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Veh No: JJK6877X	E-mail (within Shrs, AIC 2)	urs)		
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	i-Motor W/O (Within: O		11119.	11.70
OD TA ! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Rep	ort		
ir insurer.	Ass't Report by Fax / Ha	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Yeh No: 508	DE IN	IC( )/Non-INC( )	9	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	riod: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]	-
1	Warranty: YES ( )/NO	( )	-2 142919411111	
Excess: (\$ ) Loading: \$1,0				
General Remarks:-		al and formal and a second	3.00	
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Drive-In ( )/ Towed-In ( ); Invoice		; Towing Co: (	· <del></del>	
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Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by
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Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	( )	Date&Time Completed	Done	hy
1) Apply for Transport Allowance ( )/C	( )	Date&Time Completed	Done	ĥy
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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.
- 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	19/07/2019 17:57
Date Of Accident	18/07/2019 19:30
E (C Of t )	

Exact Location Of Accident JUNC TAMPINES AVE 1 & TAMPINES AVE 3

Country/State of Loss SINGAPORE

Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	p.
Vehicle Registration Number	SJK6877X	
Insured/Policyholder		
Name Of Registered Owner	KHANG NGEE CHENG	

NRIC No S0141619G Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96717829

 Alternative Phone No
 OFFICE-96717829

Vehicle Particulars

Manufacturer NISSAN

Model LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5104527330

Cover Note Number

Driver

Name of Driver KHANG TOCK MENG

 NRIC No
 \$1286075G

 Date Of Birth
 27/04/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/08/1979

Driving Experience 39 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93398295

Fax Number

Contact Number OFFICE-93398295

EMail Address NOEMAIL

BLK 104 JURONG EAST STREET 13 Address

#03-100

Postcode 600104

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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? NO

Number of vehicles (including own vehicle)

2 involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

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) 4

Passenger 1

NAME:

. .

GENDER: : MALE

Passenger 2

NAME:

.

GENDER: : FEMALE

Passenger 3

NAME:

: +

GENDER: : FEMALE

**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

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SDU833E

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)

Passenger 1

2

GENDER:

NAME:

**DETAILS OF INJURED PERSON 1** 

Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJK6877X Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

KHANG TOCK MENG

YES

NO

Postcode

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly 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 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 aforesald.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		18			
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vehicle.				/	

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

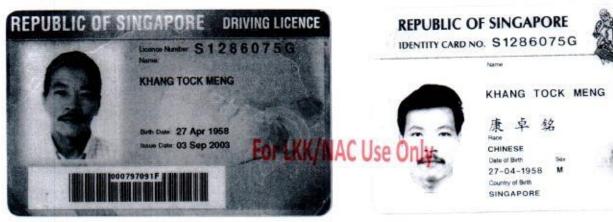
Date & Time:

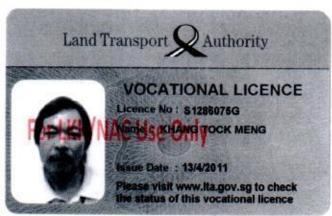
Reporting Centre Personne & Signature

Name:

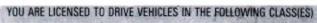
NRIC/FIN No.:

Vehicle No.	SJK 6877 X Model/Make Nusan Latio.
Date of Accident	18/07/19
Time of Accident	1932 HRS
Location of Accident	Tampines Ave 1 junction Tampines Ave 3.
Exact purpose use during a	accident Chauffens
Name of Owner	Khang Ngee Cheng.
Telephone No.	H/P: 967/ 7829 Home: / Office:
NRIC	301416196
Address	BLK 605 Jurong West St 62 409-218 (8) 640605.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5104527330
Name of Driver	As Above If No, Khang Tock Meng.
NRIC	\$ 1286075G.   Any Passengers: 03 (IM) (2F)
Date of birth	27/04/1958
Occupation	Outdoor / Indoor
Driving License Pass Date	13/08/1979.
Gender	Male D Female
Contact No.	H/P: 9339 8295. Home: Office:
Address	BLK 104. Jury East 31 B \$ 03-100 (3) 600 104
Driver have any own vehic	
Relationship	Employee, If no, state Brother .
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Khang Tock Meng (H/P: 93398995)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SOU 833 E. Any Passengers: or (m),
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N- A Witness Contact : N - 9.
Accident Portion	Rear Portion.
Camera Recorder	Yes DNo
Email Address	
Camera Recorder	
PARTICULAR WORKSHO	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Z? Teng
FAX NO	6741 0510
IAAIIO	SS Sales @ n51. com. sg









PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

13 Aug 1979

For LKK/NAC Use

30-03-1994

APT BLK 104 JURONG EAST STREET 13 #03-100

SINGAPORE 600104

NRIC No: \$1286075G

Date: 07-06-2001

No: 3988078

1842023



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Issue Date 03 02 04

25/05/2000 03/04/1995 25/05/2000





IDENTITY CARD NO. \$0141619G





KHANG NGEE CHENG

21-06-1951 SINGAPORE







APT BLK 605 JURONG WEST STREET 62 #09 - 213 SINGAPORE 640605 NRIC No: S01416196 Date: 30 - 07 - 2000

Date: 30-07-2000 No: 3676722



### 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: 5104527330

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJK6877X

Chassis Number

: JN1BAAC11Z0020172

2. Name of Policyholder

: KHANG NGEE CHENG

3. Effective Date of Insurance

: 30 Oct 2018

4. Expiry Date of Insurance

: 29 Oct 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.

**EXCESS (SECTION 1)** : \$\$2,000 EXCESS (SECTION 2) : S\$1,500 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 : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER · NO

: KHANG NGEE CHENG PRIMARY DRIVER NAMED DRIVER (1) : KHANG TOCK MENG

NAMED DRIVER (2) : N/A 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

: LOMEN INSURANCE AGENCY (00000591412)

Date of Issue

: 22 Oct 2018 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601						• Change	Language	• Chang	je Password	+ Log Out
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Notice of Loss	Policy N	lo. No.(For Mator)	S3K687	77X			of Accident icate Number	1	8/07/2019 1	9:30	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5104527330		KHANG NGEE CHENG	S0141619G	GPC	drivo CLASSIC	S3K6877X	SJK6877X	30/10/2018	29/10/2019
					- 6	Continue	1				

C2012 W1101	5104527330	Policyholder Name	KHANG NO	GEE CHENG	Policyholder NRIC	S0141619G		
Certificate No.		Hame			mae			
Address	BLK 605 #09-213 JURONG WE	ST STREET 62 SINGAPORE 640605						
Product Name	PRIVATE CAR INSURANCE	Plan	an		Group Policy Flag	N		
Policy issue Date	22/10/2018	Effective 30/10/20		018 00:00 Expiry Date		29/10/2019 23:59		
Excess Type		All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess	
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL		GST Flag	Y		
Co- insurance Flag	No							
Open Policy								
Info Certificate								
Info Certificate Info	holder Mailing Address							
Info Certificate Info Policy	holder Mailing Address BLK 605 #09-213	Addre	ess 2	JURONG WEST	STREET 62	Address 3	SINGAPORE 640605	
Info Certificate Info Policy Address 1		283200	ess 2	JURONG WEST		Address 3 Post Code	SINGAPORE 640605 640605	
Info Certificate Info Policy Address 1 Address 4		Addre	ess Type ed Policy	V/W			at Constitution	
Info Certificate Info Policy Address 1 Address 4 Unit No.		Addre Relati	ess Type ed Policy	Singapore addr			at Constitution	
Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 605 #09-213	Addre Relati	ess Type ed Policy	Singapore addr			at the same of the	

aim Handling xident MT/1054223					
Hcy No.	5104527330	Vehicle No.	51K6677X	GST Registration No.	
tificate No.					
cyndider frame	KHANG NGEE CHENG			Policyholder NRIC	50141619G
luct Code	PRIVATE CAR INSURANCE	Cover Type	erve CLASSIC	Loading	0
act No.(Mobile)	96717829	Contact No.(Office)	0	Contact No.(Home)	0
Address		Special Remark	12	eCode	
Hadriess	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	1
Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details	***	ACC CHAPTER TO A CONTRACT OF THE CONTRACT OF T	-		
ort Oabe	19/07/2019 19:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	18/07/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	JUNC TAMPINES AVE 1 & TAMPINES AVE 3				
Excess					
damage Excess	2,000.00	Additional Excess	D	Windscreen Excess	100.00
arned Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		200.00
d Party Excess	1.500.00				
Benefits	1,500.00	Outside Singapore TP Excess	1,500.00		
	Colore				
GST Registered Informa					
Registered	No		GST Registration Date	\$20,540	
Registration No.			GST Status Verified	Yes	
ification History					
Policyholder Mailing Ad	dress				
		Address 2	TURBUS WEST COMMENT OF	Address 5	CHICADORE SANCE
ress 1	BLK 605 #09-213	Address 2	JURONG WEST STREET 62	Address 3	SINGAPORE 640605
ress 4		Address Type	Singapore address	Post Code	640605
No.		Related Policy Number	5104527330		
OI Driver Info					
er Name	KHANG TOCK MENG	Onver Type	Named Driver		
amed driver Name		Driver NRIC	\$1286075G	Driver DOB	27/04/1958
ster Date of Driver License	13/08/1979	Driver Age	61	Driving Experience	39
tact No.(Mobile)	93398295	Contact No. (Office)	0	Contact No.(Home)	0
ress 1	BCK 104	Address 2	JURONG EAST STREET 13	Address 3	JURONG EAST VILLE
ress 4	SINGAPORE 600104	Address Type	Singapore address	Post Code	600104
No.	03-100	\$1000000000000000000000000000000000000	- TO THE POST OF T	ALCO DE LA CONTRACTOR D	-
es he own a Singapore		0400000000000000		Drawn-Marco House dwoley M	
stered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
taration					
athalyser or Blood Test		and received as			
iding?	0 mg	Any injury?	® Yes ○ No		
Ification History					
-12					
laim 001 New					
				MANAGEM AND	
m Type *	OD-MX	Insured Name	KHANG NGEE CHENG	Insured NR3C	50141619G
tact No.(Mobile)	96717029	Contact No.(Home)	67946809	Contact No.(Office)	65860309
# Address	khanann@hilti.com	OI Vehicle Number	S3K6877X	TP Vehicle Number	SDUB33E
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select 🗸		
mant Name *	22	Claimant NR3C *			
mant Address	17000				
m Description	\$3K6877X / \$DU833E ON 18 Jul 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
	No. 177			TIT CIL MANA	The same of the sa
ure Finalisation	Yes 🕎	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	19/07/2019 19:40	Claim Close Date		Date Received	19/07/2019 00:00
ort Taken By	Jackson				
Print AK letter					
			2-0000		
			Save Submit		
tachment					
dent No.	MT/1054223	Owim No.	001		
Doc. Received	● Yes ○ No	Upload Date	19/07/2019 19:42		
DOC: NACOLEO	Path *		Category *	Confidential Urgen	cy * Description *
Section 4.11	Patri *			THE RESERVE OF THE PARTY OF THE	MANAGEMENT IN THE STATE OF THE
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	Path.	Browse	Clear Please Select	▼ Normal	
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