1111/1 - 1111	Job description	Date &Time Completed	Done by
Date In: 1/10- K.T		Date to Time completed	Dolle by
Ref No: Ma/14(2000064/24	SAS e-filing		o-normalization - 1911; -
Veh No: 501698X	E-mail (within Shrs, AIC 2hrs)		ia i
D.O.A: 1/1 10:15	i-Motor Claim Form	m/1078194-001	11/20 16:05
OD TP ! Reporting Only	I-Motor W/O (Within: OD 2h)	s, TP 4brs)	
- O THE TANK ONLY	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
17 Model	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: PC 180	65. INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Per	riod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
	Varranty: YES () / NO ()	The state of the s
Excess: (\$) Loading: \$1,00	00()/\$2,000()		
General Remarks:-		BEEF ALASA SA	
() Walk-In Customer: Customer's inform	mation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer	r URGENTLY.)*)
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T	owing Co: (·)
Remarks: (INC hotline: 6788 6616)			79588### TVF
		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Co	ourtesy Car ()		
	()		
2) QC Check / Post Repair Inspection	()	77	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	·,	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	() DOO] () Invoice Prej	paration Checklist	Ant (5) Ant (5
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Almant's Particulars:- iver/Owner:	Invoice Prej Invoice Prej 1) AR : Accident 2) DA : Damage 3) TF : Towing Fe 4) FT : Fellow-Th	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); te \$40/ brough Survey \$ brough Survey (Resurvey)	Ant (5) Amt (5)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prej	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$400 Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005) Rejust I	Ant (5) Amt (3) fit Bill Add Bill 7
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

- 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

 By the lodgement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
The state of the s	ACCIDENT STATEMENT
Date Of Report	02/01/2020 15:53
Date Of Accident	01/01/2020 10:15
Exact Location Of Accident	SLIP RD GEYLANG EAST CENTAL TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV1698X
Insured/Policyholder	
Name Of Registered Owner	LINDA KOH TRADING
Co Reg No	5XXXX336W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092248037-01
Cover Note Number	
Driver	
Name of Driver	KOH MUI NEE
NRIC No	SXXXX358G
Date Of Birth	02/05/1949
	2000

INDOOR

FEMALE

NOEMAIL

11/11/1972

47 YEARS AND 1 MONTH

(LOCAL) +65-91976798

OFFICE-91976798

Page 1 of 18

BLK 102 ALJUNIED CRESCENT Address

#06-257

380102 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? YES NO

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)

Passenger 1 NAME: : SNG JOO MENG

> : MALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

YES

NO

2

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200102/7008.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

PC186S Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name KOH MUI NEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV1698X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SNG JOO MENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV1698X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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 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 dafa/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.

TRADING

Poliryholder's Signature • Date & Time Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Paya whar road vinice A. SJV 1698X VENIU B: PC1865. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT - Refer to Police Report -

DECLARATION

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

TRADIN;

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 STATEMENT

MW/MW/	YYYY), TIME:(10 : 15)(HH:MM)
ACCIDENT DATE: (01 / 01 / 3070 (DD/MM/	towards Paya Lebar Rd.
LOCATION: Grylang East Central	701401015 101701
the second secon	
1. DETAILS OF VEHICLE STV 16 983	·
alvericle Hombers	
GIPOLICY NUMBER: 509224 GIPOLICY TYPE: (COMPREHENSIVE / THIRD GIPOLICY TYPE: (COMPREHENSIVE /	PARTY / THIRD PARTY FIRE & THEFT
dipolicy type: (COMPRETE VIA (IVATO	THEPS!
elMAKE & MQDEL:	DERY / MOTORCYCLE / OTTICHO)
FITYPE: (SALOON / COUPE / MPV /V AN / LO GIVEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:_	Abi
h) FURPOSE OF USING AT ACCIDENT TIME i) ARE YOU CLAIMING UNDER YOUR OWN IT	SURANCE (YES/OD)
I) ARE YOU CLAIMING UNDER YOUR OWN II	REPORTING ONLY
2. INSURED / POLICY HOLDER	10(MALE / FEMALE)
2. INSURED / POLICY HOLDER LINGO YOU Tradit	CONTACT:
b)NRIC/FIN/PASSPORT:	com/o
C)ADDRESS:	The second secon
	HOLDER
· CONTINUE TO 3.d IF DRIVER ALSO POLICY	0-1
15 to of person 3 DRIVER KOLO MILL NEE	MALE / FEMALE
GINAME: KUN MINI CO 4332	584 CONTACT: 414, 161 102).
(Including strice) BINRIC/FIN/PASSPORT: FINING CYESCE	PUT #06-257 \$ (\$8010 2).
CIADDRESS.	
	D/MM/YYYY)
CLOCCUPATION: (INDOOR / OUIDOOK)	
f) YEARS OF DRIVING EXPRERIENCE	BED'S COMPANY? (YES / NO)
	TH INSURED: OWNEY
IF NO, RELATIONSHIP OF THE DRIVER WI	OTHERS
E TIME ATHER CONDITION: ICLEAN IN THE	
HIROAD SURFACE: LUTS / VF	
6. WAS ANYBODY INJURED (YES / NO)	
7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION	N:
8. THIRD PARTY VEHICLE PC. 18 65	
	MODEL:
LI DON/EDIS MAME	CONTACT:
(Induding driver) B) DRIVER'S NAME.	CONTACT:
1 Jeman THIRD PARTY VEHICLE	MODEL:
d) VEHICLE NUMBER:	
No of passenger of DRIVER'S NAME:	CONTACT:
(Including driver) 1) NRIC/FIN/PASSPORT:	
	- X
(a) (b)	U * 8
	- Si

email =

fax =





1 of 3

Report No. T/20200102/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2020 10:49			Vide Report No.: Station Diary No.:				
Informan	t's Partic	ulars					
Name of I KOH MUI	nformant: NEE		Address: APT BLK 102 ALJUNIED CRE 380102	ESCENT #06-257 SINGAPORE			
ID Type / NRIC NO	ID No.: / S07773	58G	Contact No.: Home/Office:	Mobile: 91976798			
Nationality: SINGAPORE CITIZEN		EN	Email: jica84@gmail.com				
Sex: Age: Date of Birth: 70 02/05/1949			Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: SOLE PROPRIETOR)R	Driving Licence Information: Class: Date of Expiry:				

General Inform	mation of the Acci	dent	MKA!		THE RESERVE OF THE PARTY OF THE	
Type of Accident:	Injury Others	Drin Driv No		Date/Time of Accident: 01/01/2020 10:15	Type of Location Bend	
Location: GEYLANG EA Weather: Clear	AST CENTRAL	Road Surfa	ce:		Road Speed Limit:	
Traffic Flow: Tra			Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head	I To Rear			Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC186S	Van				Slightly Damaged	2
SJV1698X	Car	KIA	CERATO		Slightly Damaged	1

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





2 of 3

Report No. T/20200102/7008

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

CONTINUATION OF REPORT

Passenger		The Control of the Co	MAN STATE OF THE S			
Name	SNG JOO MENG			ID No.	3	S0509566B
Related Vehicle	SJV1698X (Car)			Contact No.		91976798
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	01/01/2020		Date Disc	harge 01/01/202		
	ted Medical Leave	03	Degree of	Degree of Injury Slight		
Driver		Bridge.			CE SEL	
Name	KOH MUI NEE			ID No.		S0777358G
Related Vehicle	SJV1698X (Car)			Contact No.		91976798
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	01/01/2020			Discharge 01/0		1/2020
	ted Medical Leave	03	Degree o	f Injury	Sligh	t

Brief Details.

ON 01/01/2020, AT ABOUT 10:15HR, I WAS DRIVING MY VEHICLE ALONG GEYLANG EAST CENTRAL HEADING TOWARDS PAYA LEBAR ROAD. AT THE SLIP ROAD, I STOPPED BEFORE THE GIVE-WAY LINE TO CHECK ON ON-COMING TRAFFIC BEFORE PROCEEDING. ABOUT 2-3SECONDS LATER, VEHICLE NUMBER - PC186S, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

MY HUSBAND & I THEN SEEK MEDICAL ATTENTION AT UNIHEALTH 24-HR CLINIC @ TPY AND





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200102/7008

CONTINUATION OF REPORT

Ske	5 to 8.0	Di	100
SKO	ron	-	an
UNG			carr

Informant is not able to provide sketch plan

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: 02/01/2020 10:49
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168

eBao Tech			General					alClaim			
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e • Char	nge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	of Accident		01/01/2020	10:15	
	Vehicle	No.(For Motor)	5JV169	8X		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyhalder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092248037- 01		LINDA KOH TRADING	53335336W	GPC	drivo CLASSIC	5JV1698	K 5JV1698X	14/07/2018	13/01/2020
					0	ontinue					

	5092248037-01	Policyholder Name	LINDA KOH	TRADING	Policyholder NRIC	53335336W	
ertificate							
ddress	BLK 102 #06-257 ALJUNIED C	RESCENT SING	APORE 38010	12			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	06/07/2018	Effective Date	14/07/2018	00:00	Expiry Date	13/01/2020	23:59
xcess ype		All Claims Excess					
hird Party xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info Certificate Info							
	holder Mailing Address						
Address 1	BLK 102 #06-257	Addre	ess 2	ALJUNIED CRESCE	NT	Address 3	SINGAPORE 380102
Address 4		Addre	ess Type	Singapore address		Post Code	380102
Unit No.	06-257	Relat Numb	ed Policy per	5092248037-01			
Insure	ed Object: SJV1698X						
	sements					Ziloniyani.	
Seque	nce Date of Endorsem	ent	Endorsement	Туре	Endorsemen	Constitution of the Consti	Endorsement Content Thank you for giving us the opportunity to serve you. We

Accident MT/1078194										
Palicy No.	5092248037-01	Vehicle No.	\$391698x			GST Registration	No.			
Certificate No.										
Policyholder Name	LINDA KOH TRADING					Policyholder NRIC		53335336	W	
Product Code	PRIVATE CAR INSURANCE	Cover Type	grivo CLASS	HOC		Loading		0		
Contact No. (Mobile)	0	Contact No.(Office)	0			Contact No.(Home	1)	0		
Email Address		Special Remark				eCode		- 0		
KFK	⊗ No Yes	TCA	No ○ Ye	5		eCode Reason				
NCO Protection	No	NCD Emittement(%)	10			Private Hire		Yes		
Accident Details										
Report Date	02/01/2020 16:03	Accident Report Within 24 hrs	Yes			Acodem Type		Colksion -	Head to Rear	
Date of Accident	01/01/5050	Time of Accident hh:mm	10:15			Country of Accide	ne	Singapore		
teporting Centre	Orange Force					ICH No.				
Accident Location	SLIP RD GEYLANG EAST CENTAL TV	IOS PAYA LEBAR RD								
© Excess										
Dwn damage Excess	2,000.00	Additional Excess	0			Windscreen Exces	5	100.00		
Annamed Driver Excess		Outside Singapore DO Excess		2,000.00						
find Party Excess.	1,580.00	Outside Singapore TP Excess		1,500.00						
▽ Benefits										
GST Registered Inform										
ST Registered ST Registration No.	No			Registration Date						
lodification History			GST	Status Venfied		Yes				
1000000										
Policyholder Mailing A	ddress									
Address 1	BLK 102 #06-257	Address 2	ALJUNIED O	DESCRIPT		Address 3		CINCAROS	E 200100	
Address 4	United Science (1979)	Address Type	Singapore ad			Post Code		380102	SINGAPORE 380102	
Jrit No.	06-257	Related Policy Number	5092248037			- out Code		380102		
♥ OI Oriver Info		meaning purising marriages	00000000000000000000000000000000000000	100						
Driver Name	KOH MUL NEE	Driver Type	Named Drive	ır .						
Unnamed driver Name		Driver NRIC	50777358G			Driver DOB		02/05/194	9	
Register Date of Driver License	11/11/1972	Driver Age	70			Driving Experience	E	47		
Contact No.(Mobile)	91976798	Contact No. (Office)	0			Contact No. (Home		o.		
	BCK 102	Address 2	ALJUNIED C	RESCENT		Address 3		SINGAPOR	E 380102	
Address 1										
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