NATIONAL Assessment Ce	ntre Services. [wet 1 Jan	OS MALALI9 0 001	se		
Date In: G  1  19 - 14: 31	Jeb description	Date &Tir	ne Completed	Don	ne by
Ref No: MA   IN ( 19008186 ) 24	SAS e-filing				
Veh No: Sce 8 yoy4	E-mail (within Shrs, AIC	2hrs)			
D.O.A: 8/5/19-20-55	i-Motor Claim Form	<del></del>	106-318	9/1/19 14	sin.
	i-Motor W/O (Within:		710	77114	47
OD / TP Reporting Only	i-Photo Uploaded				
Thi	Assessment/Survey Re	port			THE RE
TP Insurer:	Ass't Report by Fax / I	A CONTRACTOR OF THE CONTRACTOR	SD		
Preferred Wksp / INC Assign Wksp / QW:		Tel:		ax:	***********
TP Particulars: Veh No:	MNOR	NC( )/Non-I	100000000000000000000000000000000000000		
Owner / Driver: (		Tel:		· 1	
Policy No: ( )	Period: (	) Cover Typ	c: (	<del></del>	
Confirmed by : (	Date:		ime:		
Insured/Driver Liability: ( %	(WO): Note-Est. Status (WO): N	I: 0-20%; P: 21-7	9%. F: 30-1	00%]	
Year of Registration: (	Warranty: YES ( )/NO				
Excess: (\$ ) Loading:					
General Remarks:		NATA BARBET	FACE PARTY	188 - 17, 77-7	-
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( ) Total Loss Case : to e-mail In	surer URGENTLY.	*	t .1		
Drive-In ( )/ Towed-In ( ); Inve	oice: YES ( ) / NO (	); Towing Co: (		- 1	)
Remarks: ANC hotline: 6788 6616				1201 0000 7	
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	/ Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )		-		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )				
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

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.
- 5. 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.
- 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.

	ACCIDENT STATEMENT
ate Of Report	09/05/2019 14:01
ate Of Accident	08/05/2019 20:55
xact Location Of Accident	CHOA CHU KANG RD TWDS BUKIT TIMAH
ountry/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
ehicle Registration Number	SLC8404H
sured/Policyholder	
ame Of Registered Owner	SEOW CHIN KEONG
RIC No	S1797389D
mail Address	NOEMAIL
obile Phone No	(LOCAL) +65-88663944
ternative Phone No	OFFICE-88663944
ehicle Particulars	
anufacturer	ТОУОТА
odel	VIOS E GRADE 1.5 A/T
kact Purpose for which vehicle was being used at ne of accident	PRIVATE USE
re you claiming under your own insurance policy r repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE HIRE
surance Company	
ame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
pe Of Coverage	COMPREHENSIVE
eet Policy	NO
olicy Number	5101223273
over Note Number	
river	
ame of Driver	SEOW CHIN KEONG
RIC No	S1797389D
ate Of Birth	06/01/1967

OUTDOOR

15/05/2009

MALE

NOEMAIL

9 YEARS AND 11 MONTHS

(LOCAL) +65-88663944

OFFICE-88663944

BLK 223A COMPASSVALE WALK Address

#02-629

Postcode 541223

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

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SFM149R

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

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

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SEOW CHIN KEONG

NECK & BACK

SLC8404H

YES

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

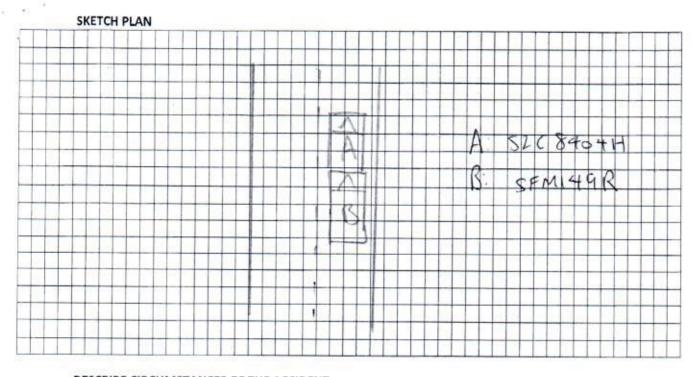
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



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	11-2-													
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I/We declare the foregoing particulars are true in every respect.

Policy holder's signature

Date & time:

Driver's signature (if driver is not policy holder) 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 Information provided must be as truitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow in 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.

<b>《美国教育》</b>	ACCID	ENT D	DETAILS				Mark Control
Date of accident		0	8105				(DD/MM/YY)
Time of accident			205	6			(HH:MM)
Exact location of accident	chua	cho			+awards	Buoit	

<b>的证据的是上对自由的</b> 的。	DETAILS OF VEHICLE					
Vehicle registration number	SLE840+H					
Vehicle make and model	Toyota vios E					
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:					
Vehicle category	Private Commercial Motorcycle					
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only					

<b>,然为一种人们不是一种</b>	INSURANCE IN	FORMATION	resident of the Mills
Insurance company	NTO	, C	
Policy number			
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only 🗆

的人们是包含的一种,但是以各种的	INSURED / POLICY HOLDER	
Name	Seow chin Keena Male -	Female
NRIC / Fin / Passport number	51797 3890	
Contact	88663944	
Address	Blc 223A compassale work #02-629 5(541223)	

DRIVER	SA	ME AS INSURED	ABOVE 5 (SKIP	TO D.O.B)	PILL DIS
Name			Advisoration and the second	Male □	Female □
NRIC / Fin / Passport number					
Contact					
Address					
Email address					
Date of birth		06/01/19	F3		
Occupation	Indoor	Outdoor -			
Driving date pass			12009		

· · · · · · · · · · · · · · · · · · ·	GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes No No	
the insured's company?	If no relationship of the driver and insured:	
Accident captured by camera?		
Weather condition	Clear Raining Others:	
Road surface	Dry p Wet a	
No of passenger		ive of driver)
1	(moos	ve or arreery
TO A PARTY OF THE PARTY.	PASSENGER 1	SIV SHEET
Name		
Gender	Male  Female	
	The state of the s	
Research Constitution	PASSENGER 2	CONTRACTOR AND ADDRESS OF
Name	T NOCH OLIVE	
Gender	Male  Female	
Miles Market States	PASSENGER 3	INCHES AND A
Name	1 ASSENGEN S	
Gender	Male  Female	
	Made a Tendre a	
	PASSENGER 4	-
Name	PASSENGER 4	Chief Control
Gender	Male  Female	
Gender	Male D Female D	
	DASSENGER E	1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Name	PASSENGER 5	
Gender	Male D Female D	
dender	Male D Felliale D	
THE WATER OF THE PARTY OF THE P	DAGGERGE & BACCERGE &	
Name	PASSENGER 6	The same of the sa
Name	***	
Gender	Male  Female	
	OTHER INFORMATION	
Was anybody injured?	OTHER INFORMATION  Yes No	A DESCRIPTION OF THE PERSON OF
Was other vehicle damaged?		
was other venicle damaged?	Yes D No 🗆	
	DETAILS OF DOUGE STATION ACTION	
Parastal Laurelland	DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes   No   If yes, please state which police station.	
Police station name		
Mary North Bulletin	WITNESS 1	The state of the s
Name	- 101Cana	
是是SALES NO SALES TO THE SALES	WITNESS 2	STEEL ST.
Name		

THIRD PARTY VEHICLE 1	
SFM 149 R	
	THE RESIDENCE PROPERTY AND ADDRESS OF THE PARTY OF THE PA

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

是一个一个一个	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

and Market with the same of the same of the same	THIRD PARTY VEHICLE 4	all the last	
Vehicle registration number			
Vehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			

<b>医多种性性性</b>	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

<b>国际公司</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

10000000000000000000000000000000000000	THIRD PARTY VEHICLE 7	500 M (100 M) (80 M)
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

<b>展開展開始發展的</b> 。		INJURED PERSON 1	
Name		seow chin keung	
Injuries sustained		Neck & sack	
Which vehicle person in?		S1 C 8404 H	
Were seat belts worn?	Yes 🔛	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D	

		INJURED PERSON 2
Name	1	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

	INJURED PERSON 3
Name	1
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes  No
Was injured conveyed to hospital by ambulance?	Yes  No

<b>数</b>	INJURED PERSON 4	riets
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes  No	

Medical Company	STATE OF THE PARTY	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

<b>对于"特别"的</b> 是自己的		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

REPUBLIC OF SINGAPORE

DENTITY CARD NO S1797389D





SEOW CHIN KEONG



06-01-1967 M Country of hern SINGAPORE









08-12-2005

APT BLK 223A COMPASSVALE WALK #02-629 SINGAPORE 541223

NRIC No: \$1797389D

Date: 10/03/2009

WOU ARE LICENSED TO DRIVE VEHICLES IN THE COLLOWING CLASS



### 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: 5101223273

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLC8404H

Chassis Number

: MHFBT9F3606066625

2. Name of Policyholder

: SEOW CHIN KEONG

3. Effective Date of Insurance

: 06 Jun 2018

4. Expiry Date of Insurance

: 05 Jun 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.

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.

: S\$2,000 **EXCESS (SECTION 1)** : \$\$1,500 **EXCESS (SECTION 2)** : S\$100 WINDSCREEN EXCESS : \$\$1,500 ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** 

: SEOW CHIN KEONG PRIMARY DRIVER

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

: KENSO LEASING PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue

: 05 Jun 2018 17:29 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

**Chief Executive** 

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						) Change	Language	) Chang	e Password	+ Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy 1	Vo.				Date	of Accident	1	08/05/2019 2	0:55	
	Vehicle	No.(For Motor)	SLC84	D4H		Certi	ficate Number	[			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101223273		SEOW CHIN KEONG	S1797389D	GPC	drivo CLASSIC	SLC8404H	SLC8404H	06/06/2018	05/06/2019
					- 1	Continue					



Nicy No.	S101223273	Vehicle No.	SLC8404H	GST Registration No.	
rtificate No.				2,000,100V # 18/8019V9418-0.0	
kyhelder Name	SEOW CHIN KEONG			Policyholder NRIC	51797389D
Muct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	88663944	Contact No.(Office)	a .	Contact No.(Home)	0
nell Address		Special Remark		eCode	Tru 🕶
*	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	1 31052
10 Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	09/05/2019 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	08/05/2019	Time of Accident hh:mm	20,55	Country of Accident	Singapore
porting Centre		Orange Force		3CM No.	
cident Location	CHOA CHU KANG RD TWOS BUKIT TIMAN				
Excess					
in damage Excess	2,000.00	Additional Excess	1500	Windscreen Excess	100.00
married Driver Excess	0.00	Outside Singapore DO Excess.	2,000.00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
F GST Registered Informa TRegistered					
Registration No.	No.		GST Registration Date		
diffication History			GST Status Venhed	Yes	
Policyholder Mailing Ad	Idress				
dress 1	BLK 223A #02-629	Address 2	COMPASSIVALE WALK	Address 3	SINGAPORE 541223
dress 4		Address Type	Singapore address	Post Code	541223
č No.		Related Policy Number	5101223273	N1 909-05-79% FI	wne4950 (1)
Of Driver Info		95			
ver Name	SEOW CHIN KEDNG	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$1797389D	Driver DOB	06/01/1967
gater Date of Driver License	15/05/2009	Driver Age	52	Driving Experience	9
mact No.(Mobile)	88563944	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 223A	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 541223
Oress 4		Address Type	Singapore address	Post Code	541223
it No.	02-629				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Seretion					
Seretion Sethelyser or Blood Test	Omg	Any injury?	® Yes ○ No		
teration : athialyser or Blood Test using? affication History	0 mg	Any injury?	<b>®</b> Yes ○ No		
deration pathalyser or Blood Test ading? Offication History	0 mg	Any injury?  Insured Name	® Yes ○ No SEOW CHIN KEONG	Insured NAJC	\$17973890
deration : self-balyzer or Blood Test pising? strication History Claim 001 New			30/00/27/00	Insured NR3C Contact No.(Office)	\$17973890 NJL
Seration Self-attention Self-attenti	ОО-МХ 🔻	Insured Name	SEOW CHIN KEONG	Contact No.(Office)	WIL
stration strategy of the strat	OD-MX ▼ BEG51944 HERMANVALESKO@GMAIL.COM	Insured Name Contact No.(Horne)	SEOW CHIN KEONG		
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stration straining of the straining of t	OD-MX BEGG3944 HERMANVALESKO@GMAIL.COM Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	SEOW CHIN KEONG 31611263 SLCR404H	Contact No.(Office)	WIL
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seration sthatyser or Blood Test school?  Ification History  Itaim 001 New  In Type * nact No. (Mobile) sit Address mant Type Claimant Type * mant Address in Description ferred Workshop Contact	OD-MX BEGG3944 HERMANVALESKO@GMAIL.COM Please Select	Insured Name Comact No. (Home) Of Vehicle Number Type of Benefit * Claimane NR3C *	SEOW CHIN KEONG 31611263 SLC0404H Please Select	Contact No.(Office)  3P Vehicle Number  Name of Preferred Workshop	WIL
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