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TP Particulars: Veh No. 1 k	399977	INC ()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 30-	100%]	-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Date Of Accident 01/12/2019 15:55 Exact Location Of Accident ARTILLERY AVE ROUNDABOUT SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number PC7888D Insured/Policyholder Name Of Registered Owner KING'S LIMO 20 Reg No 5380889. MOEMAIL Mobile Phone No (LOCAL) +85-97765147 Vehicle Particulars Manufacturer MERCEDES-BENZ VITO115E EU4 WORKING WORKING WORKING No Please state action to be taken THIRD PARTY Enter Category BUS Manufact Company Jame of Insurance Company Jame of Insurance Company WORK NO NO CHAN HOONG Jeff Policy NO Sover Note Number Diviver Jame of Driver Jame of Driver Jeff No S9074847E Jeff Of Jeff Policy NO OCHAN HOONG Jeff No S9074847E Jeff Of Jeff Policy NO Jeff No S907487 Septience Jeff Of Jeff No NO Jeff No S907487 Septience Jeff Of Jeff No NO Jeff No S907487 Septience Jeff No WALE Jeff No S907487 Septience Jeff No WALE Jeff No WALE Jeff No S907487 Septience Jeff No WALE Je	《数字数据数字数据图图数数据图图	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number PC7888D Name Of Registered Owner Co Reg No	Date Of Report	02/12/2019 15:57
DETAILS OF OWN VEHICLE PC7888D Minior Mini	Date Of Accident	01/12/2019 15:55
Vehicle Registration Number PC7888D Insured/Policyholder Name Of Registered Owner KING'S LIMO Co Reg No 53380889L Small Address NOEMAIL Mobile Phone No (LOCAL) +65-97765147 Vehicle Particulars Manufacturer MERCEDES-BENZ VITO115E EU4 Vascet Purpose for which vehicle was being used at time of accident Var you claiming under your own insurance policy or repair to your vehicle? No No Vehicle Particulars Vehicle Category BUS Insurance Company Jame of Insurance Company Jame of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT Jefet Policy No Solicy Number Still 1118494 Dever Note Number Divier Jame of Driver Jame o	Exact Location Of Accident	ARTILLERY AVE ROUNDABOUT
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Occupation OUTDOOR Date Of Driving Pass 16/01/2019 Oriving Experience 0 YEAR AND 10 MONTH Gender MALE	NRIC No	S9074847E
Date Of Driving Pass 16/01/2019 Oriving Experience 0 YEAR AND 10 MONTH Gender MALE	Date Of Birth	05/01/1990
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Sender MALE	Date Of Driving Pass	16/01/2019
	Driving Experience	0 YEAR AND 10 MONTH
Achilla Nillandras	Gender	MALE
(LOCAL) +65-9/765147	Mobile Number	(LOCAL) +65-97765147

OFFICE-97765147

NOEMAIL

BLK 104 WOODLANDS STREET 13 Address

#08-214

Postcode 730104

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

2

NO

YES

NO

2

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191201/7020.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKB9997Z

Vehicle Make/Model/Colour

JAGUAR

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ENG YEW HAK

NRIC/Passport Number

S1176051A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Postcode

No. Of Passenger (Including Driver)

A STATE OF THE STA	DETAILS OF INJURED PERSON 1	Halank to
Name	LOO CHAN HOONG	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	PC7888D	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		

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.
- 3 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)

lunderstand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the 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 cialms;
 - (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 chalms. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Pale & Time: Driver's Signature

-fil driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN \$\$\$99972 vehicle DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.	
	500

VWe declarg the oregon particulars are true in every respect.

Polityholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No :

actions standarday from VS

Date of Accident Time: 1557PM (24-HR-Form				
Accident Place	Artillery Ave Roundabout			
Vehicle Rog. No. (Car Plate No.)	PC7888D			
Vehicle Make/Model	: Mercedes vitos			
Insurance Company	NTUC FORCY NO.			
Owner or Company Name /IC No.	: King's Limo (533808891)			
Owner or Company Contact No.	97765147 Owner's HpCompany Tel			
DRIVER'S Name / IC No.	: Loo Chan Hoong (59074 847E)			
DRIVER'S Date Of Birth : 05 01 1990 DRIVER'S License Pass Date				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner			
DRIVER'S Address	: BIK 104 woodlands street 13 # 02-214 5730104			
DRIVER'S Contact No / Alt No.	(1) 97765147 2)			
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office				
Entail Address : Admin @ mycar-sq				
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Purty \ Claim Own Insurance			
Number of Passengers (Including D	river): 07			
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES \ NO s being used at the time of accident: Private use \ Work purpose			
Other J	Party Driver's Particular (if anv)			
Vehicle Reg. No: SKB99972	Vehicle Reg. No:			
Vehicle Make\Model: Vehicle Make\Model:				
Name Driver: Eng Yew Hak Name Driver:				
IC No. Driver: \$1(7605\A	IC No. Driver;			
Driver's Contact & Add: Driver's Contact & Add:				

* Injuries 5 Days





1 of 3 Report No: T/20191201/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2019 22:02		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: LOO CHAN HOONG			Address: APT BLK 104 WOODLANDS STREET 13 #08-214 SINGAPORE 730104			
ID Type / ID No.: NRIC NO / \$9074847E		47E	Contact No.: Home/Office:	Mobile: 97765147		
Nationality: MALAYSIAN			Email: admin@mycar.sg			
Sex: Male	Age: 29	Date of Birth: 05/01/1990	Type of Informant: Driver			
Race: Chinese			Language: Institution / School N			
Occupation: PRIVATE HIRED DRIVER		RIVER	Driving Licence Information: Class: 3,4	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2019 15:55	Type of Location Roundabout
Location: ARTILLERY	AVENUE	Road Surface:		oad Speed Limit:
Clear Dry Traffic Flow: Traffic Control: One Way Not Controlled		T	raffic Volume:	
Traffic Flow: One Way		Not Controlled	L	ght

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC7888D	Van	MERCEDES BENZ	VITOS	Black	Seriously Damaged	1
SKB9997Z	Car	JAGUAR		Black	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191201/7020

CONTINUATION OF REPORT

Driver					P. Parks	
Name	LOO CHAN HOONG			ID No	0,27	S9074847E
Related Vehicle	PC7888D (Van)			Conta	act No.	97765147
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expin	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	01/12/2019 Date Dis			harge	01/12	2/2019
No. of Days granted Medical Leave 05			Degree of		Slight	

Brief Details.

On the stated time and date, I was traveling on my vehicle bearing car plate number PC7888D on Artillery Avenue on the inner left lane, when suddenly vehicle B bearing car plate number SKB9997Z made an abrupt left turn and collided pass the side of my vehicle. I felt strains on my neck and consulted the doctor after the accident, which I was then awarded a 5-Days MC. I wish to state that I have an in car camera that recorded the whole event.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191201/7020

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2019 22:02
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	

eBaoTech			GeneralClaim									
Hello, NAC_PAYA_UBI_80	0601				Charles Street		• Change	e Languaç	je • Cha	nge Password	· Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy 1	No.				Date o	of Accident		01/12/2019	15:55		
	Vehicle	No.(For Motor)	PC7888	PC7888D		Certificate Number						
					1	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5111118494		KING'S LIMO	53380889L	GBS	Third Party, Fire & Theft	PC7888D	PC7888D	19/07/2019	18/07/2020	
					(Continue						

19/07/2019 00:00		Basic Information Endorsement		Endorse	ment Take Effe	ective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Jul 2019, th following amendment(s) is/are
Sequence Date of Endorsement		Endorsement T		Туре	Endorsement :	Status	Endorsement Content
□ Endorse	ements						
♠ Insured	Object: PC7888D						
Jnit No.	08-214	Related	f Policy	5111118494			
Address 4		Addres	s Type	Singapore address	F	Post Code	730104
Address 1	BLK 104 #08-214	Addres	s 2	WOODLANDS STREE	ET 13 /	Address 3	SINGAPORE 730104
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	12/07/2019	Effective Date	19/07/201	9 00:00	Expiry Date	18/07/2020	23:59
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 104 #08-214 WOODLAND:	S STREET 13 S	INGAPORE 7	30104			
Certificate No.		Name			NRIC	33300032	
	5111118494	Policyholder	KING'S LI	40:	Policyholder	53380889L	

Claim Handling										
Policy No.	5111118494		Vehicle No.				QE2 340 000 100			
eroficate No.	24444444		Versca No.	PC7888D			GST Registration I	40.		
olicyholder Name	KING'S LIMD									
Product Code	BUS INSURANCE		P	-27000	**************************************		Policyholder NRIC		53380889	Ĺ
Contact No.(Mobile)	97765147		Cover Type		y, Fire & Theft		Loading			
Email Address	97793147		Contact No.(Office)	0			Contact No. (Home	9	0	
CPIC	Water Property		Special Remark	Windstein (1997)			eCode		11.4	
NCD Protection	® No ○Yes		TCA	® No □	ies :		eCode Reason			
	No		NCD Entitlement(%)	0			Private Hire		No	
Accident Details										
report Date	02/12/2019 16:12		Academ Report Within 24 hrs.	Yes			Academ Type		Collision -	Change / Cross lane
late of Accident	01/15/5019		Time of Accident hh:mm.	15.55			Country of Acciden	6	Singapore	
taparting Centre			Drange Force				ICM No.			
Accident Location	ARTILLERY AVE ROUNDABOUT	00								
Total Excess Applicable										
scens Type	Per Accident		Windscreen Excess		0.00					
O Standard Excess	0.0	0	TP Standard Excess		1,500.00					
IEO OO Excess	0.0	D.	VIED TP Excess				Driver is Covered?			
dditional Excess										
otal CO Excess Applicable	0.0	0	Total TP Excess Applicable							
▽ Benefits										
GST Registered Inform	ation									
ST Registered	No			GST	Registration Date					
ST Registration No.				651	Status Verified		Yes			
odification History										
→ Policybolder Mailing Ad										
ddress 1	BUK 104 #08-214		Address 2	WOODLAN	DS STREET 13		Address 3		SINGAPOR	E 730104
ddress 4			Address Type	Singapore	eddress		Post Code		730104	
Int No.	06-214		Related Policy Number	511111049	4					
OI Driver Info										
nver Name	Unnamed Driver		Driver Type	Unnamed C	ninee					
nnamed driver Name	LOO CHAN HOONG		Driver NR3C	590748476			Driver DDB		05/01/1990	s
rgister Date of Driver License	16/01/2019		Driver Age	29			Driving Experience		0	
ontact No.(Mobile)	97765147		Contact No.(Office)	0			Contact No. (Home)		0	
ddress 1	BLK 104		Address 2	WOODLAN	S STREET 13		Address 3		SINGAPORE	730104
ddress 4			Address Type	Singapore a	ddress		Post Code		730104	
nit No.	Q8-214									
oes he own a Singapore	○ Yes ® No		Driver Vehicle No.							
agistered car?	O THINGS THE		Section Control of the Control of th				Driver Insurer Com	pany		
eclaration										
reathalyser or Blood Test	0 mg		Any injury?	® Yes On	0					
eading?			And index 6	a re-Ci-	in the second					
odification History										
Claim 001 New										
Section of Breed										
		58								
aim Type *	OD-MX	I i	Insured Name	KING'S LIM	0		Insured NRIC		53380889L	
ontact No.(Mobile)			Contact No.(Home)	NIL			Contact No.(Office)			
nail Address		1	Of Vehicle Number	PC7888D			TP Vehicle Number		SK89997Z	
aimant Type Claimant Type *	Please Select 🗸		Type of Benefit *	Please Sele	et 🔻				J	
emant Name. *		22	Claimant NRIC *							
aimant Address			344000000000000000000000000000000000000							
em Description	PC7888D / SKB9997Z ON 1 Dec	2019					Name of Preferred V	Varkshap		
efferred Workshop Contact		1	Insured Liability +	Not at Faul	V					
quire Finalisation	Yes 🔍		Preferered Repair Option	and the same	orkshop, Name unknown	111	Ett me		Ta.	
ite Registered	02/12/2019 16:15		Claim Close Date	Printerines W	ANNE MARIE UNKNOWN	~	GIA report		Received	2000
port Taken By	lackson		CHIM CASE Date				Date Received		02/12/2019	0000
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Print AK letter										
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Attachment					second.					
cident Np.	MT/1073902		Cleim No.		001					
st Doc. Received	® Yes ○ No		Upload Date		02/12/2019 16:15					
			Spring Date				0.259.560.550			
	Path *			A married of	Category *		Confidential	Urgeni		Description
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