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Date In: 9/9/19-18:29	Jeb description	Date &Time Completed	Done b	DŽ.
ROFNO: 49/14/1901/964/24	SAS e-filing			
Veh No: 17238414	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 7/4/19-71:45	i-Motor Claim Form	m11061664-001	9 9 19 18:	43
OD :/TP ' Reporting Only	i-Motor W/O (Within: OD 2hr	RESERVE THE RESERV		
OD THE Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
17 Illsurer.	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: FBPIVY	NR. INC)/Non-INC()	MARKET SERVICE	
Owner / Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover Type: () _	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: () Wa	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks:-				7.
() Walk-In Customer: Customer's information		40000000000000000000000000000000000000		
() Total Loss Case : to e-mail Insurer l				
Drive-In ()/ Towed-In (); Invoice: Y		owing Co: (-
		- A		,
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done h	У -
1) Apply for Transport Allowance ()/ Cou	irtesy Car ()			
The state of the s				-
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300]	()			
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in general states

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.
- 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	09/09/2019 18:29
Date Of Accident	07/09/2019 21:45
Exact Location Of Accident	MANDAI FOODLINK ENTRANCE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ3084H
Insured/Policyholder	
Name Of Registered Owner	LOW YU PING JENNIFER
NRIC No	S8413688C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90992689
Alternative Phone No	OFFICE-90992689
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
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
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5111385388
Cover Note Number	
Driver	
Name of Driver	TAN YOU SIANG (CHEN YOUXIANG)
NRIC No	S8845958Z
Date Of Birth	23/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90670622

OFFICE-90670622

NOEMAIL

BLK 997C BUANGKOK CRESCENT Address

#08-829

534997 Postcode

NO Was driver an employee of the Insured's Company

FRIEND 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 COLLISION - HEAD TO REAR

CLEAR Weather Conditions 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

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBP1443R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

TAN YOU SIANG (CHEN YOUXIANG)

Page 2 of 16

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK

SJZ3084H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

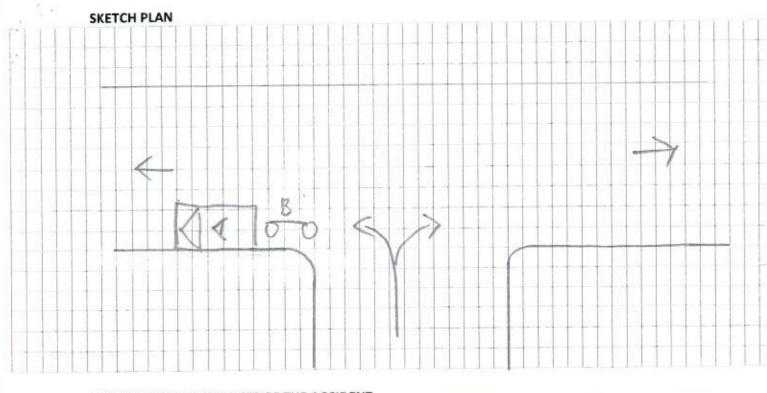
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary parked inside Mandai foodlink by the side not obstructing traffic due to some problems with the car. As I was about to alight the vehicle to see what is wrong, suddenly I felt an impact from the rear portion of my vehicle.

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

特別的自己的代表的	兴福	3.4	ACCIDENT DETAILS	
Date of accident	7	9	2019	(DD/MM/YY)
Time of accident		1	9:45pm	(HH:MM)
Exact location of accident	Mone	dai	Foodlink, Level 1 Entrail.	

	D	ETAILS OF	VEHICLE	
Vehicle registration number	5723	084H		
Vehicle make and model	KIA (KIA CEPATO		
ype of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV D Van D Others:	
Vehicle category	Private 🗆	Comm	ercial Motorcycle	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes Third part c	No 🗆	if no, please select: Reporting only □	

	INSURANCE IN	FORMATION	
Insurance company	Ntuc		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

Victorial designation of the second	INSURED / POLICY HOLDER		
Name	LOW YEIPING, Jennifer	Male □	Female 🗷
NRIC / Fin / Passport number	S8413688C		
Contact	9099 2689.		
Address	BIK 943 Temphes Ave 5 #08-265 3(5)0943)		

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)			
Name	TAN YOU Stang (then youring) Males	Female		
NRIC / Fin / Passport number	S88459582			
Contact	90670622			
Address	BIK 997 (Bury 1606 Crexent +108-829.			
Email address				
Date of birth	23 11 1988			
Occupation	Indoor Outdoor			
Driving date pass	08 - 02 - 2011			

	GENERAL IN	NEORMATION C	F THE ACCIDENT	
Was driver an employee of	COLUMN TWO IS NOT THE OWNER.			1
the insured's company?	If no relat	ionship of the d	river and insured:	fried
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining	Others:	
Road surface	-	Wet □		
	01	WCC		(Inclusive of driver)
No of passenger	01			(melesite sites)
		PASSENGER	1	
Name	(42)	YOU SIANH.		
Gender	Male 🗹	Female		
		PASSENGER	2	
Name of the Control o	PATRICIA DE	PASSENGEN	CONTRACTOR OF THE PARTY OF THE	AND THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TO SERVE THE P
Name	Male 🗆	Female		
Gender	Iviale 🗆	remale 🗆		
		PASSENGER	13	
Name	WASSITE OF			
Gender	Male □	Female		
公司和 中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国		PASSENGER	4	
Name				
Gender	Male 🗆	Female		
		DASSENCE		
		PASSENGER		
Name	Male 🗆	Female □		
Gender	Iviale 🗆	remaie 🗆		
		PASSENGER	86	"是可必在抗战
Name				
Gender	Male 🗆	Female 🗆		
				Martin Martin Martin Martin
	The same of the sa	OTHER INFORM	ATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	NO 🗆		
	DETAILS	OF POLICE STA	TION ACTION	
Reported to police?	Yes 🗆	No. If ye	s, please state which police s	tation.
Police station name				
AND DESCRIPTION OF STREET	HEUR LO	WITNESS	AS SALES AND	
Name				
		WITNESS		
Name	NAME OF TAXABLE	WITNESS	A SUMPLEMENT OF STREET	
Hallie				

TANK ALEXANDER OF THE SECOND	THIRD PARTY VEHICLE 1
	FBP 1443R
Vehicle registration number Vehicle make model	FBP IMASK.
Name NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD DARTY VEHICLE 2
SALES OF STREET STREET,	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A SA CONTRACTOR OF SALES	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
国际的国际发展的	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
lame	
NRIC / Fin / Passport number	
Contact	
可能性。如此以外,或者是这种。	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
5. 经产品数据 19 mm 5. 多数 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

Name	THN YOU SIANG
Injuries sustained	Neck and Boek Pain.
Which vehicle person in?	SDZ 3084H
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No Ø

INJURED PERSON 2			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

INJURED PERSON 3				
Name				
ijuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes No			
Was injured conveyed to hospital by ambulance?	Yes No			

	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes No

· 放动机工 是 · 行车		INJURED PERSON 5
.vame		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

INJURED PERSON 6				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		



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: 5111385388

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SJZ3084H

Chassis Number

: KNAFW411MA5255362

2. Name of Policyholder

: LOW YU PING JENNIFER

3. Effective Date of Insurance

: 23 Jul 2019

4. Expiry Date of Insurance

: 22 Jul 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 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) : N/A **EXCESS (SECTION 2)** : \$\$1,500 : N/A ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : N/A INSURE WITH COE : NO NCD PROTECTION : LOW YU PING JENNIFER PRIMARY DRIVER NAMED DRIVER (1) : N/A

: N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY SUM INSURED : N/A

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

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 25 Jul 2019 10:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	0	7/09/2019 2	1:45	
	Vehicle	No.(For Motor)	SJZ30	34H		Certifi	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111385388		LOW YU PING JENNIFER	S8413688C	GPC	Third Party	SJZ3084H	SJZ3084H	23/07/2019	22/07/2020
				5020 Veri 10000		Continue	I				



olicy No.	5111385388	Vehicle No.	S3Z3084H	GST Registration No.	
ertificate No.					
licyholder Name	LOW YU PING JENNIFER			Policyholder NRIC	58413688C
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
intact No. (Mobile)	90992689	Contact No. (Office)	0	Contact No.(Home)	. 0
nail Address		Special Remark		eCode	NC.VI
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	٥	Private Hire	Yes
→ Accident Details					
eport Date	09/09/2019 18:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Nate of Accident	07/09/2019	Time of Accident his min	21:45	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	MANDAI FOODLINK ENTRANCE				
 Total Excess Applicable 					
xcess Type	Per Accident	Windscreen Excess	0.00		
200000000000000000000000000000000000000	222				
O Standard Excess	0.00	TP Standard Excess	1,500.00	23-001/12/00/02/	
TED OO Excess	0.00	VIED TP Excess		Driver is Covered?	
Additional Excess		Total To Building St.			
Total OD Excess Applicable Benefits	0.00	Total TP Excess Applicable			
♥ GST Registered Informa	tion				
SST Registered Informa	No.		GST Registration Date		
SST Registration No.	710		GST Status Verified	Yes	
And fication History					
Policyholder Halling Ade	dress				
Address I	BLK 943 #08-365	Address 2	TAMPINES AVENUE 5	Address 3	TAMPONES PALMSVILLE
adress 4	SINGAPORE S20943	Address Type	Singapore address	Post Code	520943
Int No.		Related Policy Number	5111385388		
→ OI Driver Info					
Iriver Name	Unnamed Driver	Driver Type	Unnamed Driver	267 (02415)	
Innamed driver Name	TAN YOU SIANG (CHEN YOUXIA	Driver NRIC	588459582	Driver DOB	23/11/1988
Register Date of Driver License		Driver Age	30	Driving Experience	
Contact No.(Mobile)	90670622	Contact No.(Office)	0	Contact No.(Home)	0
Apdress 1	BLK 997C	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK EDGEVIEW
Address 4	SINGAPORE 534997	Address Type	Singapore address	Post Code	534997
Unit No.	08-829				
Does he own a Singapore					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	○ Yes No	priver venicle No.		Driver Insurer Company	
Registered car?			- Pro-Out	Driver Insurer Company	
Registered car? Declaration Broathalyser or Blood Test	· ○ Yes ⑤ No ○ mg	Any injury?	® Yes ○ No	Driver Insurer Company	
Registered car? Heclaration Breathalyser or Blood Test Reading?			® Yes ○ No	Driver Insurer Company	
Registered car? Heclaration Breathalyser or Blood Test Reading?			Yes ○ No	Direct Insurer Company	
Registered car? Declaration Broadhayser or Blood Test Reading? Additional History			® Yes ○ No	Dirver Insurer Company	
Registered car? ecclaration sreathalyser or Blood Test Reading?			Yes ○ No	Dinver Insurer Company	
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Registered car? Declaration Broathalyser or Blood Test Reading? Frodification History Claim 001 New Claim Type *	OD-MX	Any injury?	LOW YU PING JENNIFER	Insured NAIC	58413688C
registered car? rectaration readhayser or Blood Test readhayser readhayser or Blood Test readhayser readha	Omg	Any injury? Insured Name Contact No.(Home)	COW YU PING JENNIFER 67847747	Insures NAIC Contact No.(Office)	64485030
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