NATIONAL Assessment Centre Services. [wet 1 Jamos] MHA119 00/16] Date & Time Completed Job description Date In: 3/1/19-15:57 Ref No: 4/4/14/19 000/68 } SAS e-filing E-mail (within 8hrs, AIC 2hrs) Vch No: M1/1026773-001 3/1/19 17:56 i-Motor Claim Form D.O.A. 31/10/18-18:30 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP : Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tel Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (Veh No: 1/127457 TP Particulars: Tel: Owner / Driver: () Cover Type: (Period: (Policy No: (Time: Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ()/NO(Warranty: YES (Year of Registration: (Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case); Towing Co: (); Invoice: YES () / Towed-in (Drive-In (Done by Dates: Time Completed Remarks:- (INC hotline: 6788 6616)) / Courtesy Car () 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Ant (S) Invoice Preparation Checklist Add Bill HA 1900 109, 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Cor / Tpt Allowence 510 * N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-55 *N8: DV / Collect Excess Coordination TP (N11): TP (Nun INC) against INC at. 1: 9) N12: Idac Mobile Fee Charged Invoice dated at. 2/3: Fee Charged

Invoice dated

i specie

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

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 <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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	03/01/2019 15:57
Date Of Accident	31/12/2018 18:30
Exact Location Of Accident	JUNC EAST COAST RD & TELOK KURAU RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBX8022J
insured/Policyholder	
Name Of Registered Owner	GAN YU UNN (DR)
NRIC No	S7014492A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96463064
Alternative Phone No	OFFICE-96463064
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092804624-01
Cover Note Number	
Oriver	
Name of Driver	OW CHIEN KOON
NRIC No	S7010939E
Date Of Birth	01/04/1970
Occupation	INDOOR
Date Of Driving Pass	20/01/1990
Driving Experience	28 YEARS AND 11 MONTHS

FEMALE

NOEMAIL

(LOCAL) +65-96463064

OFFICE-96463064

Address 10 EAST COAST DRIVE

Postcode 459147

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 (including own vehicle)

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)

2

Passenger 1

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN7745T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

MR ONG

NRIC/Passport Number

Contact Number

Name of Driver

91664517

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

No. Of Passenger (Including Driver)

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.
- 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 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)

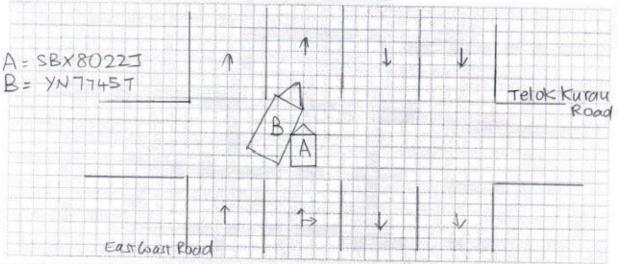
Date & Times

3/1/2010

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Wh	ile I was driving straight after the road
run	ction of Telok Kurau Road and East
700	est Road, Vehicle B (YN 7745 T)
000	ust Road, Vehicle B (YN7745T)
Cut	into my lane and hit the left side mirro
of	venide A (CBX 8022J)
1	
	And the second s
- Syville	
-	
	ACCOUNT OF THE PARTY OF THE PAR
- indi-	

DECLARATION

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

Policyholder's Signature Date & Time:

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

3/1/2019

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

4 SAMAC Skiernithiawom NE

3.0

SINGAPO	RE ACCIDENT STATEMENT
AC	CIDENT STATEMENT
Date Of Accident	* 3112 7018 Time (830 Hrs
Exact Location Of Accident	* [Poad junction of Tetok Kurau and East Coast Robe
DETAILS O	F OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	* SBX 8022 J
historical medine ynchopie	THE ROLL WATER CONTRACTOR OF THE PARTY OF TH
Name of Registered Owner	· Gan Yu Unn
NRIC/FIN/Passport Number	* 7014492A
Vehinler anio mys.	
Manufacturer	Honda
Model	Odyssey
Exact Purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insura	
policy for repair to your vehicle?	* Yes No Others
If No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private Commercial Motorcycle
litan and section and the	
Name of Insurance Company	NTUC
Type of Coverage	· Comprehensive
Fleet Policy	Yes No
Policy Number	5092804624-01
Cover Note Number	
D)(V)-(a	· Du Chies Koon
Name of Driver	OW CHIEF ROOM
NRIC/FIN/Passport Number	* 7010939E
Date of Birth	01/04/1970
Occupation	· Locum tindrof
Date of Driving Pass	20/1/1990
Gender	* Male Female
Mobile Number	96463064
Address	Singapore 459147
Email Address	
Was driver an employee of the Insured's	
Company?	* Yes No
If no, Relationship of the Driver with the	

Video

Vehicle Registration Number of Driver's Own Vehicle (if applicable) insurance Company of Driver's Own Vehicle (if applicable)	
General information of the Accident and the	TO THE PARTY OF STREET OF STREET, STRE
Type of Accident	· Collision (Change/cross lane)
Weather Conditions	* Clear Raining Others
Road Surface	* Dry Wet Others
Other Information	One's
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	
Details of Injured Persons	
Name	· Company of the comp
Address	
Approximate Age	•
Injuries Sustained	
If vehicle Occupants, state in which vehicle?/	
Were seat belts worn?	· Yes \ \ No \ \
Was injured conveyed to hospital by	
ambulance?	• Yes No
Details of Police Action	
Was the Accident reported to the Police?	* Yes No
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	Yes No
If Yes, against whom?	
DETAILS OF OTHER VI	EHICLE(S) / PROPERTIES (VEHICLE B)
	· YN 7745 TT
Vehicle Make / Model / Colour	
Detail Of Properties	
Name of Driver	Mr Ong
NRIC/Passport Number	
Contact Number	· 91664517 / 6581 2138 (ampany)
Email Address	(company) ongps.e@gmail.com
Address	A Symptot com
Insurance Company Name	
Nature of Damage	
Details of Witness	
Name	
Phone Number	
Email Address	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7010939E





OW CHIEN KOON

欧倩群

CHINESE Care of Birth Sei 01-04-1970 F

SINGAPORE

/1093 E

MRC No. S7010939E

Bood Group Date of less

1+ -30-12-19

10 EAST COAST DRIVE SINGAPORE 459147 NRIC No: \$7010939E

Date: 07/11/2010

No: 6623561

2554446



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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

20 Jan 1990





Certificate of Insurance

MOTOR VEHICLES (THERD PARTY RISES 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: 5092804624-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

: JHMRC1890GC2052G9 GAN YU URN (DR)

2. Name of Policyholder

3. Effective Date of Insurance

: 02 Aug 2018

4. Expiry Date of Insurance

: G1 Aug 2019

5. Persons or Classes of Persons entitled to drive a

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with hayber 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 disquatified 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 & of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Melaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A : N/A

EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS

- 35 100

UNNAMED DRIVER EXCESS

: N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: NO : YES : YES

NCD PROTECTION TRANSPORT ALLOWANCE

: NO : YES

EXCESS WAINER PRIMARY DRIVER

: GAN YU UNN (DR) GAN YU CHUAN

NAMED DRIVER (1) NAMED DRIVER (2)

: OW CHIEN KOON

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

TELESALES-DIRECT MARKETING (00000601661)

Date of lasue

: 25 Jul 2018 22:43 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Chief Executive

eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	Log Ou
My Desktop	Poli	Policy Query									
Notice of Loss	Policy N	No.				Date	of Accident	3	1/12/2018 1	18:30	
	Vehicle	No.(For Motor)	SBX80	SBX80223			Certificate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092804624- 01		GAN YU UNN (DR)	S7014492A	GPC	CLASSIC	58X80223	SBX80223	02/08/2018	01/08/2019
						Continue	1				

L-000000000000000000000000000000000000	ed Object: SBX80223	11.50	200				
Jnit No.		Relati Numb	ed Policy per	5092804624-01			
Address 4		Addre	ess Type	Singapore addres	s	Post Code	459147
Address 1	10 EAST COAST DRIVE	Addre	ess 2	SINGAPORE 4591	147	Address 3	THE STATE OF THE
Policy	holder Mailing Address						
Certificate info							
Policy							
lag Open							
Co- nsurance	No						
Agent	TELESALES-DIRECT MARKETIN	C Agent Tel.			GST Flag	Y	
Excess		TP Excess				90.	
Singapore OD	0.0	Outside Singapore	0			Youn	g/Inexperience Driver Excess
Excess Outside	0	Premium	0				
Excess Additional	0	Excess OS					
Third Party	0	Own damage	0.0		Windscreen Excess	100	
Гуре		Excess					
Date Excess		All Claims					
Policy ssue	25/07/2018	Effective Date	02/08/201	18 00:00	Expiry Date	01/08/2019	23:59
Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address Product	10 EAST COAST DRIVE SINGAR	ORE 459147					
Certificate No.							
	5092804624-01	Policyholder Name	GAN YU U	NN (DR)	Policyholder NRIC	S7014492A	

Claim Handling							Exit
Accident MT/1026273							
Policy No.	5092804624-01		Vehicle No.	58X80223	GST Registration No.		
Certificate No.							
Policyholder Name	GAN YU UNN (DR)				Policyholder NRIC	S7014492A	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loading	0	
Contact No. (Mobile)	96463064		Contact No. (Office)	0	Contact No.(Home)	0	
Emeli Address	120 COLUMN		Special Remark	Sach description	eCode	01.8	
KPK.	® No ○ Yes		TCA	® No ○ Yes	eCode Reason		
NCD Protection	Yes		NCD Entitlement(%)	50	Private Hire	No	
Accident Details	1202/1202000						
Report Date	03/01/2019 17:54		Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane	
Date of Accident	31/12/2018		Time of Accident hh:mm	18:30	Country of Accident	Singapore	
Reporting Centre			Orange Force		ICM No.		
Acodem Location	JUNC EAST COAST RD & T	ELOK KURAU RD					
♥ Excess							
Own damage Excess		0.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0.00			
Third Party Excess		0.00	Outside Singapore TP Excess	0.00			
19 Benefits							
Coverage Excess Waiver				Sum Insured 99999999 99			
♥ GST Registered Inform	ation			*********			
GST Registered	No			GST Registration Date			
GST Registration No.				GST Status Verified	Yes		
Modification History							
							3
Policyholder Mailing Ac	ddress						
Address 1	10 EAST COAST DRIVE		Address 2	SINGAPORE 459147	Address 3		
Address 4			Address Type	Singapore address	Post Code	459147	
unit No.			Related Policy Number	5092804624-01			
OI Driver Info							
Driver Name	OW CHIEN KOON		Driver Type	Named Driver	12000000		
Unnamed driver Name			Driver NRIC	57010939E	Driver DOB	01/04/1970	
Register Date of Driver License			Driver Age	48	Driving Experience	28	
Contact No.(Mobile)	96463064		Contact No.(Office)	0	Contact No.(Home)	0	
Address 1 Address 4	10 EAST COAST DRIVE		Address 2 Address Type	SINGAPORE 459147	Address 3 Post Code	459147	
Une No.			Musician Type	Singapore address	Plat Code	439147	
Does he own a Singapore	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company		
Registered car?	O INCOME.		Drives venicle res.		Driver insurer company		
Declaration							
Breathelyser or Blood Test	0 mg		Any injury?	○ Yes ® No			
Reading?	1,500.00		1970 (1974)				
Modification History							4
Claim 001 New							
Mary Williams III III Too and III							
		-				-	
Claim Type *	OD-MX	V	Insured Name	GAN YU UNN (DR)	Insured NR3C	S7014492A	
Contact No.(Mobile)	98234207		Contact No.(Home)	64484085	Contact No.(Office)	Company of the Compan	
Email Address	GANYUUNNIEYAHOO, COM	127	OI Vehicle Number	S8×8022)	TP Vehicle Number	VN7745T	
Claimant Type Claimant Type * Claimant Name *	Please Select	~	Type of Benefit * Claimant NR3C *	Please Select			
Claimant Address		>>	Clamant NKJC *		1		
Claim Description	SBX80221 / YN7745T ON 3	11 Dec 2018			Name of Preferred Workshop		
Preferred Workshop Contact		1	Insured Liability *				
No.	ECC.	707		Not at Fault	C2220000000		
Require Finalisation	Yes	~	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received V	
Date Registered	03/01/2019 17:56		Clerm Close Date		Date Received	03/01/2019 00:00	
Report Taken By	Jackson						
Point AK letter							
				Save Submit			
Attachment							
0				8270			
Accident No.	MT/1026273		Claim No.	601			
Last Doc. Received	● Yes ○ No		Upload Date	03/01/2019 17:58			
	Path	*	100000000	Category +	Confidential Urgen		
			Browse.	terral contracts. According to the contract of		▼	
6			Browse.	Cear Please Select	NO V Normal	0	

