Driver Insurer Company	
gistered cary				priver lineares Continuity	
daration					
eathalyser or Blood Test	Omg	Any mjury?	80-		
ading?		Any adjusts	® Yes ○ No		
offication matory					
Claim 001 New					
m Type *	ОВ-МХ	Insured Name	LING NGAIN CHOO	Insured NRIC	S26253778
viacx No.(Mobile)	90869533	Contact No. (Home)	64589719	Contact No.(Office)	7777
ail Address		Of Vehicle Number	SMO4699H	TP Venicle Number	S3L7649B
mant Type Claimant Type *	Prease Select	Type of Benefit. *	Please Select		avertiness.
mant Name *	100	Claimant NRIC +	7		
mant Address	22	And the state of		Ti .	
m Description	EMPAGEN / EU TRAPE ON A Dec 2010				
m Description Terred Workshop Contact	SMD4699H / SJL7649B ON 6 Dec 2018			Name of Preferred Workshop	
and marker of contact		Insured Liability *	Not at Fault		
pure Finalisation	Yana	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	07/12/2018 18:07	Claim Close Date		Date Received	07/12/2018 00:00
ort Taken By	Jackson				- new artistic programming and the second
Print AK latter					
			Save Submit		
ttachment					
ident No	MT/1022999	Claim No.	001		
t Doc. Received	⊕ Yes ○ No.	Upload Date	07/12/2018 18:08		
	Path *	75.2mg 12.2gg	Category *	Confidential	
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