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Date In: 28 1 19- 09:36	Jeb description	Date & Time Completed	Don	e by
Ref No: 414 146 140003 60 24	SAS e-filing			
Veh No: 1498712	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 27   P - 08:00	i-Motor Claim Form	Analy and a series		-
	i-Motor W/O (Within: OD 2)	M110464-201	28 4/14	14:2
OD TP Reporting Only	i-Photo Uploaded	115, 11-4015)		
TP Insurer:	Assessment/Survey Report			
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand			
	The state of the s		ax:	
TP Particulars: Veh No: You	ratalb inc			
· · · · · · · · · · · · · · · · · · ·	Davis d. (	Tel:		
Confirmed by : (	Period: ( )	Cover Type: (	)	
	Date:	Time:	)	
Year of Registration: ( )	[Note-Est. Status (WO): N: 0- Warranty: YES ( ) / NO (		100%]	-
Excess: (\$ ) Loading: \$1		)		
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Dive-in ( ) / lowed-in ( ); invol	ice: YES( ) / NO( );	Fowing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	7 .			
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The state of the s	\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	\$3000] ( )			
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#### SINGAPORE ACCIDENT STATEMENT

#### 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 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
Date Of Report	28/05/2019 09:36
Date Of Accident	27/05/2019 08:00
Exact Location Of Accident	KPE (ECP) AFTER TAMPINES RD EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG9871Z
Insured/Policyholder	
Name Of Registered Owner	CHOW BENG HAI
NRIC No	S1385034H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81272298
Alternative Phone No	OFFICE-81272298
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5050371237-08
Cover Note Number	
Driver	
Name of Driver	CHOW BENG HAI
NRIC No.	S1385034H
Date Of Birth	09/10/1959
Occupation	INDOOR
Date Of Driving Pass	25/02/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81272298
Fax Number	
Contact Number	OFFICE-81272298
EMail Address	NOEMAIL

Address BLK 980A BUANGKOK CRESCENT

#05-91

OWNER

Postcode 531980

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

ambulance?

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: : COLIN CHOW JIH SHING

GENDER: : MALE

Passenger 2

NAME: : LOW CHIU MUI

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

3

NO

YES

NO

3

Circumstances of Accident

REFER TO STATEMENT.

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 SJQ5541P

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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHD5973T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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**

Name

CHOW BENG HAI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGG9871Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name

COLIN CHOW JIH SHING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGG9871Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 3**

Name

LOW CHIU MUI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGG9871Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## 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.
- 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)

Lunderstand, 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 Pa

Name:

NRIC/FIN No.:

nel's Signature

SKETCH PLAN							
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CLARATION							
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( Durch	r.	10	wis hr.			-1	
icyholder's Signat	ure	Driver's Sig					B
te & Time:			nature not the policyho	lder)	Reporting Cer	ntre Personnel	s Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

ehicle No.	, SGG ag712 Model/Make Toyota Vos
Pate of Accident	27 5 19
ime of Accident	8.00an HRS
ocation of Accident	KPE towards ECP after Tempores Rd
xact purpose use during acci	
lame of Owner	CHOW BENG HAI
elephone No.	H/P: \$127229 Home: Office:
NRIC	\$1395034lt
Address	BIK 980A Burny box Creecest #05-91
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5050371237-08
Name of Driver	As Above If No,
VRIC	Any Passengers : 2
Date of birth	
Occupation	Outdoor / Indoor
Driving License Pass Date	
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
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? Chow Beng Hai 81272298
Name And Contact No.	Colin ches Jih shing 98163733
Name And Contact No.	Low chin mai agelogen
Police Report	No, If Yes, Where?
Vehicle B No.	₹ STØ 5541 P Any Passengers :
Name of Driver	Contact No.:
Vehicle C No.	SHD STELT 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	
Camera Recorder	Yes /No
Email Address	Chowberghan Chot mail com
PARTICULAR WORKSHOP	twincer Automotine Dte Ltd
CONTACT NO.	6842 0051 / 6744 0510
	Ian 8484 0051
CONTACT PERSON	01,700,7





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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 25 Feb 1978

NP 428A

Licence No: S1385634H





# 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: 5050371237-08

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: 5GG9871Z

Chassis Number

: MR053HY4204187102

2. Name of Policyholder

: CHOW BENG HAI

3. Effective Date of Insurance

: 26 May 2019

4. Expiry Date of Insurance

: 25 May 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 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)

: N/A

EXCESS (SECTION 2)

: N/A

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO VES

INSURE WITH COE NCD PROTECTION

: YES (FREE)

PRIMARY DRIVER

: CHOW BENG HAI

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: HONG KONG & SHANGHAI BANKING CORPORATION 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)

: INCOME - MT DEPT (00000600471)

Date of Issue

: 15 May 2019 12:20 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	e Language	· Chang	e Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date	of Accident		27/05/2019 (	8:00	
	Vehicle	No.(For Motor)	SGG98	371Z		Certi	ificate Number	- 1		7	
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5050371237- 08		CHOW BENG HAI	S1385034H	GPC	Third Party, Fire & Theft	SGG98712	SGG9871Z	26/05/2019	25/05/2020
						Continue					

Policy No.	5050371237-08	Policyholder Name	CHOW BEN	G HAI	Policyholder NRIC	S1385034H	
Certificate No.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			MAIC		
Address	BLK 980A #05-91 BUANGKOK	CRESENT SING	APORE 5319	80			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/05/2019	Effective Date	26/05/2019	00:00	Expiry Date	25/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			146		
Party Excess	0	damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore		Outside					
OD OD	0	Singapore	0			Young	/Inexperience Driver Excess
Excess		TP Excess					The second secon
Agent	INCOME - MT DEPT	Agent Tel.	67886616		GST Flag	Υ.	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 980A #05-91	Addre	ss 2	BUANGKOK CRES	SENT	Address 3	SINGAPORE 531980
Address 4		Addre	ss Type	Singapore address	s	Post Code	531980
		Relate	ed Policy er	5050371237-08			
Unit No.		Nume					
	d Object: SGG9871Z	Nume					
	Colors Bear governmentary that	Nume					

cident HT/1046484		10071000			
olicy No.	5050371237-08	Vehicle No.	SGG9871Z	GST Registration No.	
ertificate No.					
olicyholder Name	CHOW BENG HAT			Policyholder NRIC	\$1385034H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ornact No.(Mobile)	81272298	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	AL V
FK	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
sport Date	28/05/2019 14:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain conson
ete of Accidem	27/05/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
eparting Centre		Orange Force		ICM No.	
cident Location	KPE (ECP) AFTER TAMPINES RD EXIT				
Total Excess Applicable	SE 200.40-4				
cess Type	Per Accident	Windscreen Excess	0.00		
D Standard Expess	0.00				
ED OD Excess	0.00	TP Standard Excess	0.00		
Iditional Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
otal OD Excess Applicable	0.00	Total TD Survey &	11,000		
P Benefits	0.00	Total TP Excess Applicable	0.00		
GST Registered Inform	ation				
ST Registered	No.		GST Registration Date		
ST Registration No.			GST Status Ventled	Yes	
odification History					
POSTORIO SE	25				
Policyholder Mailing Ad					
koresa 1	BLK 980A #05-91	Address 2	BUANGKOK CRESENT	Address 3	SINGAPORE 531980
dress 4		Address Type	Singapore address	Post Code	531980
ne No.		Related Policy Number	5050371237-08		
or OI Driver Info	Telephone Control	2000.2700	WINDOWS		
mamed driver Name	CHOW BEING HAI	Driver Type	Main Driver		
gister Date of Driver License	25/02/1978	Driver NRIC	S1385034H	Driver DOB	09/10/1959
vitact No.(Mobile)	81272298	Driver Age	59	Driving Experience	41
Stress 1	BLK 980A	Contact No.(Office)	0	Contact No.(Home)	0
idress 4	555 7555	Address 2	BUANGKOK CRESENT	Address 3	SINGAPORE 531980
nt No.	05-91	Address Type	Singapore address	Post Code	531960
ses he own a Singapore	○ Yes ® No	Driver Vehicle No.		200000000000000000000000000000000000000	
gistered car?		Driver verscle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
ading?		The state of the s	@ / B O W		
dification History					
direction restory					
Claim 001 OD-MX New	•				
	-				
Net Tons	Con any	400000444000			
ntact No.(Mobile)	00-MX V	Insured Name	CHOW BENG HAI	Insured NRIC	\$1385034H
ntatt No.(Mobile) nail Address	81272298 CHOWBENGHAI@HOTMAIL.COM	Contact No.(Home)	63126628	Consact No.(Office)	67412303
imant Type Claimant Type *		OI Vehicle Number Type of Benefit *	50098712	TP Vehicle Number	\$3Q\$541P
imant Name *	>>	Type of Benefit * Claimare NRIC *	Mease Select		
iment Address	22	San Market			
im Description	SGG98712 / SJQ5541P ON 27 May 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault	many or reserved workshop	
	Yes	Preferend Repair Option	E-manufacture and a second	[II] 611 mass	Description of the control of the co
	28/05/2019 14:07	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received V
quire Finalisation	and and grant a full field.			Date Received	28/05/2019 14:09
quire Finalisation te Registered	tachen	Workshop Repairer		Total Loss but Repaired	
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quine Finalisation ste Registered sport Taken By	Jackson		Sava Submit		
quine Finalisation the Registered oport Taken By Print AK letter	Jackson		Save   Submit		
action of the second of the Registered of the Re	Jackson		Save Submit		
quine Finalisation the Registered oport Taken By Print AK letter	Jackson		Save   Submit		
quire Finalisation the Registered port Taken By Print AK letter  Attachment	Backson  MT/sD46484  ● Yes ○ Ne	Oleim No.	Save Submit ooi		

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