NATIONAL Assessment Centre	Services.	fuel I Jan'05] .	: MMA 11	210849	1		
Date In: 1918/19 14100	Jeb description	1	Date &Time C	ompleted	Doi	ic py.	
Rellio MAI INC 19014418/44	SAS c-illing						
Veh No. 31797	E-mail (within	alus, AIC 2hrs)			or and the		
18/8/19 14:35.	I-Motor Cla	lm Form	MT/10584	1801	918/19	19:04	
	I-Motor W/O (Within: OD 2hts, TP fhrs)						
(11) Reporting Only	I-Photo Uplo	nded					
TP Insurer:	Assessment/S	urvey Report					
ri maurer	Ass't Report by Fax / Hand to Owner/Wks			312			
Proformd Wish / INC Assign Wksp / QW: (1	Tol:	ļ ^z a,	x:)	
TP Particulars: Veh No: 56	iK 5290 €	. INC(.)/Non-INC	().			
Owner / Driver: (Tcl:)		
* * * * * * * * * * * * * * * * * * * *	od: ()	Cover Type: ().		
Confirmed by : (Dater	Time)		
The same transfer and			%; P: 21-79%	P: 80-10	0%]		
The same of the sa	arranty: YES ()/NO()				
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Total Loss Case : to e-mail Insurer					·		
Drive-In ()/ Towed-In (); Invoice:	YES()/N	(0 (); 10	wing Co: (- St. Commonweal		,	
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- All the second	urtesy Car ()					
) QC Check / Post Repair Inspection	(·)		<u> </u>				
) Upload Resurvey Photo [Repair Cost > \$300	00] ()				-	
Injury:			- '- '- '-				
alviring SANGGAS CARREST DESCRIPTION	Washing outside	ATTICLE AND A STATE OF THE		NAME OF		ATTEN AND A	
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umantis Partientars 12		1) AR : Accident R			30.00		
	STATE OF THE STATE	2) DA : Dame go A 3) TF : Towing Fee	ssessment (\$100);	1NC (\$50)	15		
ver/Owner:		4) FT : Follow-Thr	ough Survey	\$12 ev) \$3			
lact No:		For claiming ata	ough Burvey (Resurv	0 Jan 2005)			
aged Portion:		6) TR : Re-Inspecti	on .	516			
**************************************		7) N1 : Idao DA + 3 8) NTUC Addition	Services:-				
Checked by (Engr-In-Charge):	1	on:	ar / Tpt Allowanne		5		
		*N6: Repair Co-	ordination	\$1 \$2	0		
litors Comments :		*N7; Post Repair *N8: DV / Collect	ot Exposs Coordinatio	in 3	5		
It		TP (N11): TP ()	in INC) against INC	52	0	<u>. </u>	
Z3;		9) N12: Idao Mobil Involor dated	Par	Charged		hiter Falls	
7-05-47 V	1	Involce dated	Fee	Charged	MARIN		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. 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 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

	ACCIDENT STATEMENT
Date Of Report	19/08/2019 14:00
Date Of Accident	18/08/2019 14:35
Exact Location Of Accident	JLN BT HO SWEE(ENTRANCE INTO MERAPRIME CONDO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG3379J
Insured/Policyholder	
Name Of Registered Owner	PHUA PAO ANN
Passport No/FIN	F1305849X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83182255
Alternative Phone No	OFFICE-83182255
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 5
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107202009
Cover Note Number	₩ Contraction (Page 1997)
Driver	
Name of Driver	LAU CHOI HAR
NRIC No	G5095672K
Date Of Birth	02/07/1983
Occupation	INDOOR
Date Of Driving Pass	05/09/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83210508
ax Number	SA PER SA CENTRAL MANAGEM
Contact Number	
	a round converts

NOEMAIL

Address

301 JLN BUKIT HO SWEE #09-01 MERAPRIME

Postcode

169568

SPOUSE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

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:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGK5290E

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

VU THI DUNG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 11

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.
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- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

Section 1997

SKETCH PLAN

Garparle (obs.)

JIM Buker Ho Swee.

(A).84G 3379 J.

Vehicle parked P.

and nove off.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The state of the Delibert
(349, 3379 J) along Ila Baket Ho Swee wanted to turn right into
(349, 3379 J) along I'm Baket to Swee wanted to turn reght into
my house at Metaprime. I saw there was a relicite (SGK 5290E)
with hazard light on parked before the extrace on the right has
At such, I overtook the said vehicle and on my right signal to turn
At such, I overtook the said vehicle and on my right signal to term into my the antrance. As I was making the right turn, the said
vehicle moved forward and collided onto the right side of my
rehecle.

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: M

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Vehicle No.	SLG 3379 J Model/Make Mazda 5.
Date of Accident	18/08/19.
Time of Accident	1435 - HRS
Location of Accident	I'm Buket 40 Swee (Entrance ento Meraprime Condo
Exact purpose use during accid	
Name of Owner	Phua Pao Ann.
Telephone No.	H/P: 8348 225 Home: Office:
NRIC	F1305849X.
Address	301 , Fin Buket to Swee #09-01, Meraprine, (8) 169568
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage <	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5107202009.
	-1100
Name of Driver	As Above If No, LAU OFOI HAR.
NRIC	G 5095670 K Any Passengers: 01 (m).
Date of birth	
Occupation	Outdoor / Indoor
Driving License Pass Date	05/09/201.
Gender	Male Female
Contact No.	H/P: 8321 0508 'Home: Office:
Address	301, Jin Buket 40 Swee #09-01, Meraprame, (5) 169568
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Wife.
Weather condition C	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	A STATE OF THE STA
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SGK 52 90 E. Any Passengers: OI (M).
Name of Driver	Vu THI DUNG 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-A.
Accident Portion	Right side:
Camera Recorder	Yes No
Email Address	choihar. lau @ gmail-com.
PARTICULAR WORKSHOP	Twen car .
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting .
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg





EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

CIMB BANK BERHAD



LAU CHOI HAR G5095672K





K1087408

Driver .

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 05 Sep 2011 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

For LKK/NAC Use On

LAU CHOI HAR

Q5095672K 02-07-1983 MALAYSIAN

10-01-2019



VIOLI PASS

Immigration Regulations



NP 428A



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: 5107202009

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLG3379J

Chassis Number

: JM6CW1071G0124404

2. Name of Policyholder

: PHUA PAO ANN

3. Effective Date of Insurance

: 26 Jan 2019

4. Expiry Date of Insurance

: 26 Mar 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

EXCESS (SECTION 1)	5\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	S\$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
PRIMARY DRIVER	PHUA PAO ANN
NAMED DRIVER (1)	LAU CHOI HAR
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	= N/A
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)

: ALFA CREDIT PTE LTD (00000613905)

Date of Issue

: 25 Jan 2019 17:30 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1058418									
Policy No.	5107202009	Vehicle No.	5LG33791		GST Res	istration No.			
Certificate No.		10100110010	3.03.00		44.1	patration sty.			
Policyholder Name	PHUA PAO ANN				Policyto	ider NRIC	F1305849X		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	act fede	0		
Contact No.(Mobile)	83182255	Contact No.(Office)				No.(Home)	100		
Email Address		Special Remark			eCode		No. V		
KFK .	- No Yes	TCA	# No Yes		eCode R	easion			
NCD Protection	Yes	NCD Entitlement(%)	50		Private I	fre	No		
Report Date	19/08/2019 19:00	Accident Report Within 24 hrs	Yes		Accident	Туре	Side Swipe		
Date of Accident	18/08/2019	Time of Accident hh:mm	14:35		Country	of Accident	Singapore		
Reporting Centre		Orange Force			JCM No.				
Accident Location	JLN BT HO SWEE(ENTRANCE INTO MERAPE	RIME CONDO							
▼ Total Excess Applicable									
Excess Type	Per Accident	Windscreen Excess		100.00					
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT									
OD Standard Excess YIED OD Excess	600.00	TP Standard Excess		0.00					
Additional Excess	0.00	VIED TP Excess		0.00	Driver is	Covered?	Covered		
Total OD Excess Applicable	0	Total Title		102.008					
⇒ Benefits	600,00	Total TP Excess Applicable		0,00					
GST Registered Informa	tion								
GST Registered	No								
GST Registration No.	no.		GST Statu	tration Date	Photo Control of the				
Modification History			331 31813	s retiried		Yes			
	Iress								
Address 1	301 JALAN BUKIT HO SWEE	Address 2	#09-01 MERAPRIM	E	Address	9	CERNOLINA LOS	***	
Address 4		Address Type	Singapore address		Post Cod			SINGAPORE 169568 169568	
Unit No.	09-01	Related Policy Number	5107202009		Your Clid	70	169269		
♥ OI Driver Info									
Driver Name	LAU CHOI HAR	Driver Type	Named Driver						
Unnamed driver Name		Driver NRIC	G5095672K		Driver Do	08	02/07/1983		
Register Date of Driver License	01/01/2002	Driver Age	36		Driving E	xperience.	17		
Corract No.(Mobile)	83210508	Contact No.(Office)			Contact F	4o.(Hame)			
Address 1	301 JALAN BUKIT HO SWEE	Address 2	#09-01 MERAPRIM	E	Address	1	SINGAPORE 169	568	
Address 4		Address Type	Singapore address		Post Code		169568		
Unit No.	09-01								
Does he own a Singapore Registered car?	Yes # No.	Driver Vehicle No.			Driver In	surer Company			
Declaration									
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No						
Modification History									
The state of the s									
Claim 001 New									
Claim Type *				ор-мх	▼ Insured	PHUA PAO ANN	Insured		
				GO-HX	Name Contact	PHUA PAU ANN	NRIC	F1305849X	
Contact No.(Mobile)					No.		Contact No.	62411228	
Email Address					(Home)	_	(Office)		
Linai Address					Vehicle Number	SLG33793	Vehicle Number	SGX5290E	
Claim Description				SLG33791 / SGK5290E	25775		Name of Preferred		
Preferred				DEG 337 97 7 30K 3290E	ON 16 AUG 2019		Warksho		
	Proference Liability Not at Fa	ault 🔻							
Remise No. Yes	Repair Preferred Workshop,	Name unknown GIA Received			Colo				
Date Registered				19/08/2019 19:04	Claim		Date Received	19/08/2019 0	
Report Taken By				LIEW SHAN HUI	Date		7/10/24/1		
Print AK letter									
			Save Submit						
Attachment									
© .									
Accident No.	MT/1058418	Claim No.	0	01					
ast Doc. Received	* Yes No	Upload Date		9/08/2019 19:04					
	Path *	W)	83		023	Education		1277 (02	
Choose File No file chosen			Clear	Category * Please Select	▼ NO	fidential Urger	ncy •	Description	
Choose File No file chosen									
Choose File No file chosen			Ces	Please Select	* NO	* Normal	•		

8/19/2019 Claim Handling(accident reporting Claim Task) Choose File No file chosen Clear Please Select * NO * Normal • Choose File No file chosen * NO Clear Please Select * Normal ٠ Choose File No file chosen ♥ NO Clear Please Select * Normal 7 Message Read Send M Attachment List Attachment Uploaded By/Date Category Urgency Mag Sent (CO) Description NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:04 NRIC/ Driving License 90.0 Normal NRIC/ Driving License 2019-8-19 NAC_PAYA_URL_BOOKO1(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:04 SAS Normal SAS 2019-8-19 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:04 Photos Photos 2019-8-19 NAC_PAYA_URI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:04 Photos. Normal Photos 2019-8-19 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:04 Photos Photos 2019-8-19 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) a 19 Aug 2019 19:04 Photos Normal Photos 2019-8-19 NAC_PAYA_UBT_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:04 Photos Normal Photos 2019-8-19 NAC_PAYA_UBI:_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:04 Normal Photos 2019-8-19 ♥ Video List Uploaded By/Date Folder Date 9 File Name Source

Display in New Window Scan and uploading