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Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:		
TP Particulars: Veh No: SAC	21692	. INC(.)/Non-INC(), .		
Owner / Driver: (10	Tel:)	
Policy No: () Period:	:() (over Type: ().	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

CONTROL OF	
Mark to the street of the street of the street	ACCIDENT STATEMENT
Date Of Report	07/02/2019 16:14
Date Of Accident	04/02/2019 12:45
Exact Location Of Accident	DUNEARN RD B/F BUS STOP (OPP NEXUS) SERVICE RD
Country/State of Loss	SINGAPORE
telephone with a proper land and the property of the property	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDQ200C
Insured/Policyholder	
Name Of Registered Owner	LOO LIP PING
NRIC No	S1669245Z
Email Address	LOO.MAYLIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92727788
Alternative Phone No	OTHERS-96700788
Vehicle Particulars	
Manufacturer	BMW
Model	5201 AT
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	5101782642
Cover Note Number	
Driver	
Name of Driver	LOO QI XUAN, RYAN ELYAS
NRIC No	S9212694C
Date Of Birth	27/03/1992
Occupation	INDOOR
Date Of Driving Pass	09/05/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96700788
Ens Number	

OTHERS-92727788

LOO,MAYLIN@GMAIL.COM

Address

235 JALAN KAMPONG CHANTEK

Postcode

587925

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

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?

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)

2

Passenger 1

NAME:

: FRIEND

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

RIVER VALLEY NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2789999 - FAX NO: 62786427

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 Vehicle Make/Model/Colour

SHC2169Z

Details Of Properties

Vehicle Category

TAXI

Name of Driver

Contact Number

ONG LIAU LYE

NRIC/Passport Number

S1121069D

91141099

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.
- 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.
- 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:

- 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:
 - (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
- 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: 071001201

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

SKETCH PLAN

STATES STATES	E SHCTIED S	ARLTEY ETROL KIOSE
	SDO LONG SERVICE ROAR BUS STOR	B TENTPIC
	>	n रुभव ।
	DUNEMAN ROAD CIARER BUET TIMAH ROAD	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were daving slowly along the service road next to bureau
tood. As it is a narrow road, we approach the but ctop stowly
trying to alight my friend. I noticed a taxis parked at the left
She of the road, but sticking out more than usual, close to the
centre of the road. The taxi diver was standing at the diver door
leaving less space to pass they usual. This was worming , so
we weduced speed further and went all the way to the right to
a word colliding.
The taxi diver saw us and went close to the toxi to avoid long
lift. We approached slowly and it was clear that we want
going to life him. While I was passing him, he opened the
draws door at the same moment and the door hit the
side of my car, heaving marks at the side bunger &
Louder were the front wheel.
-

DECLARATION

I/Wordeclare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Lyan Loo

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reperting Centre Personnel's Signature

NRIC/FIN No.:

GARME StatesPlantpin, VS

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm thatLOO QI X	UAN, RYAN ELYAS , NRIC/FIN
59212694C has reported to the Police a non-	injury traffic accident which
Road before Bus Stop (Opp Nexus) on 04.02 following vehicle:	at about 1245hrs involving the
SDQ200C (WHITE BMW) SHC2169Z (BLUE COMFORT TAXI)	e grande
2 If this accident was reported to the Po	lice within 24 hours of its occurrence,
Then he/she has complied with Sec 84	(2) of the Road Traffic Act, Cap 276.
Rank/Name of Issuing Officer: Sgt Jo	rdon Ng Beng Siong
Date: 04.02.2019	Time: <u>1650hrs</u>
S/D Ref: eSD 29	- /p/
Police Post/Unit: River Valley NPP	<i>V</i> · ·
Original – to be issued to informant Duplicate – to be submitted to Traffic Police	BLK 4 DEL DA AVENUE #01-02 SINGAPORE 161004

CONFIDENTIAL

Version as of 15 Jan 2002 Los Gi Xuen Ryan Elyas \$92126945

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Contact Cont	laim Handling				0	
Selection		LOWER PORT I				
MANISTE CAMPAGINATION FORMER CAMPAGINATION MANISTE CAMPAGINATION		\$1017EP642	Vehicle No.	50Q200C	GST Registration No.	
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Cambo Cam				drivy CLASSIC	tinesing	
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March Control Contro				Ves	Accident Type	Dthare
Column C		04/02/2019		12:49	Country of Accident	Singapore
## Part					IOM No.:	31-9000m2
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Martine Mart						
March Marc				£û	Windscreen Excess	100.00
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## Service Value Command Stripe Comm	it No.				Post Code	\$87925
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Marchand Strategy Color Marc Color Mar	iver Name	Unmarried Delver	District Trees	Table 1 and		
### ### ### ### ### ### ### ### ### ##	named driver Name	100 QU KUAN, RYAN FLYAS				
Description Street Expendence Street Ex	gater Date of Driver Line					27/03/1993
Address 235 Subject Address 790 Protect 790 Pr	med No.(Hable)			26	Driving Experience	5
## 1500 Market M	dress 1			Variable (40-00) (10-00)	Contact No.(Home)	
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NAC_BUKET_MERAH_BIDG76(NATIONAL ASSISSMENT CENTRE SERVICE 5 (BUHLT MERAH)) on 08 Feb 2019 15:09

NAC BUKIT HERAH 300676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAH)) on DE Feb 2019 15:09

NAC_BUNIT_MERAH_BOX676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on DE Feb 2019 15:09

♥ Video List

NAC, BUKIT, MERAH, 380676(NATIONAL ASSESSMENT CENTRE SERVICE SARIC/ Driving License 5 (BUKIT HERAM)) on 00 Feb 2019 15.09

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1993C/ Orlving License

NRSC/ Driving License

Process 2019-2-8

Photos 2019-1-8

Photos 2019-2-8

Photos 2019-2-8

Phintos 2019-2-8

Photos 2019-2-8

Photos 2019-3-8

NAIC/ Driving License 2019-2-8

MMIC/ Driving License 2019-2-8

NRSG/ Driving License 2019-2-8



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport

/Company Cert

S1669245Z

No.:

Owner ID Type:

Singapore NRIC

Owner Name:

LOO LIP PING

Registered

Address:

235 JALAN KAMPONG CHANTEK SINGAPORE 587925

Mailing Address:

Birth Date:

16 Jul 1964

Vehicle Particulars

Vehicle No.:

SDQ200C

Previous Vehicle

No.:

SKL892Z

Effective Date of

Ownership:

04 Jul 2018

Original Regn Date: 27 Sep 2013

Registration Date:

27 Sep 2013

Year of

Manufacture:

2013

Vehicle Type:

Passenger Motor Car

Vehicle Scheme:

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2:

Vehicle

Attachment 3:

Vehicle Make:

B.M.W.

Vehicle Model:

520I AT D/AB 2WD 4DR LED NAV M SPORT

Primary Colour:

White

Secondary Colour:

Passenger

Capacity:

4

Chassis No.:

WBA5A32080D333571

Engine No.:

B8440553N20B20B

Engine Capacity

/Power Rating:

1997 cc/-

Maximum Power

Output:

135.0 kW (181 bhp)

Propellant:

Petrol

Max Unladen 1615 kg Weight: Maximum Laden 2225 kg Weight: Open Market \$48,913.00 Value: PARF Eligibility: Yes PARF Eligibility 26 Sep 2023 Expiry Date: Minimum PARF \$27,739.00 Benefit: No. of Transfers: IU Label No .: 1125064971 COE No .: 2013100107000090Z COE Expiry Date: 26 Sep 2023 COE Category: E - Open Category COE Registration B - Car (1601cc & above) Category: Quota Premium (QP) / Prevailing \$80,000.00/-Quota Premium: Actual QP Paid: \$80,000.00 QP (Regn Cat): \$77,100.00 OPC Cash Rebate No Eligibility: QP during COE \$80,000.00 Bidding Exercise: Additional Registration Fee First \$20,000.00 (100%), next \$28,913.00 (140%) Rate: Actual ARF Paid: \$55,479.00 Vehicle Lifespan No Lifespan Expiry Date: CO2 Emission: 149.00 (g/km) CEV/VES Rebate \$5,000.00 Utilised Amount: CO Emission: HC Emission: NOx Emission: PM Emission: COE rebate, if applicable, will be based on the QP of \$77,100.00. This is the lower of Message: QP from Category E and the corresponding Category B in the same tender exercise.

To renew the COE, the Prevailing Quota Premium payable is that of Category B.

ACCIDENT STATEMENT

ACCIDENT DATE: 4 2 30 PI (DD/MM/YYY), TIME: 12:45 (HH:MM)
COCATON Struck Road wat to
LOCATION: Dungary road before bus stop (Opp Nexus)
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SDQ 200 C
DINSURANCE COMPANY: NTU C
CIPOLICY NUMBER: 5081393530
DIPOLICY TYPE: COMPREHENSIVEY THIPD BARRY ATTISES SAFETY
OMAKE & MODEL: BWW 520; AT
TITPE:(SALOON / COURE / MANY OF ALL
B) VEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE / OTHERS) h) PURPOSE OF USING AT A COLDENT THE
IF NO. PIFASE STATE THIRD BARDY OWN INSURANCE (YES NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIMY REPORTING ONLY)
2. INSURED / POLICY HOLDER
ANAME LOO LIP PINIC
DINRIC/EM/PASSPORT: 5/6693453
CIADDEER, 22 T
The care and a Constant
A CINTINITE TO 9 A P B BH (FF)
LASSEN GEN CHILLY
(Including driver) OlNAME: LOG OFFICIAL RUGE Flygs
(7) UNNIC/TIN/PASSPORT: 592126946
friend-male CIADDRESS: 235 Jalan Kampong Chantek
S VEW 187925
eloccupation (Name of Birth: 127/03/1992)(DD/MM/YYYY)
O C C O MICH WINDOOR O DITO OOR
DATE OF DRIVING DACK DO (DE /DE /DE /DE /DE /DE /DE /DE /DE /DE /
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
5. DIWEATHER CONDITION: (CLEAR) RAINING / OTHERS DIROAD SURFACE: (DR) / WET / OTHERS
SUCCESTION OF THE PORT OF THE
6 WAS ANDOON HAR
THOS ANTROLLY IN HIDER IVER A LIGHT
7. a) REPORTED TO POLICE (YES) NO)
7. a) REPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: PI + Valley NPP
7. a) REPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: PI W Valley NPP 8. THIRD PARTY VEHICLE
7. a) REPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: PI Valley NPP 8. THIRD PARTY VEHICLE No of passenger all VEHICLE AND ASSESSED OF THE PROPERTY OF THE PROPE
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7. a) REPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: Pi + V Valley NPP 8. THIRD PARTY VEHICLE No of passenger a) VEHICLE NUMBER: SHC 2 (69 Z MODEL: Including driver) b) DRIVER'S NAME: Oug Lian Lye (1) 9. THIRD PARTY VEHICLE (1) PASSENGER (2) NRIC/FIN/PASSPORT: S11 21 0 69 D CONTACT: 911 4 10 99 (3) VEHICLE NUMBER: MODEL: (4) VEHICLE NUMBER: MODEL: (5) DRIVER'S NAME: MODEL: (6) DRIVER'S NAME: MODEL:
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email = 100, may line guail. com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9212694C





LOO QI XUAN, RYAN ELYAS

Race

CHINESE

Date of birth

27-03-1992 M

Sex

Country of birth

SINGAPORE



4020745 MINC No S9212694C Date of Issue 13-04-2007 235 JALAN KAMPONG CHANTEK SINGAPORE 587825 Date: 30/05/2014 NRIC No: 502126940

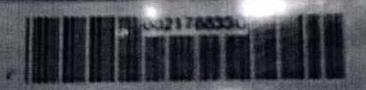
REPUBLIC OF SINGAPORE DRIVING LICENCE

\$9212694C

LOO OF XUAN, RYAN ELYAS

tom Com 27 Mar 1992

09 May 2013



YOU ARE LICENSED TO DRIVE VIEW SINGHE FOLLOWING CLASSIES!

Motor cars without clutch pedals (Auto) =< 3000kg 09 May 2013 with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

Licence No: S9212694C

NP 428A

eBao Tech		1200	4			35 4	105.5	Halu	Ganar	alClaim
Hello, NAC_BUKIT_MERAN	S-100*1 = -				NAME OF STREET	· Chang	e Languag	e • Chan	ge Password	• Log Out
Notice of Loss	Policy Query Policy No. Vehicle No.(For Motor)		82642		310	of Accident		04/02/2019	15:02	
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	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	© 5101782642		LOO LIP PING	516692452	GPC	drivo CLASSIC	5DQ200C	SDQ200C	02/07/2018	01/07/2019



Certificate of Insurance

SKLR927

: LOO LIP PING : 02 Jul 2018

: 01 Jul 2019

Cover : drivo CLASSIC

: WBA5A32080D333571

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: 5101782642

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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) : 5\$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 NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

: LOO LIP PING NAMED DRIVER (1) : N/A

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

: TOKYO CENTURY LEASING (S) PTE 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)

: MOTOR UNIVERSE CREDIT PTE. LTD. (00000615288)

Date of Issue

: 02 Jul 2018 11:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



APARTON ASSESSMENT OF

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 5224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

	ADDENDUM 3.5
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Los Missian Pla CIVAL
	NRIC/FIN/PassportNo:
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore()
	Contact (Tel) :Mobile No.:96700788
	Email Address :
	Date of Accident : 04/02/2009Time of Accident : _12:45 .
	Place of Accident : DUNIABERY ROAD BLF BUSK NOR CUPP XMYUL) SHRVICK ROAD
	Insurance Company:
, ,	Ammyro Policy number To 5101782642
24	
104	
8.	
	Policyholder / Driver's Signature Reporting Centre Personnel's Signature
	Date: Name: Name: Nafli Works Date: OSCO 2/2019