	itre Services wet 1 James	NATION		700					
Date In: 13 11 19 -14: 15	Jeb description	Date & Time Completed	Don	e by					
Res No: NA INCIG . 20128/24	SAS e-filing								
Veh No: JKMgy E	E-mail (within Shrs, AIC 2hrs)			-					
D.O.A : Muly 181/2	i-Motor Claim Form	וכר מפון דפון ראו	וווווו	KV.VI					
	i-Motor W/O (Within: OD 2hr	s, TP 4brs)							
OD TP Reporting Only	i-Photo Uploaded								
TDI	Assessment/Survey Report								
TP Insurer:	Ass't Report by Fax / Hand	rt by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:						
TP Particulars: Veh Noil 2	STIVL INC)/Non-INC().							
Owner / Driver: (Tel:)						
Policy No: ()	Period: ()	Cover Type: ()						
Confirmed by : (Date:	Time:)						
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]						
Year of Registration: ()	Warranty: YES () / NO ()							
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()								
General Remarks:-									
4. 440.4.2.14.4.4.0.00.4.00.240042.04.1.00.0446.04.4.2.14.4.2.144.00.00.044.4.4.00.040.044.04.044.04.04									
() Walk-In Customer: Customer's in		rictly NO reter of repairer.							
() Total Loss Case : to e-mail Inst	urer URGENTLY.								
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO (); T	owing Co: (- 4)					
			VIANOVA SERVICE	(1) The last of th					
Hambelton HNC hadless (799 KC1C)	y a benefit for a series of the common property of the common of the com	Date & Time Completed	and Bone	thy -					
		Date&Time Completed	Done	by					
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Time Completed	Done	by -					
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed		yby -					
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Time Completed	Done	s)by					
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done	Sph					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		Done	Spy					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()	Date&Time Completed	Done	Spy					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		Done)by					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	() \$3000] ()		Done)by					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		Done)by					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		Done)by					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	() \$3000] ()		Done)by					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	() () () () ()		Ant(s)	Amti					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	paration Checklist		Ami					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	paration Checklist	Anit (5)	Amt					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Anit (5) Tsi Bill (345)	Ami					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Lamant's Particulars :- iver/Owner:	Courtesy Car (paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 through Survey through Survey (Resurvey)	Anit (5) Tst Bill 0) 745 120 530	Amti					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions alimant's Particulars :- iver/Owner:	/ Courtesy Car ()	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 chrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	Ant (5) The Bill (545) 1200 530	Ami					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Inimant's Particulars :- river/Owner:	Courtesy Car ()	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 erough Survey arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion et SMRT Survey	Anit (5) Tst Bill 0) 745 120 530	Amti					
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Inimant's Particulars :- river/Owner:	Courtesy Car () () \$3000] ()	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 erough Survey arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion et SMRT Survey	Ant(5) The Bill 0) (545) 1200 530	Amti					
1) Apply for Transport Allowance () (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 et and the survey expenses of	Ant(5) The Bill 0) (545) 1200 530	Amti					
1) Apply for Transport Allowance () (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey)	Ant (3) Fit Bill 0) (345 1:20 \$30 \$75 1:60 \$51	Amti					
1) Apply for Transport Allowance () (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 etc.) SMRT Survey (wef 10 Jan 2005 etc.) Car / Tpt Allowance conditation of Inspection	Ant(5) Tst Bill 0) S45 120 \$30 \$75 160 \$510 \$525	Amt(
1) Apply for Transport Allowance () (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 erough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (wef 10 Jan 2005 erough Survey) Rejust INC Only (we	Ant (3) Fit Bill 0) (345 1:20 \$30 \$75 1:60 \$51	Amt(
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Courtesy Car () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 except \$4	Ant (5) Tst Bill 0) (545) 1200 530 575 160 53 510 525 53	Amt () Add B					

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.
- 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.
- 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	13/11/2019 14:25
Date Of Accident	12/11/2019 18:10
Exact Location Of Accident	BKE TWDS WOODLANDS BEFORE DAIRY FARM EXIT
Country/State of Loss	SINGAPORE
48 Most particular designation of the Control of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM94E
Insured/Policyholder	
Name Of Registered Owner	KEYPOINT PRINT MEDIA PTE LTD
Co Reg No	200804387N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93871462
Alternative Phone No	OFFICE-93871462
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0I-L CVT AWD SR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112217254
Cover Note Number	
Driver	
Name of Driver	SIM KIM HOE

 Name of Driver
 SIM KIM HO

 NRIC No
 \$1664962G

 Date Of Birth
 22/06/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 14/08/1985

Driving Experience 34 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93871462

Fax Number

Contact Number OFFICE-93871462

EMail Address NOEMAIL

BLK 356 CLEMENTI AVENUE 2 Address

#15-279

120356 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

Was any other material or property damaged?

YES NO

NO

2

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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

SLZ5714L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SOH JOON CHING

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SIM KIM HOE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

SKM94E

BODY

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - 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)

Den.

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

I/We declare the 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.:

ehicle No.	SKM 94E Model/Make Subaru Forester.
Pate of Accident	12/11/19.
ime of Accident	18 10 . HRS
ocation of Accident	BKE towards abodlands befor Darry Farm Exit.
xact purpose use during ac	
Name of Owner	Keypoint Print Media Pte Ltd.
elephone No.	H/P: 9387 1462 · Home: Office:
VRIC	20080438T N .
Address	57 ubi Ave 1 #03-10 ubi Centre (3) 408936.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5112217254.
Name of Driver	As Above If No, Sim Kim Hoe.
NRIC	S 1664962 G. Any Passengers: N.A.
Date of birth	22/06/1964.
Occupation	Outdoor / Indoor
Driving License Pass Date	14/08/1985.
Gender	Male / Female
Contact No.	H/P: 9387 1462 · Home: Office:
Address	BLK 356 Clement: Are 2 415-279 (8)120356.
Driver have any own vehicl	
Relationship	Employee, If no, state Owner .
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Sim Kin Hoe (H/P: 9387 1462)
Name And Contact No.	
Police Report	No,.) If Yes, Where?
Vehicle B No.	SLZ 5714 L. Any Passengers: Not sure.
Name of Driver	Soh Joon Ching 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	N-9 Witness Contact: N.A.
Accident Portion	Rear Portion-
Camera Recorder	(195) ND Retriving.
The second secon	
Email Address	Chris. sim@ keepartool. com. sq
Email Address	Chris.sim@ keppdentppl.com.sq
PARTICULAR WORKSHOP	Twencar
	Twinar 6842 0051 / 6744 0510
PARTICULAR WORKSHOP	Twencar



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5112217254

The Policyholder

: KEYPOINT PRINT MEDIA PTE. LTD.

57 UBI AVENUE 1 #03-10 UBI CENTRE SINGAPORE 408936

Period of Insurance

31 Aug 2019 To 30 Aug 2020

Sum Insured

Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,412.76

Interest Insured

Cover Type Primary Driver drivo CLASSIC SIM KIM HOE

Named Driver (1) Named Driver (2) GOH SUAN MUI

SIM BO WEN

SUBARU/FORESTER

Capacity

: 2000cc

Make/Model

SKM94E

Registration Year

2018

Registration Number

YV1FS48HBE2280250

Off-peak Car

Chassis Number Repair at Owner's Preferred Workshop :

Insure with COE

Excess (Section 1)

N/A N/A NCD Entitlement

: 50%

Excess (Section 2) Windscreen Excess

NCD Protection

Additional Excess

5\$100

Unnamed Driver Excess

: N/A

Hire Purchase Company

: Please refer to Terms and Conditions : HONG LEONG FINANCE LIMITED

Optional Cover

Transport Allowance

: No

Excess Waiver Yes

Memo A: 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : M8

Agency

GOH PEI SAN (00000602573)

Date of Issue

: 27 Aug 2019 12:47 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



Policy No.	5112217254	Policyholder Name	KEYPOINT	PRINT MEDIA PTE. LT	Policyholder NRIC	2008043871	N
Certificate No.							
ddress	57 UBI AVENUE 1 #03-10 UBI	I CENTRE SINGA	PORE 40893	6			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	27/08/2019	Effective Date	31/08/2019	00:00	Expiry Date	30/08/2020	23:59
ype	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore DD Excess	0.0	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	GOH PEI SAN	Agent Tel.	83224649		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Policy Info Certificate Info							
Policy Info Certificate Info Policyh	older Mailing Address	374			-		CINCADONE ADDOSE
Policy Info Certificate Info Policyh Address 1	oolder Mailing Address 57 UBI AVENUE 1	Addre		#03-10 UBI CENTR		Address 3	SINGAPORE 408936
Policy Info Certificate Info Policyh Address 1		Addre	ss Type	#03-10 UBI CENTR Singapore address		Address 3 Post Code	SINGAPORE 408936 408936
Policy Info Certificate Info		Addre	ss Type ed Policy				
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	57 UBI AVENUE 1	Addre Relate	ss Type ed Policy	Singapore address			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	57 UBI AVENUE 1 03-10 d Object: SKM94E	Addre Relate	ss Type ed Policy	Singapore address			
Policy Info Certificate Info Policyh Inddress 1 Intured Insured	57 UBI AVENUE 1 03-10 d Object: SKM94E ements	Addre Relate Numb	ss Type ed Policy	Singapore address 5112217254		Post Code	

Claim Handling						
DICY NO.	5112217254	Vehicle No.	SKM94E		GST Registration No.	
etricate No.	2112217234	venice no.	367346		dia i seguiración sp.	
icyholder Name	KEYPOINT PRINT MEDIA PTE. LTD.				Poscynoider NRIC	200804387N
		743374.03		0010		0
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Brivo Qua	ADDIC.	Loading	
intact No. (Mobile)	93871462	Contact No. (Office)	0		Contact No.[Home]	0
nail Address		Special Remark			eCode	11.4
K	® No ○ Yes	TEA	® No □	Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	50		Private Hire	No
Accident Details						
port Date	13/11/2019 14:42	Acodent Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
ine of Accident	12/11/2019	Time of Accident hh:mm	18:10		Country of Accident	Singapore
porting Centre		Grange Force			IOM No.	
cident Location	SKE TWOS WOODLANDS BEFORE DAIRY					
Total Excess Applicable						
свях Туре	Per Accident	Windscreen Excess		100.00		
100 1000				1.5000		
) Standard Excess	0.00	TP Standard Excess		0.00		
ED OD Excess	0.00	VIED TP Excess		0.00	Driver is Covered?	Covered
Iditional Excess.	0.0	The state of the state of				
tal OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
	9,00	Total 17 Cacess Appacable		0,00		
Benefits			-			
verage cess Waiver				um Insured 19999999.90		
SST Registered Informa	whom		- 3			
	Yes		54	ST Registration Date	09/03/2009	
ST Registered ST Registration No.	200804387N			ST Status Verified	Yes	
odification History		otem channel GST Registered from t			0.000	
	13/11/2019 14:46:18 5)	stem changed GST Registered from I intem changed GST Registration No. I istem changed GST Registration Date	from null to 3	200804387N		
Policyholder Mailing Ad		stern changes out magazination pare	SOME THAT TO	V3X-04-80-0-2		
		Address 2	402 401	UBI CENTRE	Address 3	S1NGAPORE 408936
ddress t	57 LIBI AVENUE 1					
ddress 4		Address Type	Singapor		Post Code	408936
NT NO.	03-10	Related Policy Number	5112217	254		
OI Driver Info						
river Name	SIM KIM HOE	Driver Type	Main Driv			
nnamed driver Name		Driver NRIC	5166496	56	Driver DOB	22/06/1984
egister Date of Driver Cloerde	14/08/1985	Driver Age	55		Oriving Experience	34
intact No. (Mobile)	93871462	Contact No.(Office)	0		Contact No.(Home)	0
ddress 1	BLK 356	Address 2	CLEMENT	TI AVENUE 2	Address 3	SINGAPORE 120356
ddress 4		Address Type	Singapon	e address	Post Code	120356
init No.	15-279					
pes he own a Singapore		Driver Vehicle No.			Oriver Insurer Company	
egistered car?	☐ Yes ® No	Univer vertice no.			Dilver yieurer Company	
sciension						
reathalyser or Blood Test			6			
eading?	D mg	Any injury?	⊕ Yes C) No		
odification History						
Construction Boards						
Claim 001 New						
laim Type *	OD-MX	Insured Name	KEYPOON	IT PRINT MEDIA PTE, LT	Insured NRIC	200804387N
ontact No (Mobile)	93871462	Comact No.(Home)	3,000,000		Contact No.(Office)	+
	Part ATMS	Ot venicle Number	SKM94E		TP Vehicle Number	5L25714L
riall Address			Please 5	March March	The section is a section of	MARKACATA:
aimant Type Claimant Type *	The state of the s	Type of Benefit *	Inease S	elect		
aimant Name *	22	Claimant NR3C *				
arment Address					The second secon	00: PT
aim Description	SKM94E / SLZ5714L ON 12 Nov 2019				Name of Preferred Workship	op .
eferred Workshop Contact		Insured Liability *	Not at F	ault v		
equire Finalisation	Yes	Preferered Repair Option	Preferre	d Workshop, Name unknown	GIA report	Mederyed
ate Registered	13/11/2019 14:47	Claim Close Date			Date Received	13/11/2019 00:00
eport Taken By	Jackson					
	5000					
2 Print AK letter						
			Save S	uomit		
Attachment						
NO STREET STREET						
9						
ccident No.	MT/1071194	Claim No.		001		
est Doc. Received	● Yes ○ No	Upload Date		13/11/2019 14:47		
AL SONS PERSONNEL		Supreme Leader				
	Patis +	\$1000000	1 person	Category *	The second secon	gency * Description
		Brows		Please Select	V Norm	
		Brows	Clea	Please Select	V Norm	
		Brows	C. Clea	r. Please Select	Norm	a v
		The state of the s	1.00	Blanca Salact		ar V

