Date In: 78 19-12-31					
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OD TP Reporting Only	i-Motor W/O (Withi		50730-001	70,0	6104
OB TY Reporting Only	i-Photo Uploaded		-		
TP Insurer:	Assessment/Survey I	Report			
	Ass't Report by Fax	Hand to Owner/W	/ksp		
Preferred Wksp / INC Assign Wksp / QW;	(	Tel:	F	ax:	
TP Particulars: Veh No: Jr	1031790	INC( )/Non	INC()	N.	7
Owner / Driver: (		Tel:	The state of the s	)	
Policy No: (	Period: (	) Cover Ty	ре: (	)	
Confirmed by : (	Date	2:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (WO):	N: 0-20%; P: 21	-79%. F: 30-10	00%]	
Year of Registration: ( )	Warranty: YES ( )/N	0()			
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )				
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( ) Walk-In Customer: Customer's i	nformation strictly Confidenti	al & Strictly NO rat	for of sonaless	1000 P	
( ) Total Loss Case : to e-mail Ins	urer IIRGENTI V				2, C. (1) C. (1)
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Remarks: (INC hotline: 6788 6616)		DateAction	e Completed	Don	Sti
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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 <u>truthful and accurate</u> 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	07/08/2019 12:31
Date Of Accident	07/08/2019 07:50
Exact Location Of Accident	BARKER RD
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG3684R
Insured/Policyholder	
Name Of Registered Owner	BLS SERVICES
Co Reg No	53390065D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98275874
Alternative Phone No	OFFICE-98275874
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	NOAH HYBRID 7-SEATER 1.8X CVT
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
f 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	5106436467
Cover Note Number	

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Fax Number

Driver	
Name of Driver	GOH POH POH SUSAN
NRIC No	S1736732C
Date Of Birth	22/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2000
Driving Experience	19 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98275874

Contact Number OFFICE-98275874

EMail Address NOEMAIL

Address BLK 573 ANG MO KIO AVENUE 3

#13-3295

Postcode 560573

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

rance company of Enverse com vomele

### General Information of the Accident

Type Of Accident SIDE SWIPE
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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

NO

NO

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: : -

NAME

GENDER: : MALE

# **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

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?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMC3179D

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

NAME:

GENDER:

**DETAILS OF INJURED PERSON 1** 

Name

GOH POH POH SUSAN

Approximate Age

Injuries Sustain Injured person in which vehicle?

NECK & BACK SMG3684R

Were seat belts worn?

.....

Trefe deal belts worry

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

# 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 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)

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.
- (a) 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:

Name;

NRIC/FIN No .:

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B.	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	passenger's							
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DECLARATION

I/We declare the lorgoing particulars are true in every respect.

Policyholder & Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Personal Particulars
Date of Accident: 7 8 19 Time of Accident: 7 - 50 am
Exact Location of Accident: Bor Ker Rd
Owner's Name: 6LS Services NRIC No: HP No:
Driver's Name: Goh Poh Poh Suson NRIC No: 5173032C HP No: 98275874
Date of Birth: 21 12 1966 Driving Licence Passing Date: 11 1 200 Occupation: Indoor / Outdoor
Address: 573 AMK Ave 3 #13-3295 (560573)
Relationship of Driver with Insured: ONA C Email Address:
Vehicle No: SMG 3684R Make & Model: Toyota
Insurance Co: NTUC Coverage: Comprehensing 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
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 1 B. 1 + 1 C: D:
*Was Anybody Injured ? (Yes/No) If yes,
Name / NRIC / In Vehicle: Goh Susan nect & lack
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O 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: 5MC 3 [79] 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:

IDENTITY CARD NO. \$1736732C REPUBLIC OF SINGAPORE



GOH POH POH SUSAN



22-12-1966 SINGAPORE

CHINESE

UNE Name S1736732C

HET SEED OF LOTHER STREET, MALE SEED OF

GOH POH POH SUSAN

Ban Date: 22 Dec 1966 teato Date: 08 Mar 2017

YOU ARE LICENSED TO DRIVE YEHICLES IN THE FOLLOWING CLASSIES

2048273

Motor cars with unladen weight =< 3000kg with =< 7 11 Jan 2000 passengers, exclusive of diver; and other meter vehicles with unladen weight =< 2500kg Class 3

EFFECTIVE DATE

Date: \$0.65-1897 No: 2281900

NP 428A

22-05-1994 FOF L 46 AD KTO ARRIES 3 \$15-2255 MICHA \$1736732C Blood Group Date of raque



# 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: 5106436467 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMG3684R Chassis Number : ZWR800347225 2. Name of Policyholder : BLS SERVICES

3. Effective Date of Insurance : 17 Dec 2018 4. Expiry Date of Insurance : 16 Dec 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)** : \$\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL FXCESS : N/A : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO : NO **EXCESS WAIVER** - N/A PRIMARY DRIVER NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : SWEE SENG CREDIT PTE LTD

: 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

: VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue

: 17 Dec 2018 13:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 



Policy No.	5106436467	Policyholder Name	BLS SERVIO	CES	Policyholder NRIC	53390065D	
Certificate							
Address	BLK 573 #13-3295 ANG MO KIO	AVENUE 3 S	INGAPORE 56	50573			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/12/2018	Effective Date	17/12/2018	00:00	Expiry Date	16/12/2019	23:59
xcess Type		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	VV INSURANCE AGENCY PTE. L1	Agent Tel.	67913808		GST Flag	Y	
Co- nsurance lag	No						
100							
Open Policy Info							
Open Policy							
Open Policy nfo Certificate nfo	older Mailing Address						
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Open Policy Info Certificate Info	The state of the s	100000	ess 2 ess Type	ANG MO KIO AVEN		Address 3	SINGAPORE 560573 560573
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Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 573 #13-3295 13-3295 d Object: SMG3684R ements	Addr Relat Num	ess Type ed Policy	Singapore address 5106436467		Post Code	

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cident MT/1056900 Nicy No.	Experience	Makes No.		W-0.1	
tificate No.	5106436467	Vehicle No.	SMG3684R	GST Registration No.	
	W. 200 DOS				
icyholder Name	BLS SERVICES			Policyholder NRSC	533900650
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	ů .
ritact No.(Mobile)	98275074	Contact No.(Office)	9	Contact No.(Home)	0
all Address		Special Remark		eCode	No. V
<	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	07/08/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	07/08/2019				
portino Centre	9779012013	Time of Accident thomm	07:50	Country of Accident	Singapore
	1221200	Orange Force		ICM No.	
cident Location	BARKER RD				
Excess					
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
F Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Ofication History	07/08/2019 16:08:02 Swey	em changed GST Status Venfied fro		Tes	
	20100102	on changes as status vernes no	No to res		
Policyholder Mailing Ad	dress				
dress 1	BUX 573 #13-3295	Address 2	ANG MO KIO AVENUE 3	Address 3	CONCREDE SCAFES
dress 4		Address Type			53NGAPORE 560573
	13-3295		Singapore address	Post Code	560573
it No.	13-3295	Related Policy Number	5106436467		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	GOH POH POH SUSAN	Driver NRIC	51736732C	Driver DOB	22/12/1966
jister Date of Driver License	11/01/2000	Driver Age	52	Driving Experience	19
ntact Ne.(Mobile)	98275874	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 573	Address 2	ANG HD KID AVENUE 3	Address 3	SINGAPORE 560573
dress 4		Address Type	Singapore address		
rt No.	13-3295	Applicas Type	arrigaçõe aboress	Post Code	560673
es he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration			Whathough		
cathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
dification matory					
Marie Constant					
Claim 001 OD-MX New	<b>II</b>				
im Type *	OD-MX	Insured Name	BLS SERVICES	Secured SIRIC	#33000#FD
				Insured NRIC	533900650
rtact No.(Hobite)		Contact No.(Home)	NIL	Contact No.(Office)	
all Address		OI Vehicle Number	SMG3684R	TP Vehicle Number	SMC31790
mant Type Claimant Type+	Please Select	Type of Benefit *	Please Select		
mant Name *	≥≥	Cleiment NRIC +			
mant Apdress					
m Description	SMG3684R / SMC3179D ON 7 Aug 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability •	Not at Fault		
ure finalisation	Yes:			1	
		Preferered Repair Option	Preferred Workshop, Name unknown		Received
e Registered	07/08/2019 16:08	Claim Close Date		Date Received	07/08/2019 16:09
ort Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
		10			
		1	Save Submit		
ttachment					
dent No.	MT/1056900	Claim No.	001		
Ooc. Received	● Yes ○ No	Upload Date	07/08/2019 17:30		
	Path +			Confidence	anan maaaaaaa
	5.00.00	Browse.	Category *	Confidential Urgen	
				V Normal	<u> </u>
		Browse.	Clear Please Select	Normal V Normal	▼
		Browse.	Clear Please Select	pel from the forester	
		Dittwise.	- Description of the last of t	V 40 V Normai	v

