NATIONAL Assessment Cen	tre Services well saviosim	NA 1190W317	W	
Date In: 11/1/19 - 14:31	Jeb description	Date &Time Completed	Done by	+
Res No: MA JUE 19006473/14	SAS e-filing			
Veh No: JMA KGOY.	E-mail (within Shrs, AIC 2hrs)	i i		(12)
D.O.A : 114/19. 19:20	i-Motor Claim Form	M7/1039797-001	114/19 14:4	2
	i-Motor W/O (Within: OD 2h		11/1/19 171	1
OD TP Reporting Only	i-Photo Uploaded			150 15
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: Je	Mic INC(
Owner / Driver: (Tel:)	
Policy No: () F	eriod: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%1	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1				TERME!
VI. D. C.		on removed to the first of	175 × 17, 17, 11	
		TO THE PERSONAL PROPERTY OF THE	Share Profession	
() Walk-In Customar : Customer's inf		trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.			
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO(); T	Cowing Co: (•)
Remarks:- (INC hotline: 6788 6616):	Company of the Compan	Date&Time Completed	7458383	
	Courtesy Car ()	Datese i imb Comple ad	Done by	-
2) QC Check / Post Repair Inspection	Courtesy Car ()	-		att R
	()			777-77
 Upload Resurvey Photo [Repair Cost > \$ 	3000] ()			
Injury:				
Date/Time Actions		3 (1 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3	75970.0970-77 3 - 007 - 5	- P.
Date/Time Actions			RESECUTE:	- Parties
	· ·			0.00
		11.5		
	_			
NA140 2613	Invoice Pre	paration Checklist	Anit (S) A	int (3)
Design Vell was a consistent and a consistence of the consistence of t	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		In Bill A	dd Bill
aimant's Particulars :-	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$80	0)	
river/Owner:	3) TF : Towing F	ce . S40/	545	
ntact No:	4) FT : Follow-Ti 5) FT : Follow-Ti	the state of the s	\$30	
	For claiming as	sainst INC Only (wef 10 Jan 2005)	and the second second	71.25
maged Portion:	6) TR : Re-inspec 7) N1 : Idao DA +		160	
	8) NTUC Additio	The state of the s		-
Checked by (Engr-In-Charge):	OD.	Con (Tot Allows		
	*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance	510	-
iditors! Comments :-	•N7: Fost Repr	ir Inspection	\$25	
	The state of the s	ect Excess Coordination (Non INC) against INC	\$5	
	9) N12: Idne Mob	ile	30	
2/3;	Invoice dated	Fee Charged	SAME TO SAME	nja
eren (i)	Invoice dated	Fee Charged	ENGINEE EAST	

e april to the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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 aforesaid.

aforesaid,	
Control of the state of the sta	ACCIDENT STATEMENT
Date Of Report	11/04/2019 14:31
Date Of Accident	11/04/2019 09:20
Exact Location Of Accident	ASPEN HEIGHTS CONDO DRIVEWAY
Country/State of Loss	SINGAPORE
Section 1999 and the section of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA1590Y
Insured/Policyholder	
Name Of Registered Owner	GOH CHIOK KOO
NRIC No	S1259045H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97557388
Alternative Phone No	OFFICE-97557388
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G A
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	5101251704
Cover Note Number	
Driver	
Name of Driver	MATTHEW GOH RUILIN
NRIC No	S9229085I
Date Of Birth	14/08/1992
Occupation	OUTDOOR

06/01/2011

MALE

NOEMAIL

8 YEARS AND 3 MONTHS

(LOCAL) +65-98361113

OFFICE-98361113

Page 1 of 17

Address

BLK 841 YISHUN STREET 81

#09-276

Postcode

760841

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

į.

General Information of the Accident

Type Of Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

YES

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)

00000

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

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

SKL3555C

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)

DETAILS OF INJURED PERSON 1

Page 2 of 17

Name

MATTHEW GOH RUILIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

BODY

SMA1590Y

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 5. 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:

- (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:

Name:

NRIC/FIN No.:

l's Signature Reporting Centre Pers

SKETCH PLAN

VEHICLE B
- SKL 3555 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	DRIVING ALONG THE DRIVEWAY OF ASTEN HEIGHT CONDO.
	A DUO LANE DUO CARRIACIE WAY.
	EMING TO A BEND, SMODENES A ON-COMING VEHICLE
	POSTIE PIRECTION DROVE AND CAME INTO MY LONE DND
	o this from signit to right from portion of my
venicus	*
ALIGHTED	FROM MY USHICLE AND RAPILIZZED IT WAS A VEHICLE
WHY LIE	SOUCH PLATE NUMBER (SKL 3555 C) THAT COLLIDED TO
WW NEW	HICLE WHILE WE WERE ON THE BEND, AND I WOULD LIKE TO GO
IN THAT AFT	ER THE ACCIDENT I FELT LAWRLE TO MY NECK, SHULLDER AND MY RACK.
THE Acei	DATT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA
VEHICLE	A - SMA 15904
VEHICLE	B - SKL 3555 C

DECLARATION

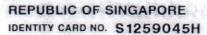
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Vehicle No.	SMAISON Model/Make HOMPA THUTTLE							
Date of Accident	11/04/2019							
Time of Accident	0920 HRS							
Location of Accident	ASPIRA HEIGHT CONDO DELVE WAY							
Exact purpose use during acci	dent woman work							
Name of Owner	CADH CHICK KOO							
Telephone No.	H/P: 9755738 Home: Office:							
NRIC	1 S1259045 H							
Address	BUR 841 MISHUN ST 81 HOQ- 276 S(760841)							
Claim type	OD THIRD PARTY REPORTING ONLY							
Insurance Company	NTIC							
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft							
Policy No.	5 101241704							
Name of Driver	As Above If(No, MATTHEW GOH RULLIA							
NRIC	Sarraossi Any Passengers: NIL							
Date of birth	14 Aug 1992							
Occupation	Outdoor / Indoor							
Driving License Pass Date	06JAN 2011							
Gender	Male / Female							
Contact No.	H/P: 98361113 Home: Office:							
Address	BUK 841 31544N ST 81 #09-276 S(760841)							
Driver have any own vehicle	No. If yes, Reg No.							
Relationship	Employee, If no, state							
Weather condition	Clear Raining Other							
Road Surface	Dry Wet Other							
Any Injuries	No, If Yes, Who?							
Name And Contact No.								
Name And Contact No.								
Police Report	(No) If Yes, Where?							
Vehicle B No.	SKL 3555 C Any Passengers:							
Name of Driver	Contact No.:							
Vehicle C No.	Any Passengers :							
Vehicle D No.	Any Passengers :							
Vehicle E no.	Any Passengers :							
Vehicle F No.	Any Passengers :							
Vehicle G No.	Any Passengers :							
Witness Name	Witness Contact :							
Accident Portion	FRONT RICHT / RIGHT FROM PORTION							
Camera Recorder	Yes / No							
Email Address								
PARTICULAR WORKSHOP	TWINCOR AUCOMOTIVE PER LTD							
CONTACT NO.	6842 0051 / 6744 0510							
CONTACT PERSON	IAN							
FAX NO	6741 0510							
WORKSHOP EMAIL APDRESS	sales @ n51. com. sg							







Name

СИНОК КОО

吴石斯

Race CHINESE

Date of birth 30-10-1957 Sex M

\$1259045H

Country of birth SINGAPORE

Date of issue 28-05-2012

Address

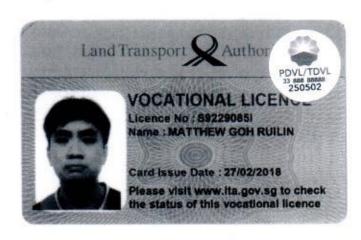
APT BLK 841 YISHUN STREET 81

#09-276 SINGAPORE 760841





4099990



DRIVER

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

EFFECTIVE DATE

Class 3 Motor Cars<< 3000kg with <<7 passengers, exclusive 06 Jan 2011 of the driver; and other motor vehicles << 2500kg

Licence No: S9229085I

NP 428A

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

27/02/2018

APT BLK 841 YISHUN ST 81 #09-276

SINGAPORE 760841

NRIC No: \$92290851

24-08-2007

Date: 09/05/2012 No: 6936456



Certific	ate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	THON) RULES, 1960
Certificate Number: 5101251764	Cover . driva CLASSIC
1. Index mark and Registration Number of Vehicle	SMA1S90Y
Chassis Number	3K81005645
Name of Policyholder	: GOH CHICK KOD
5. Effective Date of Insurance	: 12 Jun 2018
4. Expiry Date of insurance	: 11 Jun 2019
5 Persons or Classes of Persons entitled to drivell	is established
(a) The Policyholder.	
(b) Any other person who is driving on the Policyho	older's order or with his/her permission
	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ying the Motor Vehicle:
6. Limitations as to Use#	236
	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 sp	peed-testing.
(b) Use for the carriage of goods (other than sample	
(c) Use for any purpose in connection with the Mot	
	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 2)	: \$\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: ND
TRANSPORT ALLOWANCE	. NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH CHICK KOO
NAMED DRIVER (1)	: MATTHEW GOH RUILIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	1 N/A
SUM INSURED 1/W/www.com/www.com/www.chartha.com/www.com/ww.com/	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
	icate relates is issued in accordance with the provisions of the Motor apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : S & M ALLIANCE PTE LTD (00000	0514973)
Date of Issue : 12 Jun 2018 10:03 hrs	
Tomat	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	

eBao Tech										GeneralClaim	
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	c + Chang	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident		11/04/2019	9:20	
	Vehicle	No.(For Motor)	SMA15	90Y		Cert	ficate Number				N.
						Search	li)				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101251704		GOH CHIOK KOO	S1259045H	GPC	drivo CLASSIC	SMA1590	SMA1590Y	12/06/2018	11/06/2019
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Continue					

Certificate No.					0,000,000		
No. Address	BLK 841 #09-276 YISHUN ST	REET 81 SINGAR	ORE 760841				
Product	PRIVATE CAR INSURANCE	Plan		Ti.	Group	**	
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy issue Date	12/06/2018	Effective Date	12/06/2018	3 00:00	Expiry Date	11/06/2019 23	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 Oriver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Co- insurance Flag Open	No						
Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 841 #09-276	Addre	ess 2	YISHUN STREET 81		Address 3	SINGAPORE 760841
Address 4		Addre	ss Type	Singapore address		Post Code	760841
Unit No.	09-276	Relate Numb	ed Policy er	5102443840			
) Insure	ed Object: SMA1590Y						
	sements						
▼ Endors							

Claim Handling					- Exi
Accident MT/1039797					12
Policy No.	5101251704	Vehicle No.	SMA1590Y	GST Registration No.	
Certificate No.					
Policyholder Name	аон снаж коо			Policyholder NR3C	S1259045H
Product Code	PRIVATE CAR INSURANCE	Cover Type	STIVE CLASSIC	Loading	0
Contact No.(Mobile)	97557388	Contact No.(Office)	:0	Contact No. (Home)	0
Email Address		Special Remark:		eCode	W V
KFK	No ○ Yes	TCA	® No ○ Yes	eCode Reason	-
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	11/04/2019 14:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/04/2019	Time of Accident fromm	09:20	Country of Academt	Singepore
Reporting Centre		Drange Force		ICM No.	
Accident Location	ASPEN HEIGHTS CONDO DRIVEWAY				
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Oriver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
□ Benefits					
□ GST Registered Inform GST Registered					
GST Registration No.	No		GST Registration Date GST Status Venfield	Mark .	
Modification History			GO) Status Venned	Yes	
□ Policyholder Mailing Ar	ddress				
Address 1	BLK 841 #09-276	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760841
Address 4		Address Type	Singapore address	Post Code	760841
Unit No.	09-276	Related Policy Number	5102443840		
○ OI Driver Info					
Driver Name	MATTHEW GOH RUILIN	Driver Type	Named Driver		
Unnamed Sriver Name Register Date of Driver License	05/01/2011	Driver NRIC	S9229085t	Driver DOB	14/08/1992
Contact No.(Mobile)	96361113	Driver Age	26	Driving Experience	8
Address 1	96361113 BLK 841	Centact No.(Office)	٥	Contact No.(Home)	0
Address 4	6UN 641	Address Type	YISHUN STREET 81	Address 2	SINGAPORE 760841
Unit No.	09-276	Auditess Type	Singapore address	Post Code	750841
Does he own a Singapore	○ Yes ® No	Oriver Vehicle No.		1000 10 10	
Registered car?		Divier ventual no.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes 〇 No		
Modification History					
10 N.W. W.					
Claim 001 New					
Claim Type *	DD-MX	Insured Name	дон снаок кра	Insured NRIC	S1259045H
Contact No (Motile)	97557368	Contact No.(Home)		Contact No.(Office)	
Emeil Address		Ol Vehicle Number	SMA1590Y	TP Vehicle Number	SKL355SC
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claiment NRJC +			
Claimant Address					
Claim Description	SMA1590Y / SKL3SSSC ON 11 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Indured Liebility *	Not at Fault		
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/04/2019 14:43	Claim Close Date	Marin Company	Date Received	11/04/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Subme		
Attachment			Sanda Basalana		
· ·					
Accident No.	MT/1039797	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	11/04/2019 14:46		
	Path *		Category *	Confidential Urgeno	y * Description *
		Browse.	I specially present the second second	Normal	y : Description :
		Browse.	The second secon	NO V Normal	V
		Browse			
		Browse		No V Normal	V
		510100		A Treating)	

