		<u> </u>	1 1	
NATIONAL Assessment Centre Serv		Jrs. organization	Done l	
	escription	Date & Time Completed	Done	DŽ.
REINO NA/INC 19002187 Ky SAS	S e-filing			
Veh No SJR 1366A E-n	tail (within 8hrs, AIC 2hrs)			
D.O.A . 01 (02) 2019 .2000 I-M	otor Claim Form	MT/1030919-	001 7/2	19 18:
OD / IP: Reporting Only	otor W/O (Within: OD 2hrs.	7'P 4hrs)		
i-Pl	ioto Uploaded	<u> </u>		
1P Insurer:	essment/Survey Report	<u>L</u>		
	t Report by Fax / Hand to			
Preferred Wksp / INC Assign Wksp / QW: (and the same of th	National Control of the Control of t	Fax:	
TP Particulars: Veh No: SKR	5/5/P. INC()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: (). Period: ()	Cover Type: (7	
Confirmed by : (Date:	Time:		
		%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty)		
Excess: (\$) Loading: \$1,000 (
General Remarks:			13.14 N.	
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions	201 S.	Date& Lime Compile od	Done!	oy .
NA 190107	Invoice Prep	aration Checklist	Ant(S)	"Amt (\$)
laimant's Particulars :-	2) DA : Demage A	Assessment (\$100); INC (\$		
river/Owner:	3) TF : Towing Fo 4) FT : Follow-Th	rough Survey	\$120	
ontact No:	5) FT : Follow-The For claiming ag	rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200	\$30	
amaged Portion:	6) TR: Re-inspect 7) N1: Idao DA +	ion	\$75 \$160	
<u> </u>	8) NTUC Addition			
C Checked by (Engr-In-Charge):	OD* • N5: Courlesy C	Car / Tpt Allowance	\$5	
MARKED CONTRACTOR OF THE PROPERTY OF THE PROPE	*N6; Repair Co *N7; Post Repair	r Inspection	\$10	
		et Excess Coordination Non INC) against INC	\$5	
LLi	9) N12: Idae Mobi		30	+ + 7 X
1.2/3:	Invoice dated	Fee Charged	-	

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 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

	ACCIDENT STATEMENT
Date Of Report	02/02/2019 10:54
Date Of Accident	01/02/2019 22:00
Exact Location Of Accident	PIE (CHANGI) TWDS EUNOS EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR1366A
Insured/Policyholder	
Name Of Registered Owner	HOO SHENG FENG LARRY
NRIC No	S8917649B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92783556
Alternative Phone No	OTHERS-92783556
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
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
f 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	5106376706
Cover Note Number	

Driver

 Name of Driver
 TAN NEE MENG

 NRIC No
 \$9129263G

 Date Of Birth
 15/08/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/12/2011

Driving Experience 7 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92783556

Fax Number

Contact Number OTHERS-92783556

EMail Address NOEMAIL

Address BLK 102 SIMEI STREET 1

#04-914

Postcode 520102

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

17

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 (including own vehicle) involved in the accident

4

Was any body injured in the Accident?

NO

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

PLS REFER TO THE 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 SKR5151P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SUHAILA BINTE ISMAIL

NRIC/Passport Number

S8012273Z

Contact Number

81896954

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGL3538A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MASTURA BINTI HUDRI

NRIC/Passport Number

S1409696E

Contact Number

91183439

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJW9243S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

92298972

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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.
- 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 Personnel's Signature

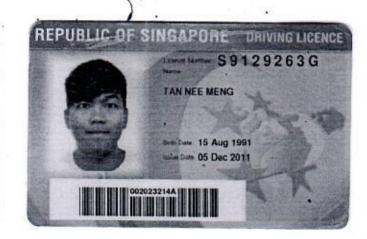
Name:

NRIC/FIN No.:

SKETCH PLAN		No.
		1405
	45.15.1	
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PIE (Changi)		
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	2 2 5 5	
	B - SKK 513	1P
	>	
	C 56L 393	8A
	PBI	ATTOT
DESCRIBE CIRCUMSTANCES	St. Find the second and the	
Vehicle A was t	Tavelling along PIE on the	first lane. Vehicle C
Suddenly iam the	brakes and following which I	I fully depressed my brace
as well Vehicle A	came to a complete stop	and was hit by Vehicle
20	I VIII A I EST STATE	I a III E AT
15. The impact can	1	le C. Vehicle A was
hadly damaged at	the rear and tront-I	am the driver at Vehicle
A. Accident huppened	at ground 2200 hours alon	ig PIE (chungi) near Euros
Exit.		
Fair		
DECLARATION I/We declare the foregoing partic	ulare are true in even respect	
if we declare the foregoing particle	Muslarly .	- 2/2/201
	Jennery.	1. 01-120.
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
GIAILMC SketchPliniForm, V3	Part of Filling.	NNIC/FIN NO.:



15-08-1991 Country of birth SINGAPORE









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: 5106376706 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJR1366A

Chassis Number

Name of Policyholder : HOO SHENG FENG LARRY
 Effective Date of Insurance : 14 Dec 2018

4. Expiry Date of Insurance : 13 Dec 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.

: JHMFD16309S201928

- 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 : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : HOO SHENG FENG LARRY

 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 : 5 & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 14 Dec 2018 16:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e Chan	ge Password	1 Log Ou
My Desktop	Polic	cy Query									
Notice of Loss Policy No.		lo.				Date	of Accident		01/02/2019	22:00	
	Vehicle	No.(For Motor)	stor) SJR1366A			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Dat
	9	5106376706		HOO SHENG FENG LARRY	S8917649B	GPC	drivo CLASSIC	SJR1366A	SJR1366A	14/12/2018	13/12/201

Policy Information

Certificate No.					
Address	BLK 524B #13-69 TAMPINES C	ENTRAL 7 TAME	PINES GREENLEAF SINGAPORE	522524	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/12/2018	Effective Date	14/12/2018 00:00	Expiry Date	13/12/2019 23:59
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		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	holder Mailing Address				
Address 1	BLK 524B #13-69	Address 2	TAMPINES CENTRAL 7	Address 3	TAMPINES GREENLEAF
Address 4	SINGAPORE 522524	Address Type	Singapore address	Post Code	522524
Unit No.	13-69	Related Policy Number	5106376706		
Insure	d Object: SJR1366A	COLOR MILE			
	sements				
Sequenc	ce Date of Endorsement	Endorse	ement Type Endorse	ment Status	Endorsement Content

Claim Handling

Policy holder Name	Accident MT/1030919					WARRANT CONT. MARKET
PRINCIPATION PROPERTY PROPE	Policy No.	5106376706	Vehicle No.	SJR1366A		GST Registration
Courset No. Monte Code	Certificate No.					
Contact No. (Moletin)	Policyholder Name	HOO SHENG FENG LARRY				Policyholder NRIC
Special Remark Spec	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
March Marc	Contact No.(Mobile)	92783556	Contact No.(Office)	0		Contact No.(Hom
March Marc	Email Address		Special Rémark			eCode
Report Date Programme Pr	KFK	No Yes	TCA	■ No ○ Yes		eCode Reason
Registro Date	NCD Protection	No	NCD Entitlement(%)	0		Private Hire
Time of Accident 01/10/2/10/19 Time of Accident Normal 22:00 Country of / Regorting Centre Country of / Regorting						
Date of Accidents 01/02/2019 Time of Accident Phinms 22 (00 Country of I/ON No. PRESOTTING CENTRY PRESOTTING CENTRY	Report Date	07/02/2019 18:08	Accident Report Within 24 hrs	Yes		Accident Type
Control Cont			Time of Accident hh:mm	22:00		Country of Accide
Accident Licitation PIE (CHANGE) TWOS EUNOS EXTT **Excess** **Excess** **Control damage Excess** **G00.00** **Dendiffarage Excess** **G00.00** **Control Brusse Excess** **G00.00** **GST Registered Information** **GST Registeration No.			Orange Force			ICM No.
David Business		DIE / CHANGI) TWOS BUNGS EVIT	7. Total # 1.5 (2001)			
Duma damage Excess		PIE (CHANGI) INDS EUROS EXTI				
Univaried Driver Excess 50.0.0 Outside Singapore OD Excess 50.0.0 Third Party Excess 0.0.0 Outside Singapore TP Excess 0.0.0 GST Registrated Information GST Registrated Information GST Registration No. GST Registration Data 5ST Registration No. GST Registra	A DOMESTIC OF THE PROPERTY OF	***	Additional Evence	0		Windscreen Exce
Third Party Excess 0.00 Outside Singapore TP Excess 0.00 ***Benefits** ***GST Registration Note					600.00	THE PERSON NAMED IN COLUMN
# Benefits ## ST Registered Information ## OST Registered In						
MST Registered Information No		0.00	Outside Singapore IP excess		0.00	
SST Registration No. SST Status Verified Y Mondrieston Y Mondrieston SST Status Verified Y Mondrieston Y		244				
SST Registration No. GST Status Verified Y Policyholder Mailing Address Address 1 BUK 5248 #33-69 Address 2 Address 2 Singapore address Post Code Unit No. 13-69 Related Policy Number S106376706 Porter Type Unnamed Driver Unnamed driver Unnamed driver Name Unnamed driver Unnamed driver Name TAN NEE MRIG Driver Nage 27 Driver Nage 27 Driver Nage Address 3 Register Date of Driver License OS112/2611 Driver Age 27 Driver Age 27 Driver Age Address 3 Address 3 BUK 102 # Address 7 yee Address 7 yee Foreign address Post Code Unit No. Driver Name Driver Name Driver Name Driver Name Driver Name Address 3 Address 4 Address 7 yee Foreign address Post Code Driver Name Drive	and the second s	awan.		GCT Penis	tration Date	
		No		2.43.50.50.50.50		Yes
Address 1 BLK 122 # Address 2 TAMPINES CENTRAL 7 Address 3 Address 4 SINGAPORE \$22524 Address 7 Pye Singapore address Post Code Unit No. 13-69 Related Policy Number \$106376706 Driver Name Unnamed Driver Driver Name TAN NEE MING Driver Name Singapore address Driver Name Tan NEE MING Driver Name Singapore Address 3 Driver Name Tan NEE MING Driver Name Porter License (\$1427011 Driver Age 27 Driving Exp Contact No. (Mobile) 92763556 Contact No. (Office) 0 Contact No. (Address 1 BLK 102 # Address 2 SIMEI STREET 1 Address 3 Address 3 Address 4 Address 7 Address 7 Pye Foreign address No. (Driver Name Name Singapore Yes * No Driver Vehicle No. Driver Vehicle No. Driver Insurance Name Post Code Name Name Name Name Name Name Name Nam						
Address 1	Piddiff Cation Platory					
Address 1	Policyholder Mailing Add	ross				
Address 4 SINGAPORE \$22524 Address Type Singapore address Pet Code With No. 13-69 Related Policy Number \$106376706 Torver Name Unnamed Driver Unnamed Driver Unnamed driver Name Tan Nee MRIG Driver Name Singapore address Prover Name Tan Nee MRIG Driver Age 27 Driving Exp Contact No. (Mobile) 92783556 Contact No. (Office) 0 Contact No. (Office) 0 Contact No. (Office) 1 Driver Name Name Name Name Name Name Name Name		21700	Address 2	TAMPINES CENTRA	4L 7	Address 3
Norres 4 Situation Size 22 Situation Size 22 Situation Size 22 Situation Size 22 Situation Prover Info □ Norwall				Transmission and case		
Driver Tarlo Driver Name Unnamed Driver Unnamed driver Name Unnamed driver Name TAN NEE MEING Driver NRIC S912963G Driver DSS SIMEI STREET 1 Address 3 Address 4 Address 2 SIMEI STREET 1 Address 3 Post Code Unit No. Des he own a Singapore Registered car? Ves * No Driver Vehicle No. Driver Vehicle No. Driver Insu Breathabyser or Blood Test Reading? Colam Ool Ob-MX No. (Home) Uhained No. (Home) Colam Type * Contact No.(Mobile) Email Address Contact No.(Mobile) SR1366A / SKR5151P ON 1 Feb 2019 Preferred Workshop Preferred Workshop, Name unknown * report Preferred Workshop, Name unknown						the state of the
Driver Name		13-69	Related Policy Number	31003/0/00		
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Contact No. (Mobile) 9278356 Contact No. (Office) 9278356 Contact No. (Office) 9278356 Address 2 SIMEI STREET 1 Address 3 Address 3 Address 4 Address 7 A						Driving Experien
Address 1 BLK 102 # Address 2 SIMEI STREET 1 Address 3 Post Code Unit No. Does he own a Singapore Registered Car? Yes * No. Driver Vehicle No. Driver Insured Name Contact No.(Mobile) Email Address Claim Description Preferred Workshop Workshop	A CONTRACTOR OF THE PARTY OF TH					
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Breathalyser or Blood Test 0 mg Any Injury? Yes is No Modification History Claim 001 OD-MX New Claim 7ype * Contact No.(Mobile) Email Address Claim Description Claim Description SIR1366A / SKR5151P ON 1 Feb 2019 Preferred Workshop, Name unknown report Repair Option Date Registered Any Injury? Yes is No OD-MX Insured Name Name Name Name No. Contact No. (Home) OI SIR1366A / SKR5151P ON 1 Feb 2019 Claim Perferred Workshop, Name unknown report Claim Perferred Workshop, Name unknown report OT/02/2019 18:18 Claim OT/02/2019 18:18 Date Workshop	JAMES TO CONSIDERATION OF THE POST OF THE					
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