			19 19138460	T	
Date In: 80 19-13-18	Jeb description		Date &Time Completed	Done	pi.
Ref No: HA LINCIPO18460/24	SAS e-filing				
Veh No: SE16306	E-mail (within Shrs	, AIC 2hrs)			
D.O.A: 18/10/19-19:20	i-Motor Claim I	Form	M11067517-001	18019	8.08
	i-Motor W/O (W	ithia: OD 2hrs,	TP 4hrs)		
OD TP Reporting Only	i-Photo Uploade	ed	1		3
TD I	Assessment/Surve	y Report			800 -40 F G
TP Insurer:	Ass't Report by F	ax/Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: Jkc 4	1670	. INC(	)/Non-INC( )	2	2-10-0
Owner / Driver: (			Tel:	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (	)	
Confirmed by : (	1	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO	): N: 0-20	%; P: 21-79%. F: 80	-100%]	
Year of Registration: ( ) W	arranty: YES ( )	/NO(	)		
	0()/\$2,000(	)			
General Remarks:				Month (S. 1)	8 1
( ) Walk-In Customer: Customer's inform					
( ) Total Loss Case : to e-mail Insurer		27	Page 1 d		
Drive-In ( )/ Towed-In ( ); Invoice:		( ): To	wing Co: (		)
		. , ,		E795838615	Di In
Remarks:- (INC hodline: 6788 6616) :-			Date&Time Completed	SEE SUDONE	by
	urtesy Car ( )		-		
2) QC Check / Post Repair Inspection	( )				
				W.	
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()				eranic -
3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	00] ( )			30	
Injury:					
Injury:				Section 1	, ~ e.e.
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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.
- 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	18/10/2019 17:58
Date Of Accident	18/10/2019 07:20
Exact Location Of Accident	LOYANG AVE
Country/State of Loss	SINGAPORE
D Annual Control of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE1630G
Insured/Policyholder	
Name Of Registered Owner	LOO SHIHUI (LU SHIHUI)
Passport No/FIN	S8424412J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85114141
Alternative Phone No	OFFICE-85114141
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 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
If 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	5092115579-02
Cover Note Number	
Driver	
Name of Driver	HII HOWE KING

 Name of Driver
 HII HOWE KING

 NRIC No
 \$8480954C

 Date Of Birth
 24/04/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 29/10/2009

Driving Experience 9 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94388857

Fax Number

Contact Number OFFICE-94388857

EMail Address NOEMAIL

Address

BLK 433A SENGKANG WEST WAY

#17-517

Postcode

791433

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

SPOUSE

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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

SKC4567J

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

PRIVATE CAR

Name of Driver

YEO GIM CHOON

NRIC/Passport Number

S1742960D

Contact Number

92354567

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

HII HOWE KING

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** 

SLE1630G

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.
- 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 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: SKETCH PLAN

A: SUE 1630 G
B: SKC45273

Loyang Ave

ı	was	stationary	along	slip roa	d to w	ait the	traffic to
e clea	r before	turnir	ng out	to Loya.	ng Ave.	out o	f sudden, l
Pelt a	huge	impact	from n	ny rear	causing	my v	rehicle thrust
orward			7	9			
						-	

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.

ACCIDENT DETAILS		
Date of accident	18/10/2019	(DD/MM/YY)
Time of accident	0720	(HH:MM)
Exact location of accident	Along slip road towards Loyang	

The state of the s	DE	TAILS OF V	HICLE	局的社会和中心	是他的世界一方式
Vehicle registration number	SLE 1630 G				
Vehicle make and model	Mitsubishi	Attrage			
Type of vehicle	Saloon D	MPV D	CRV □ Motorcycle	Van □ □ Others:	
Vehicle category	Private Ø	Commerc	ial 🗆 Mot	orcycle 🗆	
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part cla		f no, please sel Reporting only		

	INSURANCE IN	FORMATION	the statement of
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive □	Third party fire & theft □	TP only

Professional States of the second	INSURED / POLICY HOLDER		
Name	Loo ShiHui	Male 🗆	Female
NRIC / Fin / Passport number	S8424412J		
Contact	8571 4141		
Address	BIK 433 A Sengkang West Way # 17-517	5(7914	f33)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Hii Howe King Male Female
NRIC / Fin / Passport number	S8480954C
Contact	9438 8857
Address	Blk 433A Sengkang West Way # 17-517 S(791 433)
Email address	
Date of birth	24/04/1984
Occupation	Indoor Outdoor
Driving date pass	29/10/2009

EXECUTE TO LINE TO SERVE OF THE	GENERAL IN	FORMATION	OF THE ACCIDENT	A STATE OF THE PARTY OF THE PAR
Was driver an employee of	Yes 🗆	No Ø		
the insured's company?	If no, relat	ionship of the	driver and insured:	Spouse
Accident captured by camera?	Yes 🗆 📗	Noø		
Weather condition	Clear	Raining	Others:	
Road surface	Dry 🗷	Wet □		
No of passenger	01			(Inclusive of driver
No.		PASSENGE	R1	Market State William State Sta
Name				
Gender	Male 🗆	Female		
-				
Market Street,	是學學	PASSENGE	R 2	THE RESERVE OF THE PARTY OF
Name				
Gender	Male 🗆	Female		
的。 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	TORYNOT (III)	PASSENGE	R 3	<b>的人的</b> 自然是一种的人的
Name				
Gender	Male 🗆	Female 🗅		
	Name - 154	PASSENGE	R 4	tricks call is a special
Name				
Gender	Male 🗆	Female		
BULL BURLING SON AND SON	100	PASSENGE	R 5	descending of the later of the
Name	2.			
Gender	Male 🗆	Female		
			NAME OF TAXABLE PARTY.	CALLAND DESCRIPTION OF THE PARTY OF
	<b>"海水路"</b>	PASSENGE	R 6	2.86年に対し、おというできる大学
Name				
Gender	Male 🗆	Female		
Bellin Street British Co.		OTHER INFORM	MATION	Children blooms (1)
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes 🗹	No 🗆		
and other states are a second or a second			and the same of th	
BANK BANK BANK BANK BANK BANK	DETAILS	OF POLICE ST	ATION ACTION	
Reported to police?	Yes 🗆	No If y	es, please state which	ch police station.
Police station name		320		
				Vision Linear Experience
MANAGES STATEMENT OF THE STATEMENT OF TH	EXPERIMENTAL PROPERTY.	WITNESS	1	RESIDENCE CONTRACTOR
Name				
AND THE RESERVE OF THE PARTY OF	<b>联合产生</b>	WITNESS	2	Biodelice to the second

The Company of the Co	THIRD PARTY VEHICLE 1
Vehicle registration number	SKC 4567 J
Vehicle make model	
Name	Yeo Gim Choon
NRIC / Fin / Passport number	S1742960 D
Contact	9235 4567
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Carlo de la companya del companya de la companya de la companya del companya de la companya de l	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Man de la company de la compan	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>经验的基本的证券的股份等。19</b> 00年1905年1903	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Mary and the second second second	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

<b>医克克斯克斯氏检查尔斯</b> 克斯拉克克	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

THE RESERVE OF THE PARTY OF THE		INJURED PERSON 1
Name	Hii How	
Injuries sustained		and neck
Which vehicle person in?	SLE 163	
Were seat belts worn?	Yes	No 🗆 📗
Was injured conveyed to	Yes 🗆	Noti
hospital by ambulance?		
<b>特别是我们的自己的人的人的</b>		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
	A District	
ALIGN TO STATE OF STATE	PV1800	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
THE MANAGEMENT OF THE PARTY OF		INJURED PERSON 4
Name		
TAXABLE TO THE PARTY OF THE PAR		
Injuries sustained		
Injuries sustained Which vehicle person in?	Va dosedes	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No o
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No n
Injuries sustained Which vehicle person in? Were seat belts worn?		/
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		/
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No   INJURED PERSON 5  No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No   INJURED PERSON 5  No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No D  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   Yes	No   INJURED PERSON 5  No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   Yes	No D  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   Yes	No D  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - Yes -	No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes  Yes	No   INJURED PERSON 5  No   INJURED PERSON 6  No   INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - 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	CHIER DARTY RICKEL BLUEF AGEO (MANAMENA)

MOTOR VEHICLES (T	THIRD PARTY	RISKS) RULES,	1959 (N	MALAYSIA)
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Certificate Number: 5092115579-02 Cover : drivo CLASSIC

: SLE1630G 1. Index mark and Registration Number of Vehicle

Chassis Number : MMBSTA13AHH002054 : LOO SHIHUI (LU SHIHUI ) 2. Name of Policyholder

3. Effective Date of Insurance : 12 Jul 2019

4. Expiry Date of Insurance : 11 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 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 headings.

**EXCESS (SECTION 1)** : S\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LOO SHIHUI (LU SHIHUI ) NAMED DRIVER (1) : HII HOWE KING

NAMED DRIVER (2) : N/A

: MAYBANK SINGAPORE LIMITED HIRE PURCHASE COMPANY

: 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)

: TELESALES-DIRECT MARKETING (00000601661) Agency

Date of Issue : 02 Jul 2019 14:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: **Authorised Officer Chief Executive** 

<b>eBao</b> Tech						Zer :	-	Genera	alClaim		
Hello, NAC_PAYA_UBI_800	601						• Change	Language	• Chan	ge Password	· Log Out
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Notice of Loss	Policy N	No.				Date o	of Accident	1	8/10/2019 0	07:20	
	Vehicle	No.(For Motor)	SLE163	SLE1630G			Certificate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092115579- 02		LOO SHIHUI (LU SHIHUI )	584244123	GPC	drivo CLASSIC	SLE1630G	SLE1630G	12/07/2019	11/07/2020
	3	262		57-01-18-18-70-76-1	C	Continue	370395-59				

Policy No.	5092115579-02	Policyholder Name	LOO SHIF	HUI (LU SHIHUI )	Policyholder NRIC	584244123		
Certificate No.								
Address	BLK 433A #17-517 SENGKAN	G WEST WAY FE	RNVALE PA	LMS SINGAPORE 791	433			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	02/07/2019	Effective Date	12/07/20	19 00:00	Expiry Date	11/07/2020 2	23:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	600	0		100		
Additional Excess	0	OS Premium	0			Young/Inexperience Driver Excess		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0					
Agent	TELESALES-DIRECT MARKETI	NC Agent Tel.			GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
→ Policyl	nolder Mailing Address							
	BLK 433A #17-517	Addre	ss 2	SENGKANG WEST	WAY	Address 3	FERNVALE PALMS	
Address 1			er Tune	Singapore address		Post Code	791433	
	SINGAPORE 791433	Addre	ss type	Control Broken Control and an interest				
Address 1 Address 4 Unit No.	SINGAPORE 791433		d Policy	5092115579-02				
Address 4 Unit No.	SINGAPORE 791433 d Object: SLE1630G	Relate	d Policy	V materials or confession processes	1.5%			
Address 4 Unit No.	d Object: SLE1630G	Relate	d Policy	V materials or confession processes	0 2 5			

Claim Handling													
Accident HT/1067517			Z-10-7/1015							_			
Policy No.	5092115579-02	1	Vehicle No.		SUE1630G			GST Registration No	*S				
Certificate No.													
Policyholder Name	LOO SHIHUT (LU SHIHUT )							Policyholder NRIC		58424	4123		
Product Code	PRIVATE CAR INSURANCE		Cover Type		drive CLAS	sic		Loading		0			
Contact No.(Mobile)	85114141		Contact No.(Office)	Y .	0			Contact No.(Home)		0			
Email Address		,	Special Remark					eCode		New			
KFK	® No. ○ Yes		TCA		® No ○Y	es		eCode Reason					
NCD Protection	Yes	,	NCD Entitlement(%	6)	50			Private Hire		No			
Report Date	18/10/2019 18:07	-9	Accident Report Wi	thin 74 hm	Yes			Accident Type		Calteria	n - Head to Rear		
Date of Accident			Time of Accident hi										
	18/10/2019			n, men	07:20			Country of Accident		Singap	ore		
Reporting Centre			Orange Force					ICM No.					
Accident Location	LOYANG AVE												
▼ Total Excess Applicable													
xcess Type	Per Accident		Windscreen Excess			100.00							
OD Standard Excess	600.00	j	TP Standard Excess	5		0.00							
TED OD Excess	0.00		rIED TP Excess			0.00		Driver is Covered?		Covere	đ		
Additional Excess	0												
ocal CO Excess Applicable	600.00		Total TP Excess Ap	plicable		0.00							
♥ Benefits													
♥ GST Registered Informa	ation												
ST Registered	No				GS	Registration Date							
ST Registration No.						Status Verified		Yes					
lodification History													
Policyholder Mailing Ad	dress												
Address 1	BLK 433A #17-517	1	Address 2		SENGKAN	WEST WAY		Address 3		FERNY	ALE PALMS		
Address 4	SINGAPORE 791433	4	Address Type		Singapore	address		Post Code		79143			
Init No.	SUTURN SINE PRATES			han	50921155			T Wat Score					
			Related Policy Num	ber	50521155	79-02							
□ OI Driver Info					EST VIOLES								
Oriver Name	HII HOWE KING		Oriver Type		Named On			120177222					
nnamed driver Name			Oriver NR3C		\$8480954			Driver DOB		24/04/	1984		
egister Date of Driver License	29/10/2009		Onver Age		35			Driving Experience		9			
ontact No.(Mobile)	94388857	9	Contact No. (Office)	()	0			Contact No.(Home)		0			
Address 1	BLK 433A		Address 2		SENGKANO	WEST WAY		Address 3		FERNV	ALE PALMS		
iddress 4	SINGAPORE 791433		Address Type		Singapore	address		Post Code		79143	1		
Jnit No.	17-517												
Does he own a Singapore Registered car?	○ Yes ® No		Oriver Vehicle No.					Driver Insurer Comp	any:				
register ed car													
eclaration													
Breathalyser or Blood Test	0 mg	7	Any injury?		® Yes ○	No							
teading?													
Addition History													
Claim 001 New													
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Jaim Type *	00-MX		Insured Name		LOO SHIH	JT (LU SHIHUT )		Insured NRIC		58424	(12)		
ontact No.(Mobile)	85114141		Contact No.(Home)	ii.	63121825	11 4 7 14 83		Contact No.(Office)					
mail Address	jasmineloo_84@yahoo.com.sg	4	OI Vehicle Number		SLE1630G			TP Vehicle Number			671		
Salmant Type Claimant Type •	Please Select		Type of Benefit *		Please Sel	ect V							
laiment Name *			Claimant NRIC +										
Jaimant Address				1000									
laim Description	SLE1630G / SKC45673 ON 18 Oct	2019						Name of Preferred W	/arkshee	4			
referred Workshop Contact	THE PERSON OF THE OCH	A	noneglos)pa e. u						- areanop	-			
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Pate Registered	18/10/2019 18:08	3	Claim Close Date		R			Date Received		18/10/	2019 00:00		
eport Taken By	Jackson												
Print AK letter													
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9													
Vooident No.	MT/1067517		Claim F	Wo.		001							
ast Doc. Received	● Yes ○ No		Upload	Date		18/10/2019 18:09							
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