	Jeb description	Dav	&Time Completed	Dor	e by
Ref No: LM - 10:01	SAS e-filing				
Rei No: Hal INC 100 20683 124	E-mail (within Shrs	A (C) 21-12		<u> </u>	1000
D.O.A: 21 hla 2013	i-Motor Claim I		ות נוכשו ביו	20110	13:12
D.O.A: 2/1/19 - 20:00		Le COT	10-42hc Lei	21/1/19	13.17
OD TP Peporting Only	i-Motor W/O (w		5)		
<u> </u>	i-Photo Uploade			-	
TP Insurer:	Assessment/Surve		ava.		
The state of the s	Ass't Report by F	ax / Hand to Own			
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars: Veh No: M	E8154		Non-INC ()	-	
Owner / Driver: (Tel	No.		
	Period: (r Type: (
Confirmed by : (ate:	Time:)	
	[Note-Est. Status (WO)		P: 21-79%. P: 80-	100%]	
Year of Registration: ()		/NO()			
	1,000 ()/\$2,000 () ************************************	and the transfer	PHI CHE	
General Remarks:-		THE PARTY OF THE P			·
() Walk-In Customer's in		ential & Strictly N	O refer of repairer		
() Total Loss Case : to e-mail Insu					
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO	(); Towing	Co: (1
Remarks:- (INC hotline: 6788 6616)		Date	&Time Completed	Don	c by
1) Apply for Transport Allowance ()	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
Injury:					
			MINERON CALENYONIN		A. C. S. S. C.
Injury : Date/Time Actions				e de la como	eri
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Date/Time Actions Almo 88 almant's Particulars:- iver/Owner:	1) / 2) I 2) I 3) 7 4) I 5) i F 6) 7 7) I	Voice Preparati AR: Accident Reporting AR: Darmage Assessing F: Towing Fee T: Follow-Through Sign claimating against IN TR: Re-inspection N1: Idae DA + SMRT VTUC Additional Serve	on Checklist. g (\$30); ent (\$100); INC (survey urvey (Resurvey) C Only (wef 10 Jan 20)	Anit (\$) fst Bill 580 40/\$45 \$120 \$30 25) \$75	Amt (3)
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Date/Time Actions Almo 88 ** Almant's Particulars :- iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	1)/221 3)7 4)1 5)1 6)7 7)7 3 8)1	Voice: Preparati AR: Accident Reporting DA: Darnage Assessm FF: Towing Fee FT: Follow-Through S For claiming against IN FR: Re-inspection N1: Idac DA + SMRT NTUC Additional Serv DD: N5: Courtesy Cer / Tp N6: Repair Co-ordina N7: Fost Repair Inspe	on Checklist g (\$30); ent (\$100); INC (\$ survey urvey (Resurvey) COulty (wef 10 Jan 200 Survey ices:- t Allowance tion ction ction	\$30 \$30 \$30 \$30 \$55 \$160 \$5 \$10 \$25	(5)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 1. 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.
- 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.
- 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/11/2019 10:01
Date Of Accident	21/11/2019 20:00
Exact Location Of Accident	CENTRAL BLVD TWDS RAFFLES QUAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD6123P
Insured/Policyholder	
Name Of Registered Owner	SOH GOOD SERVICES
Co Reg No	53344105J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96161431
Alternative Phone No	OFFICE-96161431
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102804290-01
Cover Note Number	
Driver	
Name of Driver	SOH KHENG LEONG (SU QINGLONG)
NRIC No	S7244343H
Date Of Birth	21/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1993

26 YEARS AND 9 MONTHS

(LOCAL) +65-96161431

OFFICE-96161431

MALE

NOEMAIL

BLK 122A SENGKANG EAST WAY Address

#10-43

541122 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3 NO

NO

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

SME8165A

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category CHIA KIAP LENG Name of Driver

NRIC/Passport Number

96649561 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SME4712Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

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 <u>correctly</u> 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.

SOH GOOD SERVICES

Policyhelder'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
Central Blod -> Refles arey
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<u> </u>
Stroits View
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was traveling along lested Stull toughts Rollies Dung on the extreme left in
of a 4- mes, and . Smeather before on Junton of straits Vice, I stopped my
runal is to compy to tracke red light ahead. Out of the section, I feet an
topics on the over polon of my valoue. Ofthe one impact, I alignoid and realized
I was grated on a chain contaction. With (B) had outstand after my relative and
Wh(L) has benzed ven 432
A - SMO 6123P R - SME 8165 A
C- SME HAZY
277 77129

DECLARATION

I/We declare the foregoing particulars are true in every respect.

SOU GOOD SERVICES

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.	SMO 6175 P Model/Make Honder Shutte
ate of Accident	Plulic
me of Accident	B-usem HRS
ocation of Accident	Central Bird tounds faftes any Refore strate View
xact purpose use during acci	
lame of Owner	Soin hood Services
elephone No.	H/P: 96161431 Home: Office:
IRIC	553441057
ddress	OD THIRD PARTY REPORTING ONLY
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	Nuc
ype of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft
Policy No.	5102804290-01
Name of Driver	As Above If No, Son Kheng Leung
NRIC	STZHHB43 H Any Passengers: NON
Date of birth	2/m/19tz
Occupation	(Outdoor) / Indoor
Driving License Pass Date	16121893
Gender	(Male) / Female
Contact No.	H/P: 9616145 Home: Office:
Address	AS GARR
Driver have any own vehicle	No, If yes, Reg No.
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.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SME BILS A Any Passengers: 01 (Senate)
Name of Driver	Critica Krap Long Contact No.: 9647956)
Vehicle C No.	SME HILZY Any Passengers : MI
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	Fear Bition
Camera Recorder	Yes / No
Email Address	softleng 50h khengleong @ yahoo com . 59
PARTICULAR WORKSHOP	No surveite 1/2
CONTACTNO	6842 0051 / 6744 0510
CONTACT NO.	
CONTACT PERSON	7, 7-5)



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189	ì
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5102804290-01 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SMD6123P

Chassis Number

N 50 H 1 11

2. Name of Policyholder

Effective Date of Insurance
 Evely Date of Insurance

Expiry Date of Insurance

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.

: GP71214518

: 28 Aug 2019 : 27 Aug 2020

: SOH GOOD SERVICES

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

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

HIRE PURCHASE COMPANY : INDEX CREDIT PTE LTD

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

: SAFE HARBOUR ENSURANCE (00000573456)

Date of Issue

: 27 Aug 2019 09:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech	GeneralC							lClaim		
Hello, NAC_PAYA_UBI_80	0601				Change Language				Change Password	
My Desktop	Policy Que	ery								
Notice of Loss	Policy No.				Date	of Accident		21/11/2019 2	0:00	
	Vehicle No.(For	Motor) SMD6:	123P		Certif	cate Number				
					Search					
	Select Policy	No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 510280		SOH GOOD SERVICES	533441053	GPC	drivo CLASSIC	SMD6123F	SMD6123P	28/08/2019	27/08/2020
				- 1	Continue					

olicy No.	5102804290-01	Policyholder Name	SOH GOOD	SERVICES	Policyholder NRIC	533441053		
ertificate								
ddress	BLK 122A #10-43 SENGKANG	EAST WAY RIV	ERVALE BANK	SINGAPORE 54	1122			
roduct Jame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
olicy ssue Date	27/08/2019	Effective Date	28/08/2019	00:00	Expiry Date	27/08/2020 2	3:59	
xcess ype	Per Accident	All Claims Excess						
hird Party excess	1500	Own damage Excess	2000.		Windscreen Excess	100		
Additional Excess	o	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess	
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	holder Mailing Address							
Address 1	BLK 122A #10-43	Addr	255 2	SENGKANG EA	ST WAY	Address 3	RIVERVALE BANK	
Address 4	SINGAPORE 541122	Addr	ess Type	Singapore addi	ess	Post Code	541122	
Unit No.	10-43	Relat Num	ed Policy per	5102804290-0	1			
) Insure	ed Object: SMD6123P							
	sements							
	Sequence Date of Endorseme		nt Endorsement Type				Endorsement Content	

Certificate No. Policyholder Name SOr Product Code Pkt Concact No. (Mobile) 963 Emai Address KPK ® NCD Protection No Accident Details Raport Date 22	02804290-01				
Certificate No. Policyholder Name SQr Product Code 9kt Concart No. (Mobile) 961 Email Address KFK. ® NCD Protection No. ***********************************	12804290-01				
vicunoider Name SOr voduct Code eki Contact No. (Mobile) 961 imai Address UFK 8 VCD Protection No Accident Details Seport DM16 22		Vehicle No.	SMD6123P	GST Registration No.	533441083
roduct Code PRI Contact No. (Mobile) 961 Imai Address IPK ® ACD Protection No Accident Details Report Date 22:					
Contact No. (Mobile) 963 Imai Address EPK ® ACD Protection No Accident Details Report Date 22:	H GOOD SERVICES			Policyholder NRIC	533441053
mai Address IPK ® ACD Protection No ✓ Accident Details Seport Date 22:	IVATE CAR INSURANCE	Cover Type	erwo CLASSIC	Loading	0
FFK (€) ACD Protection No ✓ Accident Details Report Date 22:	161431	Contact No.(Office)	0	Contact No.(Home)	0
CD Protection No Accident Details Seport Date 22		Special Remark		eCode	I w ×
Accident Details Apport Date 22	No O Yes	TCA	® No ○ Yes	siCode Reason	
Seport Date 22		NCD Encidement(%)	90	Private Hire	Yes
Date of Accident 21,	/11/2019 10:10	Accident Report Within 24 hrs	Yes	Academ Type	Chain Collision
	/11/2019	Time of Accident hhomm	20:00	Country of Accident	Singapore
teporting Centre		Orange Force		ICM No.	
coldent Location CB	NTRAL BLVD TWDS RAFFLES QUAY				
Total Excess Applicable					
xcess Type Per	Accident	Windscreen Excess	100.00		
DD Standard Excess	2,000.00	TP Standard Excess:	1,500.00		
TED OD Excess	500.00	VIED TP Excess		Driver is Covered?	
Additional Excess					
fotal OD Excess Applicable	2500.00	Total TP Excess Applicable			
♥ Benefits					
	N				
ST Registered	No		GST Registration Date	020	
IST Registration No.	200000000000000000000000000000000000000		GST Status Venfield	Yes	
Hodification History	33/11/2019 10:11:-29 Svite	m changed GST Registered from Vi m changed GST Registration No. fr	om:533441053 to null		
	22/11/2019 10:11:29 Syste	m changed GST Registration Date	from 17/08/4016 to full		
Policyholder Mailing Addres	**			ACAD - 1127 MC	RIVERVALE BANK
Address I BL	K 122A #10-43	Address 2	SENGKANG BAST WAY	Address 3	
Address 4 St	NGAPORE 541122	Address Type	Singapore address	Peak Code	541122
Unit No. 10	1-43	Related Policy Number	5102804290-01		
→ OI Driver Info					
Driver Name Un	named Driver	Driver Type	unnamed Driver		2007430000
unnamed driver Name 50	SH KHENG LEONG (SU QINGL)	Driver NRIC	\$7244343H	Driver DOB	21/11/1972
Register Date of Driver License 16	1/02/1993	Driver Age	47	Driving Expensance	26
Contact No. (Mobile) 90	1161431	Contact No.(Office)	0	Contact No.(Home)	0
Address I BI	K 122A	Address 2	SENGKANG EAST WAY	Address 3	RIVERVALE BANK
Address 4 SI	NGAPORE 541122	Address Type	Singapore address	Post Code	541122
Unit No 10	0-43				
Does he own a Singapore (C Registered car)) Yes ® No	Onver Vehicle No.		Driver Insurer Company	
Declaration					
Breathelyser or Blood Test 0 : Reading?	mg	Any mjury?	O Yes ® No		7.
Name of the second seco					
and the second of the second o					
Modification History					
Claim 001 New					
A CONTRACTOR OF THE PARTY OF TH					
r			SOH GOOD SERVICES	Insured NRIC	533441061
	ID-MX	Insured Nerre	SOH GOOD SERVICES	Contact No. (Office)	222772200
	ii.	Contact No. (Home)	0.0000	TP Vericle Number	SMEB165A
		Of Vehicle Number	SMD6123P Please Select	TO SECULIA HATTINGS	
Email Address	Nease Select	Type of Benefit * Claiment NRIC *	Press Service		
Email Address Claimant Type Claimant Type * P	22	Provided Labor			
Email Address Claimant Type Claimant Type * P Claimant Name *	MANAGEMENT OF THE STATE OF THE			Name of Preferred Workshop	
Email Address Claimant Type * P Claimant Name * Claimant Address					
Email Address Claimant Type Claimant Type * P Claimant Name * Claimant Address Claim Description	MD61239 / SME8165A ON 21 Nov 2019	200.0000000000	From the Provide County		
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