NATIONAL Assessment Cen	tre Services we	1 Jamos MNA 1190547)	,4		
Date In: 24/4/19 - 09:4~	Jeb description	Date & Tir	ne Completed	Done	by by
Rei No: NA MC19207547/14	SAS e-filing				
Veh No: 16ky > 76	E-mail (within Shrs,	AIC 2hrs)			
D.O.A : 26/4/19-18:07	i-Motor Claim F	orm Malloy	2265-00 1 2	16 Julia	22'0/
OD TP! Reporting Only	i-Motor W/O (w	ithin: OD 2hrs, 7'P 4hrs)		111111	A.[-
ob in reporting only	i-Photo Uploade	d ¦			//
TP Insurer:	Assessment/Surve	y Report			
	Ass't Report by Fr	ax / Hand to Owner/Wi	isp.		
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax	c:	
TP Particulars: Veh Nouh	3188513	INC()/Non-I	NC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Typ	c: ()	
Confirmed by : (D	ate: 7	lme:)	
	[Note-Est. Status (WO)	: N: 0-20%; P: 21-	79%. P: SO-100	0%]	
Year of Registration: ()		/NO()			
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			
General Remarks:-				en 9,	
() Walk-In Customer: Customer's in		ential & Strictly NO refe	er of repairer.		
() Total Luss Case : to e-mail Insu	irer URGENTLY.			Numer of	
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO () ; Towing Co: ()
Remarks: (INC hotline: 6788 6616)		70.1.2.77	Completed	700 B	Sheet.
1) Apply for Transport Allowance ()/	ALANCE STORY HILL DATE AND	Liaucoc i III II	sconiple of	VINORO	by
2) QC Check / Post Repair Inspection	()		-7		
3) Upload Resurvey Photo [Repair Cost >	\$30001 ()				100000
Injury:					
Tityury:					
Date/Time Actions	HILL CONTRACTOR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e in signification	Security	7 . T. 87
				WOT 120145 AT 1	
•	*				000
Marca Car	16.5	oice Preparation Ch	soldier .	Anit (S)	Amt (3
HA 1903 BQ	2000	R : Accident Reporting (53	STATE STATE OF STATE	M Bill	Add Bi
aimant's Particulars :-	eachapacharmosecular academical was also seed at the seed of the s	A: Damage Assessment (\$1			
iver/Owner:	3) T	F: Towing Fee .	\$40/\$4		
ntact No:		Γ : Follow-Through Survey Γ : Follow-Through Survey (F	(esurvey) \$3		
	Fo	r claiming against INC Only	(wef 10 Jan 2005)		
maged Portion:		R: Re-inspection 1: Idao DA + SMRT Survey	\$7 . \$16		11-11-02
	3) N	TUC Additional Services:-			
Checked by (Engr-In-Charge):					-
		n• .	noe S	5	
3 9250 was 227823 o. L. C. S. R. M. L. S. C.	1.	n* 15: Courtesy Cor / Tpt Allowa 16: Repair Co-ordination	51	0	
uditors! Comments :-	10	D* 15: Couriesy Cer / Tpt Allows	\$1 \$2	5	
iditors' Comments :-	1.	D* 15: Courtesy Car / Tpt Allowa 16: Repair Co-ordination 17: Fost Repair Inspection	\$1 \$2 lination \$	5 5	
V. 1872 S. J. Marchell, Georgian P. March S. Sales and S. S. Parkell, Rep.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	D* 15: Courtesy Cor / Tpt Allowe 16: Repair Co-ordination 17: Fost Repair Inspection 18: DV / Collect Excess Coord	\$1 \$2 lination \$	0 5 5 0	Antara y a

SINGAPORE ACCIDENT STATEMENT

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 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.
- 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.
- 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.

ACCI	DEN	TOTA		
ALL	DEN	T STA	IEM	ENI

 Date Of Report
 29/04/2019 09:42

 Date Of Accident
 26/04/2019 18:00

Exact Location Of Accident IKEA TAMPINES TAXI STAND

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK4437G

Insured/Policyholder

Name Of Registered Owner AXON AUTOMOBILE

Co Reg No 53382084K
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97818050

 Alternative Phone No
 OFFICE-97818050

Vehicle Particulars

Manufacturer HONDA

Model CIVIC 1.8 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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5107699753

Cover Note Number

Driver

Name of Driver CHRISTOPHER ADRIAN CHIA HSIEN LOONG

 NRIC No
 S7514912C

 Date Of Birth
 06/05/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/07/2013

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81113690

Fax Number

Contact Number OFFICE-81113690

EMail Address NOEMAIL

BLK 436 ANG MO KIO AVNEUE 10 Address

#12-1357

Postcode 560436

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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?

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

YES NO 4

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

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

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB1885B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Page 2 of 26

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No, Of Passenger (Including Driver)

SKETCH PLAN

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 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:

- 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

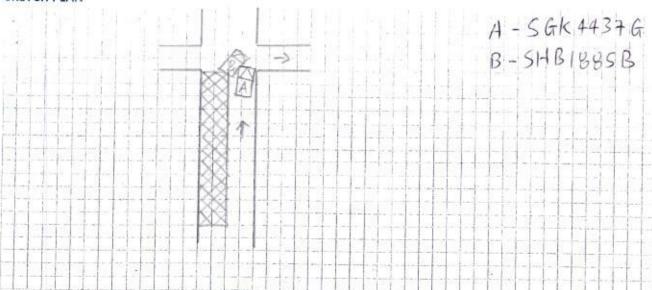
is not the policyholder) Sate & Time:

Reporting Centre Perso

el's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On a tox	26/4/2019, I was exiting IKEA Tampines taxi stand on Single lane in My vehicle (SGK 4437G). Suddenly, a bearing (SHB1885B) hit my vehicle from the left
exi	bearing (SHB1885B) hit my vehicle from the left he wanted to exit too. I alight from my vehicle and hange particulars with the taxi driver and decide proceed with insurance claims

DECLARATION

I/We declare the foregoing particulars are true in every 101

\$ 5333208.th TOTOMOS

Policyholder's Signature Date & Time:

s not the policyholder)

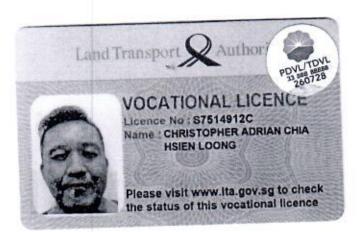
s Signature Reporting Centre Person Name:

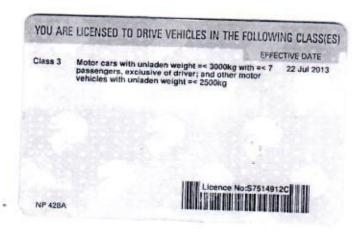
NRIC/FIN No.:

Date of Accident	: 26/4/2019 Accident Time: 18:00 (24-HR-Format)
Accident Place	: IKEA Tampines Taxi Stand
Vehicle Reg. No. (Car Plate No.)	: SGK 4437G
Vehicle Make/Model	: HONDA CIVIC
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: Johnsthan Can Avon Automobile.
Owner or Company Contact No.	9781 8080 Owner's HpCompany Tel
DRIVER'S Name / IC No.	CHRUTOPHER ADMAN CHIA HIEN WONG
DRIVER'S Date Of Birth	615 11995. : HSTIGHT. DRIVER'S License Pass Date 77/2 pon
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Offers: Ment Hin
DRIVER'S Address	: BLK 426 ANG MB KID AVE 10 412-1357 (36436)
DRIVER'S Contact No./ Alt No.	(1) 8111369 0. 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & PRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including l	Driver): 4. (24, 1m) fr
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES \ NO. as being used at the time of accident: Private use \ Work pundoe_
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SHB188	SB Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

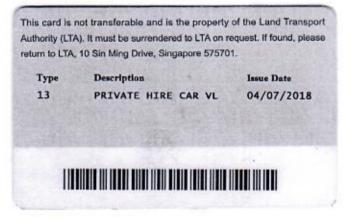














Certificate of Insurance

Cover: Third Party, Fire & Theft

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)

All the second second		
Certificate Number:	5107699753	

1. Index mark and Registration Number of Vehicle : SGK 4437G

Chassis Number : FD11008323

Name of Policyholder AXON AUTOMOBILE

3. Effective Date of Insurance 21 Feb 2019

4. Expiry Date of Insurance 20 Feb 2020

5. Persons or Classes of Persons entitled to drivell-

(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)	: N/A
EXCESS (SECTION 2)	: 551,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	LIAN HONG PRIVATE 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 COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue 21 Feb 2019 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech						all contracts		G	eneralCl	aim
Hello, NAC_PAYA_UBI_80	0601					· Change La	anguage	Change Pa	ssword +	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date of	Accident	26/0	4/2019 18:00	B	
	Vehicle No. (For Mo	tor) SGK44	37G		Certifica	ate Number				
				5	earch					
	Select Policy No	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry
	O 51076997	53	AXON AUTOMOBILE	53382084K	GFT	Third Party, Fire & Theft	SGK4437G	SGK4437G	21/02/2019	
				Co	ontinue					

Policy No.	5107699753	Policyholder Name	AXON AU	TOMOBILE	Policyholder NRIC	53382084K	
Certificate lo.							
ddress	BLK 102 #07-1193 HOUGANG A	VENUE 1 SING	GAPORE 53	30102			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
rolicy ssue Pate	21/02/2019	Effective Date	21/02/20	019 00:00	Expiry Date	13/06/2019	23:59
xcess ype	Per Accident	All Claims Excess					
hird arty xcess	1500	Own damage Excess	0		Windscreen Excess	0	
dditional xcess	0	OS Premium	229,41				
lutside ingapore ID xcess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
lgent	COWELL INSURANCE (AGENCY)	Agent Tel.	6339259	2	GST Flag	Y	
Co- nsurance Flag Open	No						
Policy nfo Certificate							
nfo Policyt	nolder Mailing Address						
ddress 1	BLK 102 #07-1193	Addre	ss 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530102
ddress 4		Addre	ess Type	Singapore address		Post Code	530102
nit No.	07-1193	Relate Numb	ed Policy er	5107699753			
0.0000000000000000000000000000000000000	d Object: SGK4437G						
	sements						
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	r Endorsei	ment Status	Endorsement Content
	21/02/2019 00:00	Basic Informa Endorsement	tion	000001287050305	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ4226G 16-04-2019 \$229.41 In view of this amendmer an additional premium of \$229.41 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it you could make payment to us within 14 days from the date of thi letter. For cheque payment, please issue the cheque in favour of "NTU Income" with your name and polic number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the

Claim Handling The premium on this policy has Accident MT/1042265	not been collected.					- Exit
Policy No.	\$107699753	Vehicle No.	50K4437G	GST Registretion No.		
Certificate No.						
Policyholder Name	AXON AUTOMOBILE			Policyholder NRIC	53382084K	
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0	
Contact No.(Mobile).	97818050	Contact No. (Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	NC V	
KPK	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
NCO Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
G Accident Details						
Report Date	29/04/2019 20:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
Date of Accident	26/04/2019	Time of Accident Nhomm	18:00	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	IKEA TAMPINES TAXI STAND					
→ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	0.00			
OD Standard Excess	0.00	TP Standard Excess	1,500.00			
VIED OD Excess		VIED TP Excess		Driver is Covered?		
Additional Excess	0.00					
Total OD Excess Applicable		Total TP Excess Applicable				
™ Benefits						
→ GST Registered Informa	Mion					
GST Registered	No :		GST Registration Date			
OST Registration No. Modification History	2010/12010 20111 40 0 4144	about APPA Park a Value of the	GST Status Verified	Yes		
		changed GST Status Verified fro	m NO to Yes			1
Policyholder Hailing Ad						
Address 1	BLK 102 #07-1193	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530102	
Address 4		Address Type	Singapore address	Post Code	530102	
Unit No.	07-1193	Related Policy Number	5107699753			
© OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	CHRISTOPHER ADRIAN CHEA HE	Driver NRIC	57514912C	Driver DOS	06/05/1975	
Register Date of Onver License		Driver Age	43	Driving Experience	5	
Contact No.(Mobile)	81113690Q	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 436	Address 2	ANG MO KIG AVENUE 10	Address 3	SINGAPORE 560436	
Address 4	100000	Address Type	Singapore address	Post Code	560436	
Unit No. Ones he own a Singapore	12-1357					
Registered carl	☐ Yes ® No	Driver Vehicle No.		Oriver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No			
Modification History Claim 001 New						(
Oam Type *	00-MX	Insured Name	AXON AUTOMOBILE	Insures NRJC	53382084K	
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)		
Ernat Address		DI Venide Number	9GK4437G	TP Vehicle Number	SH81885B	
Claimant Type Claimant Type *	Rease Select	Type of Benefit *	Please Select			
Claimant Name *	>>	Claimant NRIC *				
Claimant Address						
Claim Description	SGK4437G / SHB1885B ON 26 Apr 2019			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability +	Not at Fault			
Require Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	29/04/2019 20:12	Claim Close Date		Date Received	29/04/2019 00 00	
Report Taken By	Jackson	Consideration of the Constitution of the Const	()	Constitution of the last		
Print AK letter	ACCOUNTY OF THE PARTY OF THE PA					
(S) Prins As letter			Save Submt			
Attachment)2				
Accident No.	MT/1042265	Claim No.	001			
Last Doc. Received	● Yes ○ No	Upload Date	29/04/2019 20:15			
	Path *	and the second second	Category *	Confidential Urgeni	ry * Description *	
	\$500E17	Recurs	David Bases Salari	Tuo or fermi	vesciption *	

