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NATIONAL Assessment Centre	Services	(44) - Jan 7.4				
Date In 08/06/2019 14:55	Job description	1	Date & Time C	ompleted	Done	by
Reino NA JNC19010109 Kg	SAS e-filing		1			
Veh No SLN 5200R	E-mail (within	8lirs, AIC 2lirs)	1			
DOA 08(06/2019 13:50	i-Motor Cla	im Form	MT/104	8189-	001 196	19 17:1
OD (IP) Reporting Only	i-Motor W/0	O (Within: OD 2hr				A STATE OF THE STATE OF
Teporting Only	i-Photo Uple	oaded	1			
TP Insurer	Assessment/S	urvey Report	ī	10		
	Ass't Report	by <u>Fax / Hand</u>	to Owner/Wksp			11050 00
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 5k	CC5212	B INC)/Non-INC	()		
Owner / Driver: (Tel:)		
Policy No: () Perio	od: ()	Cover Type: ()		
Confirmed by : (Date:	Tinte)	
	ote-Est. Status (WO): N: 0-2	20%; P: 21-79%	F: 80-100	%]	
	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000) () / \$2,000	0()				
General Remarks:-	The SHOWS		16120		10.	
() Walk-In Customer: Customer's inform	nation strictly Co	onfidential & S	trictly NO rafer o	repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In ()/ Towed-In (); Invoice:	YES()/	NO();7	Towing Co. ()
Remarks:- (INC horline: 6788 6616)			D		D	l
	urtesy Car (1	Date&Time Co	mpierad	Done	by
2) QC Check / Post Repair Inspection	uricsy Car ()	-			
Upload Resurvey Photo [Repair Cost > \$30	001 ()				
	00) (,		1		
Injury: ————————————————————————————————————			-			
Date/Time Actions					R (c. ii i i	
	e e e willer e e e e e e	Sell Williams				
		2 22 2 110 2 2 2 2				
NA1904	209	Invoice Pro	eparation Check	dist	Anit (\$)	Amt (\$) Add Bill
laimant's Particulars :-		1) AR : Accider	nt Reporting (\$30);		Ist Bill	Add Bill
	2) DA : Damage 3) TF : Towing	e Assessment (\$100);	INC (\$80) \$40/\$4	5		
Priver/Owner:	4) FT : Follow-	Through Survey	\$12	0		
Contact No:		The second second second second second	Through Survey (Resu against INC Only (w	Management of the product of the	0	
Damaged Portion:		6) TR : Re-insp	ection	. 57	-	
		7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey tional Services:-	\$16	V	
C Checked by (Engr-In-Charge):	OD*	y Car / Tpt Allowance		5		
		*N6: Repair	Co-ordination	51	0	
uditors' Comments :-		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	pair Inspection officet Excess Coordina	stion \$2	15	-
nt. 1:			P (Non INC) against I	-		
ut. 2 / 3:		9) N12: Idae M Invoice dated		ee Charged	0	Notes in
		Invoice dated		ee Chargea Fee Chargea	Telephan	and you year

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.
- 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	08/06/2019 14:55
Date Of Accident	08/06/2019 13:50
Exact Location Of Accident	CTE TWDS TUAS
Country/State of Loss	SINGAPORE
Transfer of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN5200R
Insured/Policyholder	
Name Of Registered Owner	LAU SIANG NOY
NRIC No	S0127352C
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-98277970
Alternative Phone No	OTHERS-98277970
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SX4 S-CROSS 1.6 CVT 4WD S/R
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099842720-01
Cover Note Number	
Driver	
Name of Driver	LAU SIANG NOY
NRIC No	S0127352C
Date Of Birth	07/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98277970
Fax Number	
Contact Number	OTHERS-98277970
EMail Address	NOEMAIL

50 BUKIT BATOK EAST AVENUE 5 Address

#10-07

2

1

NO

Postcode 659801

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SKC5212B

YES

NO

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

MOHAMED ALI AKBAR

NRIC/Passport Number

S7871229E

Contact Number

90612527

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - (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

Sand Noy

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Eur Stay Noy

Date & Time:

Reporting Centre Rersonnel's Signature

Name:

NRIC/FIN No.:

CTE towards Tuas
Bladdel I I I I I I I I I I I I I I I I I I I
A-SLN 5200P 1 1 1 1 1
B-5KC5212B
on 8/6/2019 Saturday, about 1350 hr. as
I was driving car A SLN 5200 R in the 2nd outer land of CTE before Bladdell Rd Exit, the van in front of me suddenly slowed clowy and so I slowed down too. Mr. Mohamed Ali Akbar, \$7871229E, who drove a Black Toyota Picnic SKC 52128 (webside B) did not slow down in time and crash into the war of my car A and damaging it, the rear portion badly
ECLARATION We declare the foregoing particulars are true in every respect. Jew Fay Nog Priver's Signature Driver's Signature Reporting Centre Personnel's Signature



10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0805170101N027025236

08 May 2017

LAU SIANG NOY 000599 50 BUKIT BATOK EAST AVENUE 5 #10-07 SINGAPORE 659801

հերիրեփեփորդիկ

Dear MS LAU SIANG NOY

NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle SLN5200R on 08 May 2017. The Business Transaction Reference No. is 20170508081207972255.

The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

1. Name : LAU SIANG NOY 2. Identification No. Type: Singapore NRIC 3. Identification No. : S0127352C

4. Place Of Passport Issue:

5. Registered Address : 50 BUKIT BATOK EAST AVENUE 5

#10-07

SINGAPORE 659801

6. Mailing Address

7. Vehicle No. : SLN5200R

8. Vehicle Type : P10 - Passenger Motor Car 9.

Vehicle Scheme : Normal 10. Vehicle Make : SUZUKI

11. Vehicle Model : SX4 S-CROSS 1.6 CVT 4WD S/R 12. Remarks : This vehicle is eligible for PARF.

To renew the COE, the Prevailing Quota Premium payable is that of Category A.

- You can login to LTA's e-Services@ONE.MOTORING (http://www.onemotoring.com.sg) to access a wide range of vehicle-related services using your SingPass 2FA or CorpPass 2FA. For firm and organisation, you can also login using your LTA-issued User ID & Password (up till 30 Sep 2017) or EASY (up till 31 Dec 2017). A separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Please apply for your Transaction PIN before performing any of these transactions. Visit http://www.onemotoring.com.sg > LTA Information & Guidelines > Transaction PIN & User Account for more information about obtaining Transaction PIN and the documents needed (e.g. Board Resolution for company).
 - Vehicle PIN Transfer of Ownership and De-registration of Vehicle a. b.
 - TCOE PIN Transfer of TCOE (For Category C and E COE bid under individual)
 - Rebate PIN Transfer and Splitting of PARF/COE Rebate

0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

SLN5200R

Vehicle Type:

P10 - Passenger Motor Car

Vehicle Scheme:

Normal

Vehicle Attachment 1:

With Sun Roof

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

SUZUKI

Vehicle Model:

SX4 S-CROSS 1.6 CVT 4WD S/R

Chassis No.: Motor No.:

TSMJYB22S00406795

Engine No.:

M16A1990055

Propellant:

Trailer Chassis No.: Passenger Capacity:

Engine Capacity:

Petrol 1586 cc

Power Rating:

Maximum Power Output:

86.0 kW (115 bhp)

Unladen Weight:

1190 kg

Maximum Laden Weight:

1730 kg

Primary Colour:

White

Secondary Colour:

First Registration Date:

08 May 2017

Original Registration Date:

08 May 2017

Manufacturing Year:

2015

Open Market Value:

\$21,330.00

PARF Eligibility:

Yes

Minimum PARF Benefit:

\$10,931.00

No. of Transfers:

Additional Registration Fee

IU NO. 1127491312

Rate:

First \$20,000.00 (100%), next \$1,330. (140%)

Actual ARF Paid: Owner Particulars

Owner Name:

LAU SIANG NOY

Owner ID Type:

Singapore NRIC

Owner ID:

S0127352C

\$21,862.00

Registered Address Type:

Registered Block/House

Registered Street Name:

Private Residential (Condo Apt or House) /

Shopping / Office Complexes

BUKIT BATOK EAST AVENUE 5

Registered Unit No.:

10 - 07

Registered Building Name:

Registered Postal Code:

COE No. / Expiry Date:

2017050101002608Z / 07 May 2027

COE Bid Category:

A - Car up to 1600cc & 97kW (130bhp)

QP Paid:

\$51,600.00

Transaction Details

Business Transaction Ref.

20170508081207972255

Business Transaction Date: 08 May 2017

Business Transaction Time: 08:12:07

Message

The above vehicle has been successfully registered.

Please note that \$63,970,00 will be deducted from your GIRO account.





For LKK NAC Use Only



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTE	D 1001
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)	V 1931
140TOD LIEUWING	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099842720-01

Cover : drivo CLASSIC

 Index mark and Registration Number of Vehicle Chassis Number

: SLN5200R

: TSMJYB22S00406795

2. Name of Policyholder

3. Effective Date of Insurance

: LAU SIANG NOY

08 May 2019

4. Expiry Date of Insurance

: 07 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) : \$\$600 EXCESS (SECTION 2) : N/A 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

: LAU SIANG NOY NAMED DRIVER (1) : NG KENG CHEOK : N/A

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: DBS BANK LTD

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)

: WANG, YUANYUAN (00000602483)

Date of Issue

: 08 Apr 2019 11:42 hrs

Reprint

; 08 Apr 2019 11:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 08/06/2019 13:50 Vehicle No.(For Motor) SLN5200R Certificate Number Search Certificate Number Policyholder Name Select Policy No. Policyholder NRIC Vehicle Insured Object Commence Date Product Cover Type Expiry Date No. 5099842720-LAU SIANG NOY drivo CLASSIC S0127352C GPC SLN5200R SLN5200R 08/05/2019 07/05/2020 Continue

Policy Information

	LY Infiliation	Valence of the control			
Policy No.	5099842720-01	Policyholder Name	LAU SIANG NOY	Policyholder NRIC	S0127352C
Certificate No.					
Address	50 BUKIT BATOK EAST AVENUE 5	#10-07 REC	SENT HEIGHTS CONDO	MINIUM SINGAPORE 659	801
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/04/2019	Effective Date	08/05/2019 00:00	1000 (0150 170 (Th)	07/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	WANG, YUANYUAN	Agent Tel.	90916539	GST Flag	Y
Co- insurance Flag	No			***************************************	
Open Policy Info					
Certificate Info					
▽ Policyh	older Mailing Address				
Address 1	50 BUKIT BATOK EAST AVENUE	Address 2	#10-07 REGENT H	EIGHTS CONE Address 3	SINGAPORE 659801
Address 4		Address Type	Singapore address	Post Code	659801
Unit No.	10-07	Related Policy Number	5099842720-01		
▶ Insured	d Object: SLN5200R				
	ements				
Sequenc	e Date of Endorsement	Endors	sement Type	Endorsement Status	Endorsement Content

Continue Cancel Claim Handling

Accident MT/1048189 Policy No. 5099842720-01 Vehicle No. SLN52008 GST Registration No Certificate No. Policyholder Name LAU SIANG NOY Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No. (Mobile) 98277970 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK No Yes TCA No Yes eCode Reason NCD Protection No NCD Entitlement(%) 20 Private Hire **▽** Accident Details Report Date 10/06/2019 10:23 Accident Report Within 24 hrs Yes Accident Type Date of Accident 08/06/2019 Time of Accident hh:mm 13:50 Country of Accident Reporting Centre Orange Force ICM No. Accident Location CTE TWDS TUAS Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 OD Standard Excess 600.00 TP Standard Excess 0.00 YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Covered? Additional Excess 0.00 Total OD Excess Applicable Total TP Excess Applicable 600.00 0:00 **▽** Benefits GST Registered Information **GST** Registered No. GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address 50 BUKIT BATOK EAST AVENUE Address 2 #10-07 REGENT HEIGHTS COND Address 3 Address 4 Address Type Singapore address Post Code Unit No. 10-07 Related Policy Number 5099842720-01 OI Driver Info Driver Name LAU STANG NOY Driver Type Main Driver Unnamed driver Name Driver NRIC S0127352C Driver DOB Register Date of Driver License 01/01/1972 Driver Age 68 Driving Experience Contact No.(Mobile) 98277970 Contact No.(Office) 0 Contact No.(Home) Address 1 50 BUKIT BATOK EAST AVENUE Address 2 Address 3 Address 4 Address Type Singapore address Post Code Unit No. #10-07 Does he own a Singapore Yes = No Driver Vehicle No. Registered car? Driver Insurer Com-Declaration Breathalyser or Blood Test Any injury? Yes No Modification History Claim 001 OD-MX New Claim Type * Insured Name OD-MX LAU SI/ Contact Contact No.(Mobile) 98277970 No. NIL 01 Email Address Vehicle SLN520 Claim Description SLN5200R / SKC5212B ON 8 Jun 2019 Preferred Insured Liability Not at Fault Prefe Contiet No. Yes ▼ Repair Option Preferred Workshop, Name unknown GIA report Received Claim Close Date Date Registered 10/06/2019 17:22

https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?stype=1&saction=&odOrTp=1&isWorkshop=®Check=1&taskInstanceId=22672974...

1/3

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 14:16

Photos