Date In: 17/11/9-15:46			NO. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	year or any	
111111111111111111111111111111111111111	Jeb description		Date &Time Completed	Done	DV.
Res No: NATHER - 20993/24	SAS e-filing		1		
Veh No: JUDTISTIC	E-mail (within Shr	rs, AIC 2hrs)			
D.O.A: 27/11/19-06:15	i-Motor Claim	Form	My 107546 DI	27/11/19 1	10:4
	i-Motor W/O (	Within: OD 2hr	s, TP 4brs)		
OD TP / Reporting Only	i-Photo Upload	led			
22.3	Assessment/Surv	ey Report			+0+=0 ==
TP Insurer:	Ass't Report by	Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 36	13852	. INC(	)/Non-INC( )	+	
Owner / Driver: (	.00.7		Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (Wo	O): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 (	)	-1		
General Remarks:-				South State	
( ) Walk-In Customer : Customer's	information strictly Confi	idential & S	trictly NO refer of repairer		
	surer URGENTLY.	33		*	
	pice: YES ( ) / NO	)( );	Towing Co: (		)
		Control of the State of the Control of the State of the S	4.5	1	
	/ Courtesy Car ( )				
Apply for Transport Allowance (     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )				
2) QC Check / Post Repair Inspection	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )				- Control Marie
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )			No. 10 April	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )			A CARACANE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )				
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( )	Invoice Pr	eparation Checklist	And (S) Tit Bill	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )	1) AR : Accide	nt Reporting (\$30);	In Bill	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )	1) AR : Accide 2) DA : Damag	nt Reporting (\$30); e Assessment (\$100); INC	In Bill	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Alagorate Particulars :-	( )	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow-	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey	(\$80) 540/545 \$120	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Alagory - Injury :  Injury :  Particulars :-  river/Owner:	( )	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow-	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Alamant's Particulars:- river/Owner:	( )	1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 section	(\$80) \$40/\$45 \$120 \$30 \$75	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Actions  Inimant's Particulars:-  river/Owner:	( )	1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D	nt Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 section 4 + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (95)	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  Actions  Inimant's Particulars:-  river/Owner:  ontact No:  hmäged Portion:	( )	1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D 8) NTUC Addi	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 section A + SMRT Survey lional Services	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  Actions  Inimant's Particulars:- river/Owner:  ontact No: amaged Portion:	( )	1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- 5) FT : Fullow- For claiming 6) TR : Re-insp 7) N1 : Idae D 8) NTUC Addi OD * *N5: Courte	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 section A + SMRT Survey tional Services	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  Inimant's Particulars :- river/Owner:  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	( )	1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- 5) FT : Fullow- For claiming 6) TR : Re-insp 7) N1 : Idae D 8) NTUC Addi OD *  *N5: Courte  *N6: Repair  *N7: Fost R	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 section A + SMRT Survey tional Services sy Car / Tpt Allowance Co-ordination epair Inspection	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Laimant's Particulars :- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): uditors! Comments :-	( )	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Fullow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD*  *N5: Courte  *N6: Repair  *N7: Fost R  *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 section A + SMRT Survey tional Services sy Car / Tpt Allowance Co-ordination epnir Inspection collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	\$3000]	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Fullow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD*  *N5: Courte  *N6: Repair  *N7: Fost R  *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 section A + SMRT Survey sional Services  sy Car / Tpt Allowance Co-ordination cpair Inspection collect Excess Coordination TP (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30	Amt (\$)

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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,

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	27/11/2019 13:46
Date Of Accident	27/11/2019 06:15
Exact Location Of Accident	PIE (CHANGI) BEFORE JURONG TOWN HALL RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGD3335K
Insured/Policyholder	
Name Of Registered Owner	UKCHOON
Co Reg No	53363806B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96702919
Alternative Phone No	OFFICE-96702919
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS PLUS (AUTO)
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**

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5104652098-01 Policy Number

Cover Note Number

### Driver

U KEH CHOON Name of Driver S7070589C NRIC No Date Of Birth 09/01/1970 OUTDOOR Occupation 09/06/1995 Date Of Driving Pass

24 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96702919 Mobile Number

Fax Number

OFFICE-96702919 Contact Number

NOEMAIL EMail Address

Address

BLK 852 JURONG WEST STREET 81

#11-317

Postcode

640852

OWNER

NO Was driver an employee of the Insured's Company

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JQT8857 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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:

. .

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191127/2066.

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

JQT8857

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 22

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKZ8415S

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)

#### SKETCH PLAN

#### 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:

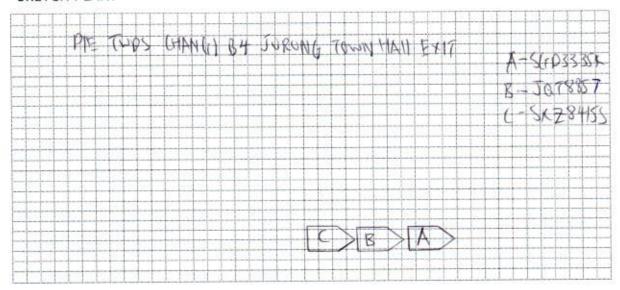
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) Date & Time: Reporting Centre Personne & Signature Name:

NRIC/FIN No.

## SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EXIT. VEHICLE AHEAD	LONG PIE TOWARDS CHANGI BEFORE JURONG TOWN HAI D SLOWED DOWN AND I FOLLOWED SUIT. MOMENT LATER
VEH B REAR-ENDED	MY VEHICLE.

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 .:

# **Accident Reporting Draft**

VEHICLE NO: SGD3335K

MODEL: TOYOTA PRIUS

DATE OF ACCIDENT	27/11/19
TIME OF ACCIDENT	0615 HRS AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS CHANGI BEFORE JURONG TOWN HALL EXIT
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	UKCHOON
CONTACT NO.	96702919
	53363806B
NRIC CLANA TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
CLAIM TYPE	
INSURANCE CO.	COMPREHENSIVE/, THIRD PARTY/ THIRD PARTY FIRE & THEFT
TYPE OF COVERAGE	COMPREHENSIVES THIRD PARTY THIRD PARTY FIRE & THEFT
POLICY NO.	XE4
NAME OF DRIVER	AS ABOVE / IF NO: U KEN CHOON
NRIC	S7070589C ANY PASSENGER: 1
DATE OF BIRTH	M (Unknow)
OCCUPATION	OUTDOOR INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	96702919 OFFICE: HOME:
ADDRESS	APT BLK 852 JURONG WEST ST 81 #11-317 S(640852)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO: OWNER
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY WET/ OTHER: DRY
ANY INJURIES	NO / IF YES:
CONTACT NO.	
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	JQT8857 ANY PASSENGER:
NAME	
CONTACT NO.	
VEHICLE C NO.	SKZ8415S ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Rudor
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
TANK.	Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20191127/2066

1013

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Vide Report No.: J/20191127/0044 Date/Time Report Made: 27/11/2019 12:43 162

ELL I IVEO	10.12,10			
Informar	nt's Particu	lars	AND THE RESIDENCE OF THE PARTY	STATE OF THE STATE OF
	Informant:		Address: APT BLK 852 JURONG WEST SINGAPORE 640852	r STREET 81 #11-317
ID Type	/ ID No.: 0 / S707058	89C	Contact No.: Home/Office:	Mobile: 96702919
Nationali		Company	Email:	
Sex: Male	Age:	Date of Birth: 09/01/1970	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat	-		Driving Licence Information: Class:	Date of Expiry:

Seneral Inform	mation of the Accident		Date/Time of	Type of Location:	
Type of Accident:	Injury Conveyed By Ambula	nce Drink No	Accident: 27/11/2019 06:20		
	EXPRESSWAY	ill exit		Road Speed Limit.	
Weather:	ingi berore sarong rem	Road Surface:		SECTION AND ADDRESS.	
Traffic Flow:	SANTER AND ARE	Traffic Control:		Traffic Volume:	
Type of Collis	sion:			Anyone conveyed by ambulance:	

Details of V			Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	COIO	Slightly	0
SGD3335K	Car				Damaged	

	THE RESERVE OF THE PARTY OF THE
Details of Person Involved	MADE AND THE PROPERTY OF THE PARTY OF THE PA
Any Pedestrian Involved: No	Lit. of Dedontrion Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin; Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999



2 of 3 Report No. T/20191127/2066

CONTINUATION OF REPORT

Driver		THE RESERVE	<b>上</b> 发展的			THE RESERVE OF THE PARTY
Name	U KEH CHOON			ID No		S7070589C
Related Vehicle	SGD3335K (Car)		Conta	ict No.	96702919	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	THE RESIDENCE OF THE PARTY OF T
No. of Days gran	ted Medical Leave	NIL	Degree of			Y - LINE DE LA COMPANIE

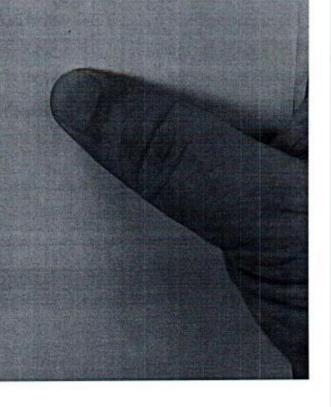
## Brief Details.

I was driving SGD3335k along PIE(Changi) before jurong town hall exit. I was on the rightmost lane. Suddenly a vehicle in front of me slowed down. I slowed down. Subsequently 2 cars behind me knocked onto my rear.

I alighted and take picture of the incident. My rear bumper is damaged.

Subsequently traffic police and ambulance come.

Traffic police seized the SD card of my in car camera.







Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20191127/2066

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

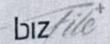
J /
Sgt 2 KOH ZHI ZHONG ABRAM

Signature Of Interpreter:
Not applicable

Date/Time:
27/11/2019 12:43

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 0547643H/GAPORE
Contact No.: 0547643H/GAPORE
Authentication Stamp
NP168

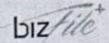
SIGNATURE



## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Duninges Profile (	Business) of U	KCHOON (53363806B)			Date: 31/05/2017			
The Following Are Th								
Name of Business		UKCHOON						
Former Name(s) if any								
Date of Change of Nan								
Registration No.		53363806B						
Registration Date		31/05/2017						
Commencement Date		31/05/2017						
Status of Business		Live						
Status Date		31/05/2017						
Renewal Date		Contract of the Contract of th						
Expiry Date		31/05/2018						
tenewal via GIRO	newal via GIRO NO							
Constitution of Busines			Sole-Proprietor					
Principal Place of Busin	ness	852 JURONG WEST #11-317 SINGAPORE (64085)						
Date of Change of Add	iress							
rincipal Activities								
Activities (I)		PASSENGER LAND AND TRISHAWS) (49		PRIVATE CARS FOR HIRE	WITH OPERATO			
Description								
ctivities (II)								
Description		1						
articulars of Author	ised Representativ	(P(S)	AND STREET, ST					
lame	ID.	Nationality	Address	Address Source	Date of Appointment			
xisting Sole-Proprie	tor(s) / Partner(s)	AND TO WHEEL						
arre	D	Nationality/Piace of	Address	Address	Date of Entry			
		incorporation/Origin		Source	Position			



## INFORMATION BESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of UKCHOON (53363806B)

Date: 31/05/2017

Existing Sole-Proprietor(s) / Partner(s) Name ID	Explored the second	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
					Position
U KEH CHOON	S7070589C	MALAYSIAN	852 JURONG WEST STREET 81	ACRA	31/05/2017
O RETIONS OF			#11-317 SINGAPORE (640852)		Owner

Withdrawn Partne					Control of the Control
lame ID	Nationality/Place of Address	Address Source	Date of Entry	Date of Withdrawal	
		incorporation/Origin	Source	Position	唐 1000000000000000000000000000000000000

### Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA170531005050

DATE

31/05/2017

This is computer generated. Hence no signature required.

<b>eBao</b> Tech							Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		The state of the last	• Cha	nge Languag	e + Chan	ge Password	· Log Out
My Desktop	<b>Policy Query</b>							
Notice of Loss	Policy No.			Date of Accident		27/11/2019 0	06:15	
	Vehicle No.(For Motor)	SGD3335K		Certificate Numb	er			
			S	earch				
	Select Policy No.	Certificate Policyholder Number Name	Policyholder NRIC	Product Cover Typ	e Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5104652098- 01	UKCHOON	53363806B	GPC drivo	SGD3335F	SGD3335K	19/10/2019	18/10/2020
			Co	ontinue				

olicy No.	5104652098-01	Policyholder Name	UKCHOON		Policyholder NRIC	53363806B	
ertificate		Name			NAMES .		
0.				640953			
ddress	BLK 852 #11-317 JURONG W	EST STREET 81	SINGAPORE	640852	C		
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy sue Date	26/09/2019	Effective Date	19/10/2019	00:00	Expiry Date	18/10/2020 2	3:59
xcess ype	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address					1720 NY 170	A41000 T 4 5 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address 1	BLK 852 #11-317	Addre	ess 2	JURONG WEST STE	REET 81	Address 3	SINGAPORE 640852
Address 4		Addre	ess Type	Singapore address		Post Code	640852
Unit No.	11-317	Relat	ed Policy per	5104652098-01			
Description of the Control of the Co	ed Object: SGD3335K						
D Insure	UN.						
D Insure	sements						

aim Handling						
ident MT/1073248						
cy No.	5104652098-01	Vehicle No.	9GD3335K	GST Registration No.		
oficere No.						
	UKCHOON			Policyholder NRIC	533638068	
Buct Code	PRIVATE CAR INSURANCE	Cover Type	drive Q.ASSIC	ipading	а	
tact No.(Mobile)	96702919	Contact No. (Office)	0	Contact No.(Home)	0	
HI Address		Special Remark		eCode	To V	
	No ○ Yes-	TCA	® No ○Yes	eCode Reason		
Protection	No	NCD Entitlement(%)	40	Private Hire	Yes	
Accident Details	177					
	27/11/2019 13:59	Accident Report Within 24 hrs	Yes	Academ Type	Chain Collision	
ort Date		Time of Accident Nh:mm	06:15	Country of Academ	Singapore	
e of Accident	27/11/2019		30110	ICM No.	WWW.	
orting Centre		Orange Force		TO-1 INV.		
ident Location	PIE (CHANGI) BEFORE JURONG TOWN HALL	RD EXIT				
Total Excess Applicable						
ess Type	Per Accident	Windscreen Excess	100.00			
			0.0-26600			
Standard Excess	2,000.00	TP Standard Excess	1,500.00			
D OD Excess	0.00	VIED TP Excess		Driver is Covered?		
ditional Excess	0					
el DO Excess Applicable	2000.00	Total TP Excess Applicable				
Benefits						
GST Registered Informa	ation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified	Yes		
diffication History	27/11/2019 14:00:57 Syste	m changed GST Status Venified fro	om No to Yes			
Policyholder Mailing Ad	dress					
dress t	BLK 852 #11-317	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640852	
dress 4		Address Type	Singapore address	Post Code	640852	
it No.	11-317	Related Policy Number	5104652098-01			
OI Driver Info	RACHAR					
	Urnamed Driver	Driver Type	Unnamed Driver			
yer Name		Driver NRIC	57070589C	Driver DOB	09/01/1970	
named driver Name	U KEH CHOON		49	Driving Expensence	24	
gister Date of Driver License		Driver Age		Contact No.(Home)	0	
ntact No.(Mobile)	96702919	Contact No.(Office)	0		SINGAPORE 640852	
dress 1	BLK RS2	Address 2	JURONG WEST STREET \$1	Address 3		
toress 4		Address Type	Singapore address	Post Code	640052	
Nt No.	11-317					
ses he own a Singapore	○ Yes ® No	Oriver Vehicle No.		<b>Driver Insurer Company</b>		
egistered car?						
claration						
reathalyser or Blood Test	Omg	Any injury?	() yes ® No			
sading?	Only	Total Tables	W. 1118			
dification History						
10 M						
Claim 001 New						
	ор-мх У	Insured Name	UKCHOON	Indured NRIC	\$33638068	
aim Type *				Contact No. (Office)	+	
ortract No.(Mobile)	96702919	Contact No.(Home)	E4003336H	TP Vehicle Number	)QT8857	
mail Address	ukchoontitan@gmail.com	OI Vehicle Number	5GD3335K	or welling number	Contract.	
almant Type Claimant Type •	- Annual Control of the Control of t	Type of Benefit *	Please Select			
aimant Name *	>>	Claimant NRIC *				
armant Address						
aim Description	SG03335K / 3QT6857 ON 27 Nov 2019			Name of Preferred Workshop		
eferred Workshop Contact		Indured Liability *	Not at Fault			
D.	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
equire Finalisation		Claim Close Date		Date Received	27/11/2019 00:00	
ate Registered	27/11/2019 14:01	Com Chie Dave				
eport Taken By	Jackson					
Print AK letter						
			Saus Sudamer			
			Save Submit			
Attachment						
•						
ocident No.	MY/1073248	Claim No.	001			
ast Doc. Received	® Yes ○ No	Upload Date	27/11/2019 14:02			
	Path *		Category *	Confidential Urg	ency * Descripti	
	10-40-50	Brown	Se Clear Please Select	V Norma	V	
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		Brow	Se Clear Please Select	V No V Norma	The state of the s	
		Brow	se Clear Please Select	V Norma	v	
			To Disas Select	V Norma		

