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Date In: 3 1-19- 15:55	Job description	İ	Date & Time Completed	Done	by
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Vch No: DEGIS	E-mail (within Shr	s, AIC 2hrs)			a
D.O.A: 4/1/19-11:40	i-Motor Claim	Form	M7/107498-01	S/m/19 16.	04
	i-Motor W/O (v	Vithin: OD 2ltrs, 7	'P 4hrs)		
OD TP Reporting Only	i-Photo Upload	ed			
122.1	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by I	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 5	79545R	. INC()/Non-INC().	- 8a	20 20 12 12 12 12 10
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC): N: 0-209	%; P: 21-79%. P: 80	-100%]	
Year of Registration: ())/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	The state of the s		
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() Walk-In Customer: Customer's in	nformation strictly Confid	dential & Stric	tly NO refer of repaire	r	
() Total Loss Case : to e-mail Inst	urer URGENTLY.	- October 100	and street		
Drive-In () / Towed-In (); Invo	ice: YES () / NO	(); To	wing Co: (+1)
Remarks; (INC hodine: 6788 6616)			Date&Time Completed	Done	by
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2) QC Check / Post Repair Inspection	()				
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1. 22 . 2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

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

NEW TOWNS OF THE CONTRACTOR	ACCIDENT STATEMENT
Date Of Report	05/12/2019 15:55
Date Of Accident	04/12/2019 21:40
Exact Location Of Accident	BUKIT BATOK ST 23 TWDS BUKIT BATOK EAST AVE 6
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF95B
Insured/Policyholder	
Name Of Registered Owner	POH AH SENG
NRIC No	S1495249G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94504933
Alternative Phone No	OFFICE-94504933
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095302985-02
Cover Note Number	
Driver	
Name of Driver	HUNG BOON PIN (HONG WENBIN)
NRIC No	S9245856C
Date Of Birth	06/12/1992
Occupation	INDOOR
Date Of Driving Pass	02/08/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE

(LOCAL) +65-83681749

OFFICE-83681749

NOEMAIL

Address BLK 231 COMPASSVALE WALK

#11-436

Postcode 540231

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

12000

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

contel

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

NO 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 SLJ9545R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SASIRAJ SO SOWARAJAN

NRIC/Passport Number S6844318J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name HUNG BOON PIN (HONG WENBIN)

Page 2 of 16

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJF95B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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.

Rollowd 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.:

DECLARATION

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

vehicle.

Policyholder's Signature Date & Time:

(If driver is not the policyhalder)

Date & Time:

Malls Signature Reporting Centre Per

Name: NRIC/FIN No .:

	SJF 95B Model/Make MERCO BENZ EVOO
Date of Accident	04 060 2019
Time of Accident	2140 HRS
Location of Accident	Bykit Batok East Ave 6
Exact purpose use during accid	dent Private Used
Name of Owner	POH AH SENG
Telephone No.	H/P: 94504933 Home: Office:
NRIC	\$ 14932499
Address	BIK 4, Shim mon Road #15-272 5'270005
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTUC
Type of Coverage (Comprehensive) Third Party Third Party / Fire / Theft
Policy No.	5095302985-02
Name of Driver	As Above If No, Hung Boon Pin
NRIC	8 9 2 4 5 8 5 6 C Any Passengers: 0
Date of birth	06/12/1992
Occupation	Outdoor // (Indoor)
Driving License Pass Date	02 AUG 2014
Gender (Male) / Female
Contact No.	H/P:83681749Home: Office:
Address	BIK 231, Compassiale Walk # 11-436 5:540
Driver have any own vehicle	(No,) If yes, Reg No.
Relationship	Employee, If no, state Friend
Weather condition	(Clear) Raining Other
Road Surface (Dry) Wet Other
Any Injuries	No, (If Yes,) Who? Hund From Pin
Name And Contact No.	
Name And Contact No.	
Police Report	No, (If Yes, Where?
Vehicle B No.	SLJ 9545R Any Passengers: O
Name of Driver	Sasiraj so sowa Rajamact No.: 1/2 6844318J
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	
Accidentiation	Yes /(No
Camera Recorder	100/114



Certificate of Insurance

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

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

Certificate Number: 5095302985-02 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJF95B

Chassis Number : WDD2122472A532136

 2. Name of Policyholder
 : POH AH SENG

 3. Effective Date of Insurance
 : 25 Nov 2019

 4. Expiry Date of Insurance
 : 24 Nov 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 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 : POH AH SENG

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAI THONG LEE TRADING (PRIVATE) LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : IVAN INSURANCE AGENCY PTE, LTD. (00000614519)

Date of Issue : 20 Nov 2019 10:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech			GeneralClaim								
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY.	A THE REAL PROPERTY.		· Change	Langua	ge 'Chi	inge Password	Manager of the last
My Desktop	Poli	cy Query									S 2000
Notice of Loss	Policy I	No.				Date o	r Accident		04/12/2019	21:40	
	Vehicle	No.(For Motor)	SJF958	3		Certifi	cate Number				
					100	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095302985- 02		POH AH SENG	51495249G	GPC	drivo CLASSIC	S3F958	SJF95B	25/11/2019	24/11/2020
					C	ontinue					

Sequenc	Date of Endorsement	E	ndorsement	Туре	Endorsement :	Status	Endorsement Content
▼ Endorse	ements						
Insured	Object: SJF95B	T-MINUTES					
Init No.		Related Number	f Policy	5095302985-02			
ddress 4		Addres	s Type	Singapore address		Post Code	270004
ddress 1	BLK 4 #15-272	Addres	s 2	GHIM MOH ROAD	,	Address 3	SINGAPORE 270004
Policyh	older Mailing Address						
Certificate nfo							
olicy Info							
lag	2000						
Co- nsurance	No						
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third Party		Own					
Excess	Per Accident	All Claims			8555	W 28	
Policy Issue Date	20/11/2019	Effective Date	25/11/2019	9 00:00	Expiry Date	24/11/2020 2	73:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 4 #15-272 GHIM MOH ROA	D SINGAPORE	270004				
Certificate No.		Marine			NKIC	STEARNESS CO.	
Policy No.	5095302985-02	Policyholder Name	POH AH SE	ENG	Policyholder NRIC	S1495249G	

March	laim Handling					
## STATE OF THE PROPERTY OF T	ccident MT/1074498					
## PARTICIPATION PARTICIPAT	plicy No.	5095302985-02	Vehicle No.	SWASH	GGT RAGIFFANO No.	
MOUNTED CATE MOUNTED CATE DIRECTIONS Desire Type Desire Cate Desire Type D	orbificate No.			6)* 330	GST Registration No.	
MOUNTED CATE MOUNTED CATE DIRECTIONS Desire Type Desire Cate Desire Type D		BOH AN SENS				
Section 10 (1996) Sect					Policyholder NRIC	51495249G
Septiment Sept			Cover Type	Drive CLASSIC	Loading	0
Second Second		94504933	Contact No.(Office)	٥	Contact No. (Home)	0
Comment Comm	ari Address		Special Remark		ecode	NO VI
Part Part	K	® No ○ Yes	TCA	No (Yes	eCode Reason	
### Manual Process	D Protection	No	NCD Entitlement(%)	- 17 CT T T T T T T		44
Marticle Marticle	Accident Details		The Control of the		Private Hire	NO
March Marc	port Date	05(12/2010 16:03				
Section Control Found Found Found Found Control Found Found Control Found Found Control Found Fo			Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
March Marc	in of Accident	04/12/2019	Time of Accident Ith:mm	21:40	Country of Accident	Singapore
The Internal Property Service Build Servic	porting Centre		Orange Force		JCM No.	
Marchane Friends	ident Location	BUKIT BATOK ST 23 TWDS BUKIT BATOK	EAST AVE 6			
Marchane Finances	Total Excess Applicable					
Marcian Financian	ess Tyne	Car Arridant				
Common C	1,000	Per Accident	Windscreen Excess.	100.00		
Common C	Standard Evrany	****	Page System System			
Total 17 Course Applicable				0.00		
Contract 100 Delay 100 D		2500.00	YIED TP Excess		Driver is Covered?	
Note	Itional Excess	o				
No	H OD Excess Applicable	3100.00	Total TP Excess Applicable			
Note	Benefits					
March Mar	GST Registered Inform	ation				
Marche March Ma	Registered	No		GST Registration Date		
Part Part	Registration No.				Yes	
## 1	Reston History				33,000	
March Mar						
## PACE MATERIAL	Policyholder Mailing Ad	dress				
Mode			8.880.00 T	Opening and the second		
Bellet Park Number 2005 2028-5-22		BLK 4 #15-272	Address 2	GHIM MOH ROAD	Address 3	SINGAPORE 270004
## Passe University Univer			Address Type	Singapore address	Post Code	270004
## Name ## Hand Officer ## Driver Type ## Driver Marc ## Browner Hanne ## Hand Browner Hanne ## Hand Browner Hanne ## Hand Browner Hanne ## Hand Browner Hanne ## Hand Browner Hanne ## Driver Marc ## D	t Na.		Related Policy Number	5095302985-02		
### BINDER MARKER ### BINDER BOOM PRIN (YCRIC MERNE) ### Direct Locates of Direct Locates of Direct Locates of Direct Locates of Direct Locates of Direct Locates of Direct Locates of Direct Role of	OI Driver Info					
### Direct Age of Driver Locals O2/08/2014 Driver Age 26	er Name	Unnamed Driver	Driver Type	Unnamed Driver		
Section Process Contract No. (1999a) Section	amed driver Name	HUNG BOON PIN (HONG WENS)	Driver NRIC		Orivet DOB	06/12/1992
State No. Markets State Stat	uter Date of Driver License	02/08/2014	Driver Age			
March Marc	tact No. (Mobile)	83681749				
Address Type No.						0
11-136		BLX 231		COMPASSVALE WALK	Adpress 3	SINGAPORE 540231
and to me a singapore of the least steel car? Any injury? Any injury			Address Type	Singepore address	Post Code	540231
Intervention Name Intervention		11-436				
Any ingury? Any ingury? Yes No Any ingury? Yes		○ Yes No	Onver Vehicle No.		Driver Insurer Company	
Any ingury? Any ingury? B Yes ○ No Any ingury? Any ingury? Any ingury? B Yes ○ No Any ingury? Any ingury? Any ingury? B Yes ○ No Any ingury? Any ingury? B Yes ○ No Any ingury? Any in						
## Press Series Press Series Pr	leration					
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Insured Name OD-MX Insured Name OD-MX Insured Name OD-MAH SEWG Insured NAID S1495249G Centact No. (Home) S1295300 Centact No. (Office) 67594810 TP Vehicle Number S1998 TP Vehicle Number S1998 TP Vehicle Number S1994 SI TP Vehicle Number S1994 SI TP Vehicle Number S1995 SI TP Vehicle	ong/.	3400	mile opacy	51604		
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Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name OD-MX Insured Name In	ification History					
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