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	Ich description	Date &Time Completed	Don	ie py
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Vch No: 50 P6592M	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 20/7/19-70:46	i-Motor Claim Form	Wy 1022848-001	31 12/19 1	3111
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs		22 (3) 25 1	34
OB Ty Reporting Only	i-Photo Uploaded	1		1
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	
TP Particulars: Veh No: JHESTS	E . INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	100%]	
	ranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-			2.0%	es in the
() Walk-In Customer: Customer's informat	ion strictly Confidential & Stri	ictly NO refer of repairer.		
() Total Luss Case : to e-mail Insurer U	RGENTLY.			
Drive-In ()/ Towed-In (); Invoice: YE	ES()/NO(); To	owing Co: ()
Remarks: (INC hotline: 6788 6616)	The second second	Date&Time Completed	Sala Don	*hv
1) Apply for Transport Allowance ()/ Court	csy Car ()	1	A STATE OF THE PARTY OF THE PAR	44.3
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]		 		
				- 12 II.O - 15 II
Injurý:				
Date/Time Actions			SEASON SE	
•				
il 4 (40) 487 1	Invoice Prep	aration Checklist	Anit (S) Tit Bill	Anit (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident R	Reporting (\$30);	SO SEPTION	- Aron Dill
	2) DA : Damage A	ssessment (\$100); INC (\$8		
river/Owner:	3) TF : Towing Fee 4) FT : Follow-Thr		120	
ontact No:	5) FT : Follow-Thr	ough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005)	\$30	
amaged Portion:	6) TR : Re-inspecti	on	\$75	
3	7) N1 : Idao DA + 3 8) NTUC Addition		160	
C Checked by (Engr-In-Charge):	on:		• • • • • • • • • • • • • • • • • • • •	
67.	*N5: Courtesy C *N6: Repair Co-	er / Tpt Allowance	\$5 \$10	
nditors! Comments :-	*N7: Fost Repair	Inspection	\$25	
1. 1:	and the first of t	ct Excess Coordination	\$20	1
1,2/3;	9) N12: Idac Mobil		30	union facili
Market 2:	(Visit 1995)	Fee Charged	CAN	
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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	31/07/2019 14:23
Date Of Accident	30/07/2019 22:45
Exact Location Of Accident	JUNC ESPLANADE DR & FULLERTON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP6593M
Insured/Policyholder	
Name Of Registered Owner	KHOO YINGCHUN (QIU YINGCHUN)
NRIC No	S8500760B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91777978
Alternative Phone No	OFFICE-91777978
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X 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

for repair to your vehicle?

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

5110719522 Policy Number

Cover Note Number

Driver

Name of Driver KHOO CHAI LAI NRIC No. S6820079B Date Of Birth 24/05/1968 Occupation INDOOR Date Of Driving Pass 24/01/1987

Driving Experience 32 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91443590

Fax Number

Contact Number OFFICE-91443590

EMail Address NOEMAIL Address BLK 341 HOUGANG AVENUE 7

#12-155

Postcode 530341

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

39

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)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

YES

NO

NO

NO

1

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)

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?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

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

SHB3559E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN CHOON KIANG IVAN

NRIC/Passport Number

S6825454Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NO

DETAILS OF INJURED PERSON 1

Name KHOO CHAI LAI

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SJP6593M
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode ES .

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.
- 3. 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 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:
 - (i) 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 Personne Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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MAI	10	0(47 cm 017		
	(

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 Personnel's Signature

Name: NRIC/FIN No.:



CHINESE

24-05-1968

SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg load or passengers and the unladen weight =< 7250kg

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

Description

Issue Date

13

PRIVATE HIRE CAR VL

07/06/2018

For LKK/NAC Use Only





NP 428A

Class 4



Policy No.	5110719522	Policyholder Name	KHOO YING	CHUN (QIU YINGCHI	Policyholder NRIC	S8500760B	
Certificate No.							
Address	BLK 987A #18-09 BUANGKOK	GREEN BUANG	KOK VALE SI	NGAPORE 531987			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/06/2019	Effective Date	27/06/2019	00:00	Expiry Date	30/09/2020	23:59
Excess Type	Per Accident	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			Your	ng/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Co- nsurance	No						
Flag Open Policy Info Certificate	No						
Flag Open Policy Info Certificate Info	holder Mailing Address						
Flag Open Policy Info Certificate Info Policy		Addre	ess 2	BUANGKOK GREEN		Address 3	BUANGKOK VALE
Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address		ess 2	BUANGKOK GREEN Singapore address		Address 3 Post Code	BUANGKOK VALE 531987
Flag Open Policy Info Certificate Info	holder Mailing Address BLK 987A #18-09	Addre	ess Type ed Policy	C COORD AND CANADA HARDONION		ACTIVITY SOMEOREM	
Plag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address BLK 987A #18-09	Addre	ess Type ed Policy	Singapore address		ACTIVITY SOMEOREM	
Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address BLK 987A #18-09 SINGAPORE 531987 d Object: SJP6593M	Addre	ess Type ed Policy	Singapore address		ACTIVITY SOMEOREM	
Plag Dpen Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	BLK 987A #18-09 SINGAPORE 531987 ad Object: SJP6593M	Addre Relati Numb	ess Type ed Policy	Singapore address 5110719522		Post Code	

Accident MT/1055896					
rolley No.	5110719522	Vehicle No.	S3P6593M	GST Registration No.	
Sertificate No.		1. C20 (C2)			
Policyholder Name	KHOO YINGCHUN (QIU YINGCHUN)			Policyhalder NR3C	\$8500760B
roduct Code	PRIVATE CAR INSURANCE	CoverTime	Anna Carrer		
Corract No.(Mobile)	91777978	Cover Type Contact No. (Office)	drivo CLASSIC	Loading	0
mail Address	21///2/2		0	Contact No. (Home)	0
	00	Special Remark	2	eCode	No. V
OFK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
 Accident Details 					
eport Date	31/07/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	30/07/2019	Time of Accident hh;mm	22:45	Country of Accident	Singapore
eparting Centre		Orange Force		ICM No.	
codent Location	JUNC ESPLANAGE OR & FULLERTON RD				
▼ Total Excess Applicable	6				
XCRES Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ddrional Excess	0.00				
ofal OD Excess Applicable	2,000,00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Inform	ation				
SY Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	8UK 967A #16-09	Address 2	BUANGKOK GREEN	Address 1	BLIANGKOK VALE
ddress 4	SINGAPORE \$31987	Address Type	Singapore address	Post Code	531987
nt No.		Related Policy Number	5110719522		
OI Driver Info					
iver Name	KHOO CHAI LAI	Driver Type	Named Driver		
snamed driver Name		Driver MICC	568200798	Driver DOB	24/05/1968
gater Date of Driver License	24/01/1987	Driver Age	51	Driving Experience	32
mact No (Mobile)	91443590	Contact No. (Office)	0	Contact No. (Home)	0
idress 1	BLK 341	Address 2	HOUGANG AVENUE 7	Address 3	SINGAPORE 530341
doress 4		Address Type	Singapore address	Post Code	530341
nit Na	12-155				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
A-introduction					
claration			0.0.00		
eathalyser or Blood Test	Omp	Any insury?			
eathalyser or Blood Test	Omp	Any injury?	® Yes ○ No		
eathalyser or Blood Test ading?	Omg	Any injury?	® Yes ○ No		
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nathalyser or Blood Test ading? Offication History		Any injury?	® Yes ○ No		
nathalyser or Blood Test ading? Offication History		Any injury?	® Yes ○ No		
nathalyser or Blood Test ading? Brication History Claim 903 OD-MX		Any injury? Insured Name	KHOO YINGCHUN (QIU YINGCHI	Insured NRIC	\$8500760B
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esthelyser or Blood Test string? Brication History Claim 003 OD-MX New Int Type * Tract No. (Mobile) Bit Address Imant Type Claimant Type * Imant Name *	OD-MX 97(17978 Aurlycant@ymai.com	Insured Name Corriact No.(Home) OI Vehicle Number Type of Benefit *	KHOO YINGCHUN (QIU YINGCHI 67593789 SJP6593M	Contact No.(Office)	
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methalyser or Blood Test lading? diffication History Claim 001 OD-MX New North Type * Interest No. (Mobile)	OD-MX	Insured Name Contact No.(Home) OI Velocite Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	KHOO YINGCHUN (QIU YINGCHI 67593789 SIP6503M Pinase Select Y	Confact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received	SH83559E
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