Date In: 24 0 9- 17: W			111 119 1415		
Dat No. 11.	Jeb description		Date & Time	: Completed	Done by
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Veh No: JKJSVIY7	E-mail (with	ia Shre, AIC Thrs)			
D.O.A: 271,0/9-07:45	i-Motor Cl	im Form	m110684	144-001	W/10/19 18:24
OD : (P) ! Reporting Only	i-Motor W	O (Wilhin: OD 2h	is, TP 4 his)		1. 1.
	i-Photo Up	onded			
TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax/Hand	to Owner VES	2	
Preferred Wksp / INC Assign Wksp / QW:			Tel	F	ax:
TP Particulars: Yeh No:	.67862.	. INC(	. )/Non-P	C( ).	17
Owner / Driver: (			7-1:	7/ <sub>1</sub>	)
	Period: (	)	Cover Type:		)
Confirmed by : (			Tin		)
Insured/Driver Liability: ( %)	[Note-Est, Status (	-	0%; P: 21-79	%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES	/ NO /	)		
	,000 ( ) / \$2,00			-	
General Remarks:-	· 大			essan faar	34 g.H., 1
( ) Walk-In Customer : Customer's in	formation strictly Co	ntidential A St		franciar	The state of the s
( ) Total Loss Case : to e-mail Insu		THE STREET OF CHILD	iony ivo isie	arepeaci.	
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Remarks:- (INC hotline: 6788 6616)	The second secon	The state of the state of	D the	nple/5d	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car (	)		*	
2) QC Check / Post Repair Inspection	(				
	and the state of t	1	-		
3) Upload Resurvey Photo [Repair Cost > 5	[3000]	1	1		
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Injury:  Date/Time Actions  Halford  Ha		Danie - A	ong Shreey (Results of The Allowance inclinations)	INC (\$90)  5 (10 Jan 2005)  5 (10 Jan 2005)	Ant (5) Ant

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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

ar scanner.	
	ACCIDENT STATEMENT
Date Of Report	24/10/2019 17:21
Date Of Accident	23/10/2019 07:45
Exact Location Of Accident	PIE (CHANGI) AFTER AIRPORT BLVD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ5514T
Insured/Policyholder	
Name Of Registered Owner	GO GIBO GO TRANS
Co Reg No	53334232E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98581640
Alternative Phone No	OFFICE-98581640
Vehicle Particulars	
Manufacturer	RENAULT
Model	FLUENCE 1.6L CVT ABS D/AB 2WD 4DR SR
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	5102159156-01
Cover Note Number	
Driver	
Name of Driver	GUTIERREZ GILVERTH OLALO
NRIC No	S7866796F
Date Of Birth	20/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581640
Fax Number	
Contact Number	OFFICE-98581640

NOEMAIL

Address

**BLK 443 TAMPINES STREET 43** 

#07-47

Postcode

520443

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

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

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)

2

Passenger 1

NAME:

: JERIC TAN GUAN HENG

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJZ9785D

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** 

**GUTIERREZ GILVERTH OLALO** 

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKJ5514T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Name

Postcode

# **DETAILS OF INJURED PERSON 2**

Name JERIC TAN GUAN HENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKJ5514T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# SKETCH PLAN

#### IMPORTANT NOTICE

- 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 withholding 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 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 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)

Lunderstand, 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 Indoctary 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.

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel

Name:

NRIC/FIN No.:

Vehile: 'A': SKT\_5514T '13': S52 97850

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	the stated of	tate & time, I which it was travelling along
PIE >	CHANGI toward	IS ECP. Front which stopped, I stopped.
Sidde.	ly after few ma	oments I felt an impact from the rear.
Then	I realised wehid	e B had rear ended my vehicle.
	ny pass	senger: Veric Tan Guan Heng S9417491J
	***	

he foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 33 / 10 / 2019 ) (DD/MM/YYYY), TIME: ( 07: 45 HHH:MM)
LOCATION: PIE (changi), after firport Bowlevara
DETAILS OF VEHICLE  GIVEHICLE NUMBER: SKJ SS14T  BJINSURANCE COMPANY: NTVC
GIPOLICY NUMBER:
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER GIND GO TYON (MART / FEMALE)
b)NRIC/FIN/PASSPORT: 53334236 SNTACT: 105-47 S(52044)
Male Shoof pessenge DRIVER GILVEN OLULO (MALE GEMALE)  On Male Cladeding driver)  ODD CLADERSS: 445 TOMPINES ST 43 707-47 S(570 443)
e)OCCUPATION: (INDOOR / OUTDOOR)  1)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY (TESTING) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. GIWEATHER CONDITION: [CER / RAINING / OTHERS]
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
Female He of passenger a) VEHICLE NUMBER: STZ 9785 D MODEL:  (III) O (Induding driver) b) DRIVER'S NAME:  CONTACT:
(Q1) 9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER;MODEL:
(Including driver) f) NRIC/FIN/PASSPORT:CONTACT:
email =
fax =

Scanned by CamScanner



## 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) Cover : drivo CLASSIC

Certificate Number: 5102159156-01

1. Index mark and Registration Number of Vehicle

: SKJ5514T

Chassis Number

: VF1LZB50TUC248556 : GO GIBO GO TRANS

2. Name of Policyholder

3. Effective Date of Insurance

: 17 Jul 2019

4. Expiry Date of Insurance

: 31 May 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)	: \$\$1,500
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A
THE PROPERTY OF THE PARTY OF TH	. DI EASE

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

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)

Agency

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 28 May 2019 11:40 hrs

Reprint

: 28 May 2019 11:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

Hello, NAC_PAYA_UBI_80	0601			Conversion			t Change	Languag	o i Chan	ge Password	· Log Ou
My Desktop		cy Query					Change	Languag	Chan	ge rassword	- Log Ou
Natice of Loss	Policy N	No.				Date o	of Accident		23/10/2019 (	07:45	
	Vehicle	No.(For Motor)	SK)551	4T		Certific	cate Number	[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102159156- 01		GO GIBO GO TRANS	53334232E	GPC	drivo CLASSIC	SK355141	SKJ5514T	17/07/2019	31/05/2020

Sequen	ce Date of Endorseme	ent E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
	ements						
<b>▶</b> Insure	d Object: SKJ5514T	.0000.000					
Jnit No.	07-47	Relate Numbe	d Policy er	5102159156-01			
Address 4			ss Type	Singapore address		Post Code	520443
Address 1	BLK 443 #07-47	Addres	55 2	TAMPINES STREET	43	Address 3	SINGAPORE 520443
Control Sarvinos	older Mailing Address	0.000	H-S/re-	000000000000000000000000000000000000000		Autourosones	Selevision (NSV) es respectivo
Info	0101 - 60021 - 1001						
Policy Info Certificate							
Open							
Co- insurance Flag	No						
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Type	Per Accident	Excess Own			2000		
ssue Date Excess	Per Accident	Date All Claims	5708.01M8.55	200/201211			V1077
Policy	28/05/2019	Effective	17/07/201	9 00:00	Expiry Date	31/05/2020 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 443 #07-47 TAMPINES ST	TREET 43 SINGA	PORE 5204	43			
Certificate No.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			in the contract of the contrac		
Policy No.	5102159156-01	Policyholder Name	GO GIBO C	GO TRANS	Policyholder NRIC	53334232E	

	laim Handling					
Marie   Mari	ccident HT/1068449		**************************************	CANON-	50.045-9 To 10.07	
Married   Marr		5102159156-01	Vehicle No.	SKJSS14T	GST Registration No.	
March   Marc						
Content No.					Policyhalder NRIC	
Section   Sect						0
Comment		98581640		0		
Companies   March		9230392 KOX		11/28/03/20	eCode	0.9
Manual					eCode Reason	
Actionate   240,00018   131   31   320,00018   32   320,00018   32   320,00018   32   320,00018   32   320,00018   32   320,00018   32   320,00018   32   320,00018   32   320,00018   32   320,00018   320,0001		No	NCD Entitlement(%)	30	Private Hire	Yes
Third And Andered   2010-2013   Third Andered Rhome   20145   Charty y Account   Singuisty   Singuis	Accident Details					
Continue	port Date	24/10/2019 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Triange   Tria	te of Accident	23/10/2019	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Part	porting Centre		Orange Force		ICM No.	
Standard Forces	ordent Location	PIE (CHANGE) AFTER AIRPORT BLVD				
	Total Excess Applicable					
20 Or Deces	cess Type	Per Accident	Windscreen Excess	100.00		
20 Or Deces						
Teach Paper	Standard Excess	2,000.00	TP Standard Excess	1,500.00		
Teal Picker   Package	D DD Excess	500.00	YIED TP Excess		Driver is Covered?	
Part	ditional Excess	0				
Post	al OD Excess Applicable	2500.00	Total TP Excess Applicable			
Magamatian   No	Benefits					
Marginan Prince   1970   197	GST Registered Inform	ation				
Part	Professional Control of the Control	No				
Part					Yes	
March   Marc	ification History	24/10/2019 18:21:41 Syst	em changed GST Status Verified fro	m No to Yes		
March   Marc	Paragraph Anggapangas	200				
March   Marc						
Topic		BLK 443 #07-47				
### OF Shriver Forfe    Ver Faring	dress 4		Address Type	Singapore address	Post Code	520443
Marie   Mari	t No.	07-47	Related Policy Number	5102159156-01		
State Chair   Surper   Surpe	OI Driver Info					
Divery Repartmine   10   Divery Repartmine	ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Select No.   Contract No.   Contra	named driver Name	GUTIERREZ GILVERTH OLALO	Driver NRIC	\$7866796F	Driver DOB	20/01/1978
Address   BUK 443   Address   TAMPORES STREET 43   Address   STREET 45   Address   STR	gater Date of Driver License	03/07/2009	Driver Age	41	Driving Experience	10
Address Type   Singapore address   Post Code   \$2043    1 No.   17-47	mact No.(Mobile)	98581640	Contact No.(Office)	0	Contact No. (Home)	0
The cours a Singapore or see the file of the course singapore or see the singapore or see the course of see the course or see the course or see the course of see the course or see the course of see the se	tress 1	BLK 443	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 520443
1	draws 4		Address Type	Singapore address	Post Code	520443
Driver Version No.   Driver	it No.	07-47	-	234		
Service of Blood Test of Blood		○ Yes (#) No	Driver Vehicle No.		Driver Insurer Company	
Any Injury?    Yes   No.	gistered cary	17 11 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	LTOSTESSCOTO			
diffication Hattory  Claim 601 New  Insured Name O GIBO GO TRANS Insured NRIC S33342328  Insured NRIC S3297850  Insured NRIC Please Select V Type of Enter Figure S465514T TP Vehicle Number S2597850  Insured Name * Insured NRIC P	claration					
Claim 601 Nex  ### Type *   D0-MX   Insured Name   O0 GIBO GO TRANS   Insured NBIC   \$33942328    #### Type *   NBL   Correct No. (Online)   Cortect No. (Online)    #### Address   O1 Venice Number   Sx5514T   TP Vehicle Number   S229785D    ###################################	eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Altachment  Print AX Lector  ANTI-COS Received  ANT	adings	80000	1950/1970/00	100000000000000000000000000000000000000		
Altachment  Print AX Lector  ANTI-COS Received  ANT						
Insured Name OO-MX V Insured Name OO GIBO GO TRANS Insured NRIC 53334232E  Market No. (Mobile) Nits. Corriect No. (Nome) Contact No. (Office) TP Vehicle Number 5227850  All Address Commant Type Please Sideut V Type of Dennite + Dennite + Please Sideut V Type of Dennite +	dification History					
Insured Name OO-MX V Insured Name OO GIBO GO TRANS Insured NRIC 53334232E  Market No. (Mobile) Nits. Corriect No. (Nome) Contact No. (Office) TP Vehicle Number 5227850  All Address Commant Type Please Sideut V Type of Dennite + Dennite + Please Sideut V Type of Dennite +	Claim 001 New					
Asket No. (Mobile) NEL Correct No. (Nome) OI Venicle Number SUSSIAT TP Vehicle Number SI29785D  Immare Type Columnat Type of Denate * Please Select  Immare Address Immare	Cisa Col					
Anato No. (Mobile)  NEL Correct No. (Nome)  Of Venicle Number  SUSSIAT  Type of Benefit * Please Select  Name of Preferred workshop  Name of Preferred workshop  Type of Benefit * Please Select  Type of Benefit * Type of Benefit * Please Select  Type of Benefit * T						
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