Date In: 5/3/15-11:71 Ref No: No INC 1901-17-17-17-17-17-17-17-17-17-17-17-17-17	Job description SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2h i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand		Done	: by
D.O.A: III 14- 000 OD (TP) Reporting Only TP Insurer: Preferred Wksp/INC Assign Wksp/QW: (E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2h i-Photo Uploaded Assessment/Survey Report	rs, 7P 4hrs)	0/3/19 1	
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TP Particulars: Veh No: 1437	INC (-	to the same
Owner / Driver: (Tel:	,	
Policy No: () Per	riod: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2		100%]	V -10-00100
	Warranty: YES ()/NO ()		
	00()/\$2,000()			
NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.			Tale terms	- 1
() Walk-In Customer: Customer's infor	mation etricity Confidential 9 C	rate NO conference (A)	16702 ST. 1 . 2	
() Total Loss Case : to e-mail Insure		thictly NO rater of repairer.		
		Cowing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed "	Done	by
1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()		A CONTRACTOR	STOOPE OF ST
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:				
Date/Time Actions		19 m	CONTRACTOR OF THE	
e view				
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Malagotzen	Invoice Pre	paration Checklist	Anit (\$)	Amt (3)
laimant's Particulars :-	1) AR : Acciden	CONTRACTOR STANDARD AND AND AND AND AND AND AND AND AND AN	as fatBills!	Add Bill
	2) DA : Damage	Assessment (\$100); INC (\$8		
river/Owner:	3) TF : Towing F 4) FT : Follow-T		\$120	
ontact No:	5) FT : Follow-T	hrough Survey (Resurvey)	530	
mand Davie	For claiming a 6) TR: Re-inspe	gainst INC Only (wef 10 Jan 2005	575	
amaged Portion:	7) N1 : Idao DA		\$160	
	8) NTUC Addition	onal Services:-		
Checked by (Engr-In-Charge):	The second secon	Cer / Tpt Allowence	\$5	
NOTE SHE SHEET TO COMPANY OF THE STORY OF THE	*N6: Repair C	a-ordination	310	
uditors' Comments :-	*N7: Fost Rep *N8: DV / Col	lect Excess Coordination	\$25 \$3	
1.1:	TP (N11): TP	(Non INC) against INC	\$20	5
2/3;	9) N12: Ideo Mo	bile Fee Chargea	30	and The
* *** ****	Invoice dated	Fee Charged	SECTION .	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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	15/07/2019 11:51
Date Of Accident	14/07/2019 01:00
Exact Location Of Accident	MALAYSIA CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX9894X
Insured/Policyholder	
Name Of Registered Owner	KOH CHOON LEE JOHN
NRIC No	S1471995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008251
Alternative Phone No	OFFICE-81008251
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used a time of accident	t 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	5086960568-02
Cover Note Number	
Driver	
Name of Driver	LINUS KOH TIAM YONG
NRIC No	S9243935F
Date Of Birth	20/11/1992
Occupation	INDOOR
Date Of Driving Pass	25/01/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81008251

OFFICE-81008251

NOEMAIL

35 TAMPINES STREET 34 Address

#03-39

Postcode 529239

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

YES

NO

NO

3

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? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: CHUA JIA JUN

GENDER: : MALE

Passenger 2

NAME:

: HU RUOHAN PAMELA

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

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB7481X

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 INJURED PERSON 1

Name

LINUS KOH TIAM YONG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKX9894X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

HU RUOHAN PAMELA

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKX9894X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name

CHUA JIA JUN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKX9894X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful</u> and <u>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.
- 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 Personnel's Signature

Name:

NRIC/FIN No.:

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Malaysia	TA I			5KX 9894x
Custom	B	111	8.	SLB 7481X
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving	along m	alaysia	Custom	guddenly	yeh	B
Collided onto	my ushin	de nov	portro	1 .	5 2000 100	
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	To				4	
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				32		

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 Personne's Signature

Name:

NRIC/FIN No.:

Personal Particulars
Date of Accident: 147 19 Time of Accident: 1.00 am
Exact Location of Accident: Malaysia Custom
Owner's Name: John Koh Choon Lee NRICNO: S147 1995 DHP No:
Driver's Name: Linus Koh Tiam Yory NRICNO: 392439359HP No: 81008251
Date of Birth: 20 11 1992 Driving Licence Passing Date: 25 1 2014 Occupation: Indoor / Outdoor
Address: 35 Tampines St 34 # 03-39 (529239)
Relationship of Driver with Insured: Son Email Address:
Vehicle No: SKX 9894 X Make & Model: Toyota Altis
Insurance Co: NTUC Coverage: Com prehovive Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition? Clear / Raining / Others: Wet / @n/ Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+ 2 B. 1+ 1 C: D:
*Was Anybody Injured ? (Ye)s / No) If yes,
Name/NRIC/In Vehicle: Linux Koh neck & back CHUA DIA JUN, HURUUHAN
*Was The Accident Reported To The Police ?
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
Q No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: SLB 7481 X Make & Model:
Driver's Name:NRIC No:HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	UM	
A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENT	S:	
	Original Report No	MNA119092010	Vehicle Registration No:	SKX9894X
	Name(as shown in NRIC)	LINUS KOH TIAM YONG	NRIC/FIN/Passport No:	S9243935F
	(*Vehicle Driver / Ve	hiele Owner) (*) Please delete as a		
	Address	35 TAMPINES STREET 34	#03-39	Singapore(529239)
	Contact (Tel)	:	Mobile No. : 81008251	
	Email Address			
	Date of Accident	14/07/2019	Time of Accident : 01:0	0
	Place of Accident	MALAYSIA CUSTOM		
	Insurance Company:	NTUC Income Insurance Co-	operative Ltd	
B)	ADDITIONALINGON	MATION / AMENDMENTS:		
	Add in injuries			-
	1) CHUA JIA JUN	(male)		
	2)HU RUOHAN PA	AMELA (female)		
	Policyholder / Driver's Date:	s Signature	Reporting Centre Person Name: NRIC/FINNo.:	onnel's Signature

Date:



IDENTITY CARD NO. S9243935F REPUBLIC OF SINGAPORE



许展 Ruer CHINESE Date of light

20-11-1992 Country of Birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLWYING CLASSIES!

BFFECTIVE DATE

Class 3.4 Motor cars without cluich pedals (Auto) =< 3000kg 25 Jan 2014 with << 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 256kg

413586

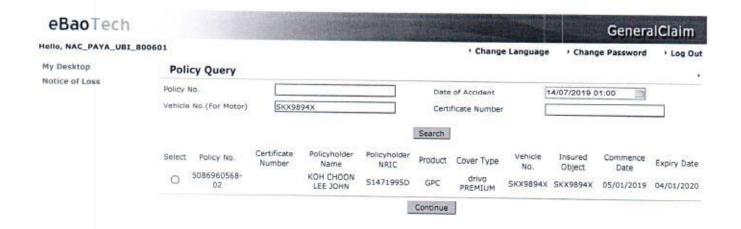
инс на S 9243935F

Own of team

26-11-2007

35 TAMPINES STREET 34 #03-39 SINGAPORE 529239

NP 428A



Policy No.	5086960568-02	Policyholder Name	кон сноо	N LEE JOHN	Policyholder NRIC	S1471995D	
Certificate No.					WIC		
Address	35 TAMPINES STREET 34 #03-3	THE EDEN A	T TAMPINES	SINGAPORE 52923	9		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/12/2018	Effective Date	05/01/2019	00:00	Expiry Date	04/01/2020 23	:59
Excess Type		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	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
	35 TAMPINES STREET 34	Addre	ss 2	#03-39 THE EDEN	AT TAMPINES	Address 3	SINGAPORE 529239
Address 1							
1200000000		Addre	ss Type	Singapore address		Post Code	529239
Address 4	03-39		ed Policy	Singapore address 5086960568-02		Post Code	529239
Address 4 Jnit No.	03-39 ed Object: SKX9894X	Relate	ed Policy			Post Code	529239
Address 1 Address 4 Unit No. Insure Endors	d Object: SKX9894X	Relate	ed Policy			Post Code	529239

Nicy No.					
ort Ficate No.	9086960568-02	Vehicle No.	SKX9894X	GST Registration No.	
				•	
Vicyholder Name	KOH CHOON LEE JOHN			Policyholder NRIC	51471995D
sduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMOUM	Loading	o .
ordact No.(Mobile)	81008251	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	No ex
ric .	® No ○ Yes	TCA	® No ○Yes	eCode Reason	A STATE OF THE STA
CD Protection	Nis	NCD Entitlement(%)	20	Private Hire	No
Accident Details		9400-2007-2007-2007-2007-2007-2007-2007-2	***	Private tire	340
port Date	15/07/2019 12:05	Accident Report Within 24 hrs	Yes	93803200	22000000000000000
ste of Accident	14/07/2019	Time of Accident hh:mm		Accident Type	Collision - Head to Rear
porting Centre	1.33.7355745		01:00	Country of Accident	Outside Singapore
odent Location	MALAYSIA CUSTON	Orange Force		ICM No.	
7 Excess	MALAYSIA CUSTOM				
		20070000			
en damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
WI Party Excess	0.00	Outside Singapore TP Excess	0.00		
P Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Ves	
dification History					
Policyholder Mailing As	ddress				
dram 1	35 TAMPINES STREET 24	Address 2	#03.39 THE BOOK 49 PARENTS	Wascoo'W	Wallet County of the County of
idress 4		Address Type	#03-39 THE EDEN AT TAMPINE	Address 3	SINGAPORE \$29239
No.	03-39		Singapore address	Post Code	529239
of Driver Info	44.52	Related Policy Number	5096960568-02		
ver Name	Unnamed Driver	Private Ware			
named driver Name	LINUS KOH TIAM YONG	Driver Type	Unnamed Driver		
		Driver NRIC	59243935F	Driver DOB	20/11/1992
gister Date of Driver License		Driver Age	26	Driving Experience	5
intact No.(Mobile)	81008251	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	35 TAMPINES STREET 34	Address 2	THE EDEN AT TAMPINES	Address 3	SINGAPORE 529239
dress 4		Address Type	Singapore address	Post Code	529239
18 No.	03-39				
ses he own a Singapore systemed car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Claration					
CONTRACTOR OF THE PARTY OF THE PARTY.	0 mg	Any injury?	Yes No		
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reathalyser or Blood Test eading?	0.2				
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asing? Officiation History	80 10				
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