Date In: 29/13/19-1920		THIS 14247		
	Jeb description	Date &Time Completed	Done	by:
Ref No: Hallycigolalistu	SAS e-filing			
Veh No: Jhulbam	E-mail (within Shrs, AIC 2hrs)			*
D.O.A : 77/1/19-07:15	i-Motor Claim Form	m1106899~001	21/10/19	Posy
OD : TP! Reporting Only	i-Motor W/O (Within: OD 2hr			
OB ATT PERFORMING ONLY	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	j		
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 3403	187 . INC()/Non-INC()		
Owner / Driver: (Tel:)	-
Policy No: () Pe	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ()/NO ()		
	000()/\$2,000()			
General Remarks:-		illia propera parte de la	San Since	
() Walk-In Customer : Customer's info	rmation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur		N		
		audia Carl		
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO (); T	owing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/(Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	30001 ()	 		
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NA 1908 NA :	1) AR : Accident 2) DA : Darriege 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$60);	fá Bill 30) 0/ \$ 45	
NA 1908 (V): slimant's Particulars's:	1) AR : Accident 2) DA : Darriege 3) TF : Towing F 4) FT : Follow-Tr	Reporting (\$30); Assessment (\$100); INC (\$60); according Survey	fit Bill 80)	
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NA 1908 (V) alimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Darriege . 3) TF : Towing F 4) FT : Follow-Ti 5) if T : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idac DA + 8) NTUC Additio OD * *N5: Courtesy *N6: Repair Ct *N7: Fost Repu *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$6 ee \$40 brough Survey brough Survey (Resurvey) sainst INC Only (wef 10 Jan 2005 stion - SMRT Survey and Services	53 510	
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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.
- 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.
- 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.

aroresaid.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2019 17:50
Date Of Accident	27/10/2019 02:15
Exact Location Of Accident	LOWER DELTA RD TWDS SENTOSA
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL1601M
Insured/Policyholder	
Name Of Registered Owner	ANG POH HUAT
NRIC No	S1672560I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96633924
Alternative Phone No	OFFICE-96633924
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095796469-02
Cover Note Number	
Driver	
Name of Driver	CHERYL ANG HUI YI
NRIC No	S9548108F
Date Of Birth	29/12/1995
Occupation	INDOOR
Date Of Driving Pass	15/10/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
G-GCAPAGA AND GATTA AND THE STATE OF THE STA	CONTRACTOR

(LOCAL) +65-82007287

OFFICE-82007287

NOEMAIL

Address

BLK 156 YUNG LOH ROAD

#05-18

Postcode

610156

CHILDREN

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

NO

2

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

Passenger 1

NAME:

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

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SHC5138T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <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:
 - (i) 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:
 - 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.

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.:

SKETCH PLAN	LOWER COOP	111 UN	A KG BAHRAN ROOW	11121.
Vehicle A - Sal 160 Vahide B - SHC 5138				
				SENTOSA DIRECTION
7	totionary stopped of Road / KG 82hru Road	of the traffic d/M+ Fober Rd).	light junction of I was 24	the third
While coming_ Suddenly f.	to complete stup	2t the traffic t from the near	light (Rad Shows of my vahicle	n) junction.
Alighted fram plote rund vehicle, wh traffic lig	er of bool am	redized it was t) that collider e to a complete	2 rehide wi to the next e stop due t	of my
Jehide A Vehicle B	- SGL 1601 M			
DECLARATION I/We declare the forego	oing particulars are true in every	respect.		

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

/ehicle No.	SGL 1601 M Model / Make HUNDA GUIC
Pate of Accident	27/10/19
ime of Accident	OZ IS HRS
ocation of Accident	Lower DECTA RUGA Howard Sentusa direction.
xact purpose use during acci	dent Private Use.
Name of Owner	Any Poh Huzz
elephone No.	H/P: 96633924. Home: Office:
NRIC	516725601
Address	BUK 156 YUNG LOH ROAD, 405-18 5(610156)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5095796469-02
Name of Driver	As Above If No CHERGE AND HUI YI
NRIC	S 95 48108F Any Passengers: 1 (MALE)
Date of birth	29 DEC 1995 BENTHER - SUBUME.
Occupation	Outdoor / Indoor
Driving License Pass Date	15 007 2018
Gender	Male / Female
Contact No.	H/P: 82007287 Home: Office:
Address	BUR 156 YUNG LOH ROAD, #05-18 5 (610156)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Daughter
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who? MUNITURING / PRINCING.
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SHC 5138 T Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / No
Email Address	
Camera Recorder Email Address	Yes / No
PARTICULAR WORKSHOP	THINCAR AUTOMOTIVE PTE LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ign
	The state of the s



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: 5095796469-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: SGL1601M

Chassis Number

: JHMFD16306S211852

CHOSSIS HUITIDEI

: JHMFD16306S2118

2. Name of Policyholder

: ANG POH HUAT

3. Effective Date of Insurance

: 05 Sep 2019

4. Expiry Date of Insurance

: 04 Sep 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.

(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000

EXCESS (SECTION 2)

: \$\$2,000

WINDSCREEN EXCESS

: S\$100

INSURE WITH COE

YES

HIRE PURCHASE COMPANY

: TAI THONG LEE TRADING (PRIVATE) 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

: GRABCAR PTE. LTD. (00000601726)

Date of Issue

: 30 Aug 2019 21:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								Genera	lClaim		
Hello, NAC_PAYA_UBI_80	0601				The second secon	or other party of the last of	• Change	Language	• Chang	e Password	· Log Out
My Desktop Notice of Loss	Poli	cy Query									
	Policy N	No.				Date	of Accident	2	7/10/2019 02	15	
	Vehicle	No.(For Motor)	SGL160)1M		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095796469- 02		ANG POH HUAT	S1672560I	GCV	Comprehensive	SGL1601	SGL1601M	05/09/2019	04/09/2020
					8	Continue					

Policy No.	5095796469-02	Policyholder Name	ANG POH H	UAT	Policyholder NRIC	S16725601	
Certificate No.							
Address	BLK 156 #05-18 YUNG LOH ROA	D SINGAPOR	E 610156				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	30/08/2019	Effective Date	05/09/2019	00:00	Expiry Date	04/09/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 156 #05-18	Addre	ss 2	YUNG LOH ROAD		Address 3	SINGAPORE 610156
Address 4		Addre	ss Type	Singapore address		Post Code	610156
Unit No.	05-18	Relate Numb	ed Policy er	5095796469-02			
Insure In	d Object: SGL1601M						
	ements						
	ce Date of Endorsemen	a At	Endorsement	594000-4000	Endorsement	1900000-14	Endorsement Content

Section Sec	Claim Handling									
Marchander Name	Accident MT/1068992									
Mary Burden	Policy No.	5095795469-02	Vehicle No.	SGL1601/	M;		GST Registration No.			
Company Com										
Control by College Control by College Control by College C							Policyholder NRIC			
Security					ensive					
March Mar		96633924		0			Contact No.(Home)	0		
Marche March Mar		tion statement to the		17.736.7791.236				10.30		
## Accident Tayon ## STATE				50 50						
March Marc		No.	NCD Emplement(%)	20			Private Hire	Yes		
The Mark Allacer 20,000 PD The Mark Allacer Strome 10 PB 10		100000000000000000000000000000000000000	10000000000000000000000000000000000000							
Common										
Total Forces Applicable Final Price Management Ma		27/10/2019		.05:12				Singapore		
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### Case	ital OD Excess Applicable	2000.00	Total TP Excess Applicable							
Magnetime Magn										
Magnetime Magn		ition								
Part				GS	T Registration Date					
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Address 2	odification History									
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September Sep		BLK 156 905-18								
10		W. 48.		and the same			Post Code	610156		
Driver Type		95-18	Related Policy Number	50957964	69-02					
Married driver Name CHERN, ANG HULL VI		United Driver	Driver Tyre	Unnamed	Drivar					
Driver Date of Driver License 15/10/2019 Driver Age 27 Driver Experience 1							Driver DOB	29/12/1995		
March No. (Mobile) 8.2007;897										
Address 1 BLX 136 Address 3 VING LOH ROLD Address 3 SINGAPORE 910156 Motes 4 Address Type Singapore address Prot Code 6:0136 Motes 4 No. 05-18 Singapore address Dispapore address Dispapore address Dispapore address Dispapore address Dispapore Dis										
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Driver Vehicle No. Driver		OS-18	Maria Maria				rost ause	010130		
Any injury?	oes he own a Singapore		Driver Venicle No.				Dougs Interes Company			
Any Impury?	egistered car?		Direct to the desired				sover master company			
Claim 001 New Claim	eclaration									
Claim 001 New Claim 001 New Claim 001 New Performed Name ANG PCH HUAT Induced NRIC Su6725601	reathelyser or Blood Test	0 mg	Any injury?	○ Yes ⑥	No					
Claim 001 New am Type * DD-MX	county.									
Claim 051 New Amn Type *	ediference stieren.									
Topured Name ANG POH HUAT Insured NRIC S16725600 S633924 Contact No. (Mobile) S633924 Contact No. (Mobile) S633924 Contact No. (Mobile) S652931 Contact No. (Office) The Venicle Number SHC5338T Name of Preferred Workshop Name of Preferred Workshop Received SHC5338T Received Date Received SHC5338T The Venicle Number SHC5338T The Venicle Number	odification History									
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amain Type Claimant Type * Please Select ▼ Type of Benefit * Please Select ▼				-				districts.		
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