NATIONAL ASSESSED		. p/; ;	1.70
NATIONAL Assessment Ce	Charles the transfer of the control		
Date In: 15/4/19-11:17	Jeb description	Date & Time Completed	Done by
Ref No: Majincinassiating	SAS e-filing		
Veli No: SMHGJYM	E-mail (within 8hrs, AIC 2h	rs)	
D.O.A : 4/4/19- 12:05	i-Motor Claim Form	m7/1040098-001	5/4/9 21:49
OD (TP) Reporting Only	i-Motor W/O (Within: O.		
as (i) importing only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	ort	
Tr hisuter.	Ass't Report by Fax / Ha	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			Fax:
TP Particulars: Veh No: (KLJZGYR . IN	C()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: (Period: () Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N:		100%]
Year of Registration: () Warranty: YES ()/NO		
Excess: (\$) Loading:			
General Remarks:		COLOR DE PROCESSION DE LA PROCESSION DE	MEST TOTAL
A ALLES AND A TO A MALLEY BARRELL STATE OF THE BARRELL STATE OF THE ST			Science of the second
() Walk-In Customer: Customer's () Total Loss Case : to e-mail In		- Cinday 110 Total di Teponeti	
7, 11V	roice: YES () / NO ()	; Towing Co: (
Remarks:- (INC hotline: 6788 661)	6)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		Constant of the Constant of th
2) QC Check / Post Repair Inspection	()	. **	
 Upload Resurvey Photo [Repair Cost: 	> \$3000] ()		
Injury:			
Date/Time Actions			Second
	Vii)		15
A CONTRACTOR OF THE CONTRACTOR			
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			1
NA 1902751	Invoice I	reparation Checklist	Anit (S) Amit
Contraction of the Contraction o		dent Reporting (\$30);	fit Bill Add I
aimant's Particulars :-	2) DA : Darr	ege Assessment (\$100); INC (\$8	
iver/Owner:	3) TF : Towi		V\$45 \$120
ntact No:	5) FT : Follo	w-Through Survey (Resurvey)	\$30
	For cloimi 6) TR: Re-in	ng against JNC Only (wef 10 Jan 2005) \$75
maged Portion:			\$160
	8) NTUC Ad	ditional Services:-	
Checked by (Engr-In-Charge):	*N5; Cour	tesy Car / Tpt Allowanse	\$5
CV671 S48C6 S48 SOLLOWING AND ADDRESS	*N6; Reps	ir Co-ordination	510
ditors! Comments :-		Repair Inspection Collect Excess Coordination	\$25 \$5
1:		TP (Non INC) against INC	\$20 .
2/3:	9) N12: Idno Invoice dates		30
er has	Invoice dated		

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 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.

The second country with the second country of	ACCIDENT STATEMENT
Date Of Report	15/04/2019 11:17
Date Of Accident	14/04/2019 10:05
Exact Location Of Accident	STADIUM DR ROUNDABOUT
Country/State of Loss	SINGAPORE
to the second of the second of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH6344Y
Insured/Policyholder	
Name Of Registered Owner	CHOO MENG KHIAW JIMMY
NRIC No	S7517213C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97935970
Alternative Phone No	OFFICE-97935970
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 7-SEATER 1.5G AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107456150
Cover Note Number	
Driver	
Name of Driver	CHOO MENG KHIAW JIMMY
NRIC No	S7517213C
Date Of Birth	10/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2007
Driving Experience	11 YEARS AND 3 MONTHS

MALE

NOEMAIL

(LOCAL) +65-97935970

OFFICE-97935970

BLK 46 LENGKOK BAHRU Address

#03-251

Postcode 150046

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: . -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKL5794R

Vehicle Make/Model/Colour

BMW 5251

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAY JONG PENG

NRIC/Passport Number

S1309156J

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name CHOO MENG KHIAW JIMMY

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SMH6344Y Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

INPORTANT 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.
- 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 (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 & Time: Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

l was travellin left lane on th	g along Stadium Drive round-a-bout, I was on the most we round-a-bout. Suddenly rehicle B on the right lane
tried to turn	into Nicoll Highway without checking the road is clear and collided onto my right front portion of my vehicle

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 Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

 Any false reporting may be referred to the traffic police department for investigation.

Date of accident	ACCIDENT DETAILS	(DD/MM/YY)
Time of accident	10:05 am	(HH:MM)
Exact location of accident	Along Stadium Drive round-a-bout	

MANAGER VERSON HER	DETAILS OF VEHICLE
Vehicle registration number	6MH 6344 Y
Vehicle make and model	Honda Freed
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

INSURANCE INFORMATION							
Insurance company	NTUC						
Policy number							
Type of policy	Comprehensive 🗆	Third party fire & theft \square	TP only [

INSURED / POLICY HOLDER							
Name	Choo Meng Khiaw Jimmy	Male	Female 🗆				
NRIC / Fin / Passport number	87517 2136						
Contact	9793 5970						
Address	Apt Blk 46 Lengkok Bahru # 03-251 S(150046)						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male □ Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	10/06/1975
Occupation	Indoor D Outdoor D
Driving date pass	31/12/2007

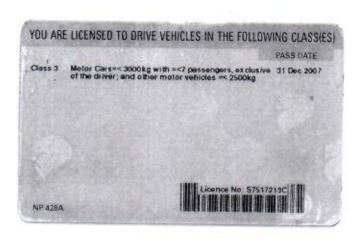
	ENERAL IN	FORMATION OF	THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noz		
the insuracl's company?			river and insured:	Owner
Accident captured by camera?	Yes	No 🗆		A STATE OF THE STA
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet		
No of passenger	2			(inclusive of driver)
No or besselled				
WHEN THE RESIDENCE		PASSENGER 1	OF SHARES AND ADDRESS.	NAME OF TAXABLE PARTY.
Name	Grab 1	passenger		
Gender	Male	Female 🗆		
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Name	36-1-	Franks =		
Gender	Male n	Female 🗆		
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Name		12 (10 m) - 10 m)		
Gender	Male 🗆	Female 🗆		
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等社会社会	经保护 证据	PASSENGER (
Name				
Gender	Male 🗆	Female		
PATRICIA DE LA PRIME	CA PARTY IN	OTHER INFORMA	TION	Mary Mary Telephone
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes 🗗	No 🗆		
HEREN WITH STREET	DE	TAILS OF POLICE	ACTION	并是一种主义的
Reported to police?	Yes 🗆	No p If yes	s, please state whi	ch police station.
Police station name				
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Name				
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	THIRD PARTY VEHICLE 1
Mehida andigentian number	8KL 5794 R
Vehicle registration number	BMW 525 I
Vehicle make model	Tau Jone Pena
Name	Tay Jong Peng 81309156J
NRIC / Fin / Passport number	8130 7138 0
Contact	
SHEET STREET, SHEET, SH	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE REAL PROPERTY OF THE PARTY	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	
Correction	
THE RESIDENCE OF THE PROPERTY OF THE PARTY O	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
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医自己性的 1000 自由的	THIRD PARTY VEHICLE 3
Vehicle registration number	
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NRIC / Fin / Passport number	1
Contact	1/
建筑区的地域的企业产品区	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	

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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: 5107456150

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMH6344Y

Chassis Number

: GB71081502

2. Name of Policyholder

: CHOO MENG KHIAW JIMMY

3. Effective Date of Insurance

: 14 Feb 2019

4. Expiry Date of Insurance

: 13 Feb 2020

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) : 5\$2,000 EXCESS (SECTION 2) : \$\$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 : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : CHOO MENG KHIAW JIMMY

NAMED DRIVER (1) : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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

: QUOTIGO PTE, LTD. (00000573831)

Date of Issue

: 11 Feb 2019 16:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second district of the second		+ Chang	e Language	· Chang	je Password	, Log Ou
Notice of Loss Policy Vehicle	Policy Query									9
	Policy No.				Date	of Accident	1	14/04/2019 1	0:05	
	Vehicle No.(For Motor)	SMH6.	344Y		Cert	ficate Numbe	r [
					Search	É				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5107456150		CHOO MENG KHIAW JIMMY	S7517213C	GPC	drivo CLASSIC	SMH6344y	SMH6344Y	14/02/2019	13/02/2020
				- 1	Continue					

Policy No.	5107456150	Policyholder Name	CHOO MEN	G KHIAW JIMMY	Policyholder	S7517213C	
Certificate No.		Name			NRIC		
Address	BLK 46 #03-251 LENGKOK BA	AHRŲ SINGAPOR	E 150046				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/02/2019	Effective Date	14/02/2019	00:00	Expiry Date	13/02/2020	23:59
xcess Type	Per Accident	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			You	ng/Inexperience Driver Excess
Agent	QUOTIGO PTE, LTD.	Agent Tel.	63853303		GST Flag	Υ	
lag Open Policy nfo Certificate nfo	No holder Mailing Address						
nsurance lag Open Policy nfo Certificate nfo Policyl Address 1		Addre	iss 2	LENGKOK BAHRU		Address 3	SINGAPORE 150046
lag Open Policy nfo Certificate nfo Policyl	holder Mailing Address		ess 2	LENGKOK BAHRU Singapore address		Address 3 Post Code	SINGAPORE 150046 150046
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Plag Den Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 46 #03-251 03-251 od Object: SMH6344Y	Addre Relati	ess Type ed Policy	Singapore address			
lag ppen olicy nofo certificate nfo Policyl ddress 1 ddress 4 Init No. Insure	BLK 46 #03-251 03-251 od Object: SMH6344Y	Addre Relati Numb	ess Type ed Policy	Singapore address 5107456150		Post Code	

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Covered
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Collision - Change / Cross lane
Yes
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