	itre Services- [wet 1 Jan'05]	14119 162491	32	0
Date In: 6/2/14-14:04	Jeb description	Date &Time Completed	Done	py
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Veh No: SUJYYSE	E-mail (within Shrs, AIC 2hrs)			3
D.O.A : 13/14/19-07:50	i-Motor Claim Form	10c- 585+01 m	Pilvie	FV:Y
OD / TP / Perporting Only	i-Motor W/O (Within: OD 2)	ers, TP 4hrs)		1122
OD / 1. Input/ig Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tal: F	ax:	
TP Particulars: Veh No: 50	PMOJX INC	()/Non-INC()		
Owner / Driver: (Tel:)	_
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Company Commission Com) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 30-1	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		
The Colombia of the State of th	1,000 ()/\$2,000 ()		ware a pro-	
Ocher Market	Carlo Company and Company Company	PARTY OF THE PARTY	300 S	
() Walk-In Customer : Customers in		trictly NO refer of repairer.		
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	Charles and the second	Date&Time Completed	Done	by
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Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done	by
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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 fiability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 5. 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/12/2019 14:09
Date Of Accident	10/12/2019 07:50
Exact Location Of Accident	SLIP RD PETIR RD TWDS DAIRY FARM RD
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ4436E
Insured/Policyholder	
Name Of Registered Owner	C AND A SERVICES
Co Reg No	53329862L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90289675
Alternative Phone No	OFFICE-90289675
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
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	REPORTING ONLY
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	5096286953-01
Cover Note Number	
Driver	
Name of Driver	SIEW KOK KEAN
NRIC No.	S7664230C

 Name of Driver
 SIEW KOK KEAN

 NRIC No
 \$7664230C

 Date Of Birth
 19/12/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/10/2004

 Driving Experience
 15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97736817

Fax Number

Contact Number OFFICE-97736817

EMail Address NOEMAIL

BLK 187 BOON LAY AVENUE Address

#19-86

Postcode 640187

Was driver an employee of the Insured's Company NO

FRIEND 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

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?

NO

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : MALE

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

SLP2103X

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

- 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.
- 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:
 - (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.

Hog No. 7

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

(If driver is not the policyholder)

Date & Time:

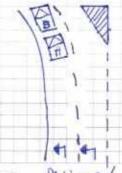
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Dairy Form Al

Vehicle B: SLF2103 X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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time. Stated velille Word Stated when I venue. See Volielle Stationan the +46 MOUL Couse traffic was clear. thun stort again. oft traffic clearance ento vehicle (conline collided that had didn 1+ he had that stop.

DECLARATION

I/We declare the foregoing particulars are true in givery 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.:



Date of Accident	to 12 19 Accident Time: 07:50kg (24-HR-Format)
Accident Place	Petir Ad Slip Ad to Daing Form Ad
Vehicle No. (Car Plate No.)	SLJ44362 Make Model Toyota wish
Insurace Company	Policy No. 509 6286953-02
Owner or Company Name /IC No	C And A Scrvices (533298626)
Owner or Company Contact No.	9028 9675 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Siew Kok Kean (576642306)
DRIVER'S Date Of Birth	: 19 12 1976 DRIVER'S License Pass Date 6 10 2004
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Famel
DRIVER'S Address	: Blic 187 Boon Lay Avenue 719-86 157640187
DRIVER'S Contact No / Alt No.	:1) 017736817 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 02 male
Was there any video Captured by a Exact purpose for which vehicle w Any Injury (If YES, Pls state):	as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle. No: SLP 2103 ×	& Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
C No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

1 Grab male passenger



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5096286953-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLJ4436E

Chassis Number

: ZGE206026833

2. Name of Policyholder

: C AND A SERVICES

3. Effective Date of Insurance

: 12 Dec 2019

4. Expiry Date of Insurance

: 11 Dec 2020

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 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)	: S\$1,500
WINDSCREEN EXCESS	: 5\$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
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SWEE WATT 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

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 28 Nov 2019 18:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech								Genera	lClaim		
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My Desktop	Poli	cy Query									i i
Notice of Loss	Policy 1	No.				Date o	of Accident		10/12/2019 (07:50	
	Vehicle No. (For Motor)		SL14436	5L14436E		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Cate	Expiry Date
	0	5096286953- 01		C AND A SERVICES	53329862L	GPC	drivo CLASSIC	\$1,344366	SLJ4436E	12/12/2018	11/12/2019
				-	10	Sontinue					

Sequen	ce Date of Endorsemen	nt	Endorsemer	nt Type	Endorsement	Status	Endorsement Content	
♥ Endors	ements							
) Insure	d Object: SLJ4436E							
Unit No.	it No. 02-505		Related Policy 5096286953-02 Number					
Address 4	SINGAPORE 821271		ss Type	Singapore address		Post Code	821271	
Address 1	BLK 271A #02-505	Addre	ss 2	PUNGGOL WALK		Address 3	PUNGGOL RESIDENCES	
Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
Co- nsurance Flag	No							
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63650777		GST Flag	Y		
Outside Singapore OD Excess	2000 Outside Singapore 1500 TP Excess					Young/Inexperience Driver Exces		
Additional Excess	0	OS Premium	0					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Excess Type		All Claims Excess						
Policy ssue Date	11/12/2018	Effective Date	12/12/201	8.00:00	Expiry Date	11/12/2019 23	:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N.		
Address	BLK 271A #02-505 PUNGGOL V	ALK PUNGGO	RESIDENC	ES SINGAPORE 8212	71			
Certificate No.								
alicy No.	5096286953-01	Policyholder Name	C AND A S	ERVICES	Policyholder NRIC	53329862L		

Claim Handling						
Accident MT/1075087			52WW.	- 90000075	Lake Fr	
Pahity No.	proestrops of	Venice No.	CTH43KE	GST Repr	manaya No.	
Certificate No.				1146000-000-000		- Adamson -
Restryholder Name	C WWO & SERVICEE	8 130	IPVO CLASHIC	Policyhold	er well:	\$1329#E35
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Report Date	10/12/2019-14/26	Accident Report Within 24 hrs.				
Date of Accident	10/12/2019	Time of Acodere for min	07:50	Country of SOM Fec.	ALC:UNIO	Sequent
Reporting Centre	OLIF AD PETIR AD TWO DAIRY FARM AD	Orange Parce		3.54 160		
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Throx Party Excess	1,500.00	Outside Singapore TP Excess.	1,500,00			
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GST Registration No.			GST Status Wented	1	res .	
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* Policyheither Mailing Ad	dreas					
Address 1	8LK 2714 +02-808	Address 2	PUNGGOL WALK	Abbres 1		PUNGGOL RESIDENCES
Address #	SOVICAPONE BILITY	Address Type	Singapore altifress	Post Ende	8	621771
sins No.	02-505	Related Policy Number	5096188953-02			
S Of Briver Info						
Driver Name	Unnamed Driver	Onver Type	Unnamed Onver			-010EW25
Honaried driver Name	SIEW KOK HEAN	Oner Mac	97964230C	Briver DC		19/13/1976
Aegular Data of Driver Dicerse		Driver Age	42	Driving b		н
Contact No. (Mob. e)	97736817	Certaid No (Office)	O CONTRACTOR OF THE PARTY OF TH	Contact N		4
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Altdress #	Service C	Address Type	Singapore address	Past Code		643187
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Cleclanation						
Breathayarr or Blood Test Readings	© Jengt	Any injury?	C Yes @ No			
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Claimant Type Claimam Type •	Please Select	Type of Benefit *	Please Seint Y		e muchaet.	SEPREDUK
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Claimani Address	22					
Clarin Description	SL34436E / SL72303K ON 10 Dec 2019			Frame of	Preferred Workshop	
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Accident No.	MT/10 PS667	Claim No.	Ditta			
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Video List									
-	NAC_PAYA_USE, 800001(NAT CI(5) bit (1	ONAL ASSESSMENT CONTRESSAUL Dec 2019 14:27	Protes		Normal	Phone	a 2019-12-10		
50	NAC PAYA LIST BODGOTI NAT	TOWAL ASSESSMENT CENTRE SERVI Dec 2019 14:27	Pfotos		Aprimal	Prats	± 3019-12-10		
7	NAC PAYA, USI, 8006032 NAT CES) on II	TONAL ASSESSMENT CENTRE SERVI The 2019 14:27	Photos		Morroad	Photo	s 2019-12-10		
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577	NAC_PAYA_USI_800001(NAT (2:5) on 10	TOWN, ASSERSMENT CENTRE SERVE Dec 2018 14-17	Photos		Nermal	Photo	4 2019-12-10		
44	COM OR 31	TOWAL ASSESSMENT CENTRE SERVI TORC 2019 14:28	Photos		hormel	Photo	a 2019-13-10		
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15	NAC PAVA USU BOOKSE! NAC CTS; en 1	DONAL ASSESSMENT CENTRE BIRVE DONE 2019 14:25	NUC/ Original scanes	977	Nonnar	NRIGI Driving	NRICE Driving License 2858-12-18		
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