			A119 178837		
Date In: 10 6/19-10:70	Jeb description		Date & Time Completed	Done	py.
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Veh No: WH 94 60	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 29/9/9-01:50	i-Motor Clair	m Form	M7 1064572 -001	30/4/19	11:30
00 : 60 / 0	I-Motor W/O	(Within: OD 2hrs	The state of the s		
OD : TP ! Reporting Only	i-Photo Uplo	aded	1		
	Assessment/Su	rvey Report	i		
TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	Fax:	
TP Particulars: Veh No:	09193E .	. INC()/Non-INC().	Si.	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: () ,	
Confirmed by : (Date:	Time:)	
	Note-Est Status (V	VO): N: 0-20	%; P: 21-79%. F: 30-1	100%]	
	Warranty: YES ()/NO(, , , , , , , , , , , , , , , , , , , ,		
Excess: (\$) Loading: \$1					
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				3.09	
() Walk-In Customer : Customer's in	nformation strictly Cor	nfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	erer URGENTLY.	·	* 1 g	- 1	
Drive-In ()/Towed-In (); Invo	ice: YES () / N	O();To	owing Co: ()
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Remarks: (INC hodine: 6788 6616)			Date&Time Completed	Sign Sylaone	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	1		
2) QC Check / Post Repair Inspection	()				
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	\$3000] ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number 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.
- 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.
- 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.

aforesaid,	
SECTION OF THE RESERVE OF THE RESERV	ACCIDENT STATEMENT
Date Of Report	30/09/2019 10:20
Date Of Accident	29/09/2019 01:50
Exact Location Of Accident	NICOLL HWY TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH9416D
Insured/Policyholder	
Name Of Registered Owner	EASA TRANSPORTATION
Co Reg No	53347811A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96942623
Alternative Phone No	OFFICE-96942623
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5107459393
Cover Note Number	
Driver	
Name of Driver	ANG BOON THIAM
NRIC No	S6935659A
Date Of Birth	14/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1998
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-96942623

OFFICE-96942623

NOEMAIL

BLK 110 BEDOK RESERVOIR ROAD Address

#04-278

3

NO

YES

NO

4

Postcode 470110

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

General Information of the Accident

Type Of Accident CHAIN COLLISION

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?

Passenger 2

Passenger 3

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:

GENDER:

NAME: : ANGIE

: SALLY LIM

: FEMALE

GENDER: : FEMALE

NAME: : ALAN GENDER: : MALE

Details of Police Action

NO Was the accident reported to the police?

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)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SDQ9193E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

TAN CHEE HEONG Name of Driver

NRIC/Passport Number

Contact Number

S7335454D 90268596

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMA9662X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver JOHN KOH WEI CHENG

NRIC/Passport Number S8435496A Contact Number 90166752

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 19

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 <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>.
- 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.
- (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.

Reg. No. 53347811A

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

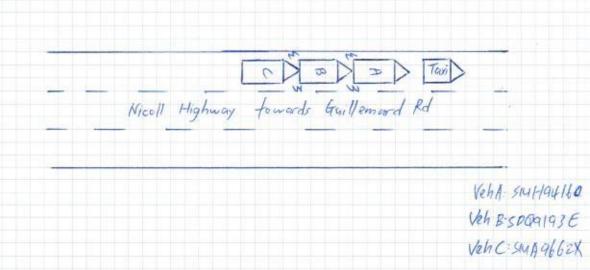
Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No .:

Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Nicoll Highway towards buillemond Road on the third lan	ê.
There was a taxi ahead suddenly stopped to let his rider to vanit. I also slo	wh
come to a stop. Veh B (SDQ 9193E) behind me also stopped his car behind.	ne
A moment later, I felt an impact on the rear of my vehicle. Upon alighting	
I noticed that Veh B had its front knocked into the rear of my vehicle. At	
same time, there was also a collision between Veh B and Veh CCSMAG	
I was informed by driver's of veh 8 that Veh c hit him from behind	
his vehicle move forward and hit my vehicle due to the impact we	
then exchange particulars and left the scene. No vine was injured.	
The second of th	
	_

DECLARATION DO I/We declare the formation particulars are true in every respectively.

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

VEHICLE NO: SMH	IVIAKE/IVIO	DEL: NISSAN SYLPHY
Date of Accident	20/09/2019 Time: 01:50	Foreign Veh Involved YES / NO
Location of Accident	Nicell Highway tods Guilleman	Foreign Veh No
Country of Loss	Rd	
Vehicle Damaged		No. of Veh Involved :
Claim Type	OD / TP / REPORTING	Was There Any Witness YES / NO
INSURANCE CO	NTUC Inte me	Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :
Policy No	5107459393	
Fleet Policy	YES / NØ	
, received	1257 00	OTHER VEHICLES
OWNER / CO. NAME	EASA TRANSPORTATION	VEHICLE B : SPQ 9193E
NRIC / Co's Reg No.	53347811 A	Category :
Address	BLK HO BEDOK RESERVOIR RD	Driver's Name : TAN CHEE HEONG
	#04-278 5(470110)	NRIC No : 573354540
Contact / Mobile No	46942623	Contact No : 90268596
Email Address		No. of Passenger :
Date of Birth		
Gender	M/F	VEHICLE C : SMA9662X
DRIVER'S NAME	ANG BOON THIAM	Category :
NRIC No	5 6 9 35659A	Driver's Name : JOHN KOH WET CHEI
Address	BIK 110 BEACK RESERVEIR RD	NRIC NO : 58435496A
	#04-278 5 (470110)	Contact No : 90/6/752
Contact / Mobile No	46942623	No. of Passenge :
Email Address	ericang-6900736) gmail-com	
Date of Birth	14/10/19/9	VEHICLE D
Gender	₩/F	Category :
LICENSE PASSED DATE	05/10/1998	Driver's Name :
		NRIC No :
Occupation	Indoor / Outdoor	Contact No :
Relation with Owner	SOLE PROPRIETOR (OUNK)	No. of Passenger :
Does Driver Own Any	Other Veh ? YES /(NO)	
Vehicle Reg No		
Insurance Co		
Weather Condition	Clear / Raining / Others	Video Captured : Yes / No
Road Surface	Ory/ Wet / Others	
INJURED	: YES FNO	
Name of Injured		Police Report : YES(NO
Convey To Hospital by	Ambulance : YES / NO	If YES, Where :
NO OF PASSENGERS	7	
NO. OF PASSENGERS	3	MACCO INITIONS VEGINO
Name of Passenger	: Sally Lin (female)	INJURED? YES/NO
Name of Passenger	: Alan (male)	INJURED? YES/NO
Name of Passenger	: Angie (female)	M / F INJURED? YES/NO
Name of Passenger		M / F INJURED? YES/NO
REMARKS		
Name of Workshop		Contact No :
Address	10	Email :



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: 5107459393

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: MNTBBAB17Z0034582

2. Name of Policyholder

: EASA TRANSPORTATION

3. Effective Date of Insurance

: 16 Feb 2019

4. Expiry Date of Insurance

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

PRIMARY DRIVER : ANG BOON THIAM

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HONG LEONG FINANCE LIMITED

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)

: ST INSURANCE AGENCY PTE. LTD. (00000573223)

Date of Issue

: 14 Feb 2019 15:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
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	[2	9/09/2019 0	1:50	
	Vehicle	No.(For Motor)	SMHS	416D		Certific	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107459393		EASA TRANSPORTATION	53347811A	GPC	drivo CLASSIC	SMH94160	SMH9416D	16/02/2019	15/02/2020
					Co	ntinue					

Policy No. Certificate	5107459393	Policyholder Name	EASA TRAN	SPORTATION	Policyholder NRIC	53347811A	
No.							
Address	BLK 110 #04-278 BEDOK RES	SERVOIR ROAD E	EUNOS VISTA	SINGAPORE 4701	10		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/02/2019	Effective Date	16/02/2019	00:00	Expiry Date	15/02/2020	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			Young/Inexperience Driver Excess	
	ST INSURANCE AGENCY PTE.	17 Apont Tel	64649098		GST Flag	Y	
Agent	ST INSURANCE AGENCY PTE.	LI Agent rei.	04049090		OST TING	20	
Co- insurance Flag	No	Li Agent Tel.	04043030		OJ1 1 log		
Co- insurance Flag Open Policy Info Certificate		Li Agent lei.	04049090		3311119	•	
Co- insurance Flag Open Policy Info Certificate Info	No	LI Agent Tel.	04049090		337 109		
Co- insurance Flag Open Policy Info Certificate Info Policyh		Addre		BEDOK RESERVO	7	Address 3	EUNOS VISTA
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addre		BEDOK RESERVO	R ROAD	Address 3	EUNOS VISTA 470110
Co- insurance Flag Open Policy Info Certificate Info	nolder Mailing Address BLK 110 #04-278	Addre Addre	ss 2 ss Type		R ROAD	NIEGE ENTER	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address BLK 110 #04-278 SINGAPORE 470110	Addre Addre Relate	ss 2 ss Type	Singapore address	R ROAD	NIEGE ENTER	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No solder Mailing Address BLK 110 #04-278 SINGAPORE 470110 04-278 d Object: SMH9416D	Addre Addre Relate	ss 2 ss Type	Singapore address	R ROAD	NIEGE ENTER	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	No solder Mailing Address BLK 110 #04-278 SINGAPORE 470110 04-278 d Object: SMH9416D ements	Addre Addre Relate Numb	ss 2 ss Type	Singapore address	R ROAD	Post Code	

laim Handling ccident MT/1064572					
ilicy No.	5107459393	Vehicle No.	SMH94160	GST Registration No.	
reficate No.	The second secon		NY LIVING COU.		
Nicyholder Name	EASA TRANSPORTATION			Policyholder NRIC	53347811A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No (Mobile)	96942623	Contact No.(Office)	0	Contact No (Home)	0
mail Address		Special Remark	Th	eCode	The V
FK :	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No.	NCD Entitlement(%)	10	Private Hire	Yes
	res	NCD DIQUERRIQUE)	10	Private rise	163
Accident Details					VA190-2007000
eport Date	30/09/2019 11:26	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	29/09/2019	Time of Accident hh:mm	01:50	Country of Accident	Singapore
eporting Centre		Orange Force		TCM No.	
ccident Location	NICOLL HWY TWDS GUILLEMARD RD				
♥ Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500,00		
EO OO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0.00				
otal OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
P Benefits	24-77775		5.00 (5.00)		
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
ST Registered ST Registration No.	140		GST Status Verified	Yes	
dification History	30/09/2019 11:30:03 Syste	m changed GST Status Verified fro			
			2.0000000000000000000000000000000000000		
Policyholder Hailing Ad	dress				
ALL OF E	BUX 110 #04-278	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
ddress 1					
ddress 4	SINGAPORE 470110	Address Type	Singapore address	Post Code	470110
nit No.	04-278	Related Policy Number	5107459393		
© OI Driver Info					
river Name	ANG BOON THIAM	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S6935659A	Driver DOB	14/10/1969
egister Date of Driver License	05/10/1998	Driver Age	49	Driving Experience	20
ontact No.(Mobile)	96942623	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BUK 110	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
ddress 4	SINGAPORE 470110	Address Type	Singapore address	Post Code	470110
nit No.	04-278	And the state of t	Controverson		
oes he own a Singapore					
egistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	O Yes ® No		
2008/2001					
dification History					
ouncation Pistory					
Claim 001 00-HX New	di .				
Contract of the Contract of th					
	190				processor and the same of the
aim Type *	DD-MX V	Insured Name	EASA TRANSPORTATION	Insured NRIC	53347811A
ontact No.(Mobile)	96942623	Contact No.(Home)		Contact No. (Office)	NIL
mail Address	1914 1977 1911	OI Vehicle Number	SMH9416D	TP Vehicle Number	SDQ9193E
aimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
almant Name *	22	Claimant NRIC +			
nimant Address					
em Description	SMH9416D / SDQ9193E ON 29 Sept 2019			Name of Preferred Workshop	
eferred Workshop Contact	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Personal Francisco	Mar at Study Tool		105
A.		Insured Liability *	Not at Fault	■ 1/4/4/2000 (1/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4	-
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown		Received
ate Registered	30/09/2019 11:30	Claim Close Date		Date Received	30/09/2019 11:32
eport Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
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100			Save Submit		
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•	TIONAL PROPERTY I	The second second	Post Principal Control of Control		
ocident No.	MT/1064572	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	30/09/2019 13:02		
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SAS 2019-9-30	Normal		SAS	CES) on 30 Sep 2019 13:01	(A)
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