Date In: 7/1/20-0957	Jeb description		Date &Time Completed	Done	; oi.
Ref No: Hally ( 20000354/14	SAS e-filing				
Veli No: 1342 130P	E-mail (within	Shrs, AIC 2hrs)			· ·
D.O.A : 91/10-10:05	i-Motor Clai	m Form	100 -0588501 PM	7/1/10 1	N. to
OD : TRY Barrers Orle	i-Motor W/C	(Within: OD 2hr:	s, TP 4hrs)		
OD TP Reporting Only	i-Photo Uplo	aded			A POST OFF
San	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh NoSu	617×A	. INC(	)/Non-INC()		
Owner / Driver: (			Tel:	)	
Policy No: ( ) I	Period: (	)	Cover Type: (	)	
Confirmed by: (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000	( )			
General Remarks:	atte no d		aconsula de la companya de la compa		La Pa
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( ) Total Loss Case : to e-mail Insu					Ve-VVe-Ste
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Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) / N	( );1	owing Co: (		
Remarks:- (INC hotline: 6788 6616)		1.	Date&Time Completed	Done	by
Apply for Transport Allowance ( )/	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )				Sittinesson—
3) Upload Resurvey Photo [Repair Cost > )	\$30001 (	)			
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A 1000 381  aimant's Particulars :-  iver/Owner:		1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$ 66 \$4 hrough Survey hrough Survey (Resurvey)	19t Bill (80) (0/\$45 \$120 \$30	
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A 1000 381  aimant's Particulars:- iver/Owner: ntact No: maged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 frough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 onlion + SMRT Survey onal Services  Car / Tpt Allowance o-ordination	580) 50/\$45 \$120 \$30 \$5) \$75 \$160	Amu (S

#### 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.

- 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.

	ACCIDENT STATEMENT
Date Of Report	07/01/2020 09:57
Date Of Accident	06/01/2020 13:25
Exact Location Of Accident	IMM SHOPPING CENTRE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH5130P
Insured/Policyholder	
Name Of Registered Owner	CHANG PRIVAUTO
Co Reg No	5XXXX420M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5115238362
Cover Note Number	
Driver	
Name of Driver	WONG WAI WOR
NRIC No	SXXXX781E
Date Of Birth	08/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	26/06/1990
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93211812
- Contract C	

OFFICE-93211812

NOEMAIL

BLK 517 CHOA CHU KANG STREET 51

#04-20

Postcode 680517

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

70

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Address

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

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

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

YES

Number of Passengers (Including Driver)

1

**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 SLA6172A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHENG POON LUNG

NRIC/Passport Number SXXXX228D

Contact Number 96413030

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name WONG WAI WOR

Page 2 of 15

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SJH5130P

YES

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Z. 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 miterial 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:
- 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 (all insurers) who have insured wholes in the insurers (lawyers/law hims, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - processing, handling and/or dealing with my claims including the settlement of the dalms 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, involces, 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 of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Rupposes.
- (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 Date & Time:

Reg NO NO

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Schert - Shirt Courses - Va

NRIC/FIN No.:

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material acts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

#### Accident details

Date and time of accident	Date: 06 Jan 2020	(DD/MM/YY) Time:	Rar	(HH:MM)
Exact location of accident	Inside Capaya of	imm shopping		

#### Details of vehicle

Vehicle registration number	331	145,201
Vehicle make and model		enda Stream
Type of vehicle	Saloon  Lorry	MPV CRV Van D
Vehicle category	Private 🗆	Commercial Motorcycle
Purpose of using at said time	Wo	Porkful
Are you claiming under your own insurance company?	Yes □ Third part c	No if no, please select:

#### Insurance information

Insurance company	HTUC
Policy number	5115238362-000006
Type of policy	Comprehensive Third party fire & theft TP only

#### Insured / Policy holder

Name	Chang Privauto	Male n	Female 0
NRIC / Fin / Passport number	53366420m	Wale 5	Temate
Contact			
Address			

#### Driver

#### Same as insured above □ (skip to D.O.B)

Name	Wong Was wor	Male o	Female D
NRIC / Fin / Passport number	388127818	THICK D	Territore D
Contact	9321 1812		
Address	Block SIA Choa Chu kang Street & 04-20 Sugapore 680517	51	
Email address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	
Date of birth	08 Apr 1968	AHE TELEST	
Occupation	Indoor D Outdoor	-	10
Driving date pass	26 June 1990		

# General information of the accident

Was driver an employee of the insured's company?	Yes a No. a  If no, relationship of the driver and insured:	Herer
Accident captured by camera?	Yes D No D	
Weather condition	Clear Raining Others:	
Road surface	Dry D Wet a	
No of passenger		(Inclusive of driver)

### Passenger 1

Name			
Gender	Male 🗆	Femále a	

## Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

### Passenger 3

Name			
Gender	Male 🗆	Female o	

### Passenger 4

Name			
Gender	Male 🗆	Female o	

#### Passenger 5

Name			
Gender	Male 🗆	Female a	

## Passenger 6

Name		
Gender	Male D Female D	N-18-12-12-14-14-14-14-14-14-14-14-14-14-14-14-14-

# Other information

Was anybody injured?	Yes	No o
Was other vehicle damaged?	Yes	No 🗆

# Details of police action

Reported to police?	Yes 🗆	No	If yes, please state which police station.
Police station name	Secretary of Postulinas	- /	

# Third party vehicle 1

Name	Cheng Poon Lune
Contact number	9641 3030
NRIC / Fin / Passport number	884780280
Vehicle registration number	SLA6172A
Vehicle make model	

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

51	
Name	
Witness 2	
Name	
Injured person 1	
Name	Wong Was wor
Injuries sustained	Heck of Back
Which vehicle person in?	35H 5120A
Were seat belts worn?	Yes P No D
Was injured conveyed to hospital by ambulance?	Yes D No.B
Injured person 2	
Injured person 2	
Name Injuries sustained Which vehicle person in?	
Name Injuries sustained Which vehicle person in?	Yes D No D
Name Injuries sustained	Yes D No D Yes D No D
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Injured person 3  Name njuries sustained	

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D



#### 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: 5115238362-000006

: SJH5130P

1. Index mark and Registration Number of Vehicle

Chassis Number

: JHMRN684085204822

Cover : drivo CLASSIC

2. Name of Policyholder

: CHANG PRIVAUTO

3. Effective Date of Insurance

: 28 Dec 2019

4. Expiry Date of Insurance

: 27 Dec 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 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) : 5\$2,000 EXCESS (SECTION 2) : 551,500 WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

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

: SWEE SENG CREDIT PTE LTD HIRE PURCHASE COMPANY

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

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

: AA INTERNATIONAL INSURANCE AGENCY (00000572347)

Date of Issue

: 29 Dec 2019 21:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech			GeneralClaim								lClaim
Hello, NAC_PAYA_UBI_80	0601				THE RESERVE OF THE PERSON NAMED IN		· Change	Language	· Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.	5115238362			Date of Accident			6/01/2020		
	Vehicle	No.(For Motor)	SJH5130		Certificate Number						
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115238362	5115238362- 000006	CHANG PRIVAUTO	53366420M	GFM	drivo CLASSIC	S)H5130F	S)H5130P	28/12/2019	27/12/2020
					C	Continue					

olicy No.	5115238362	Policyholder Name	CHANG PR	OTUAVI	Policyholder NRIC	53366420M	
Certificate	5115238362-000006	ocon resistante					
Address	BLK 526 #06-147 HOUGANG AV	ENUE 6 SING	APORE 5305	126			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	Ν	
Policy ssue Date	29/12/2019	Effective Date	28/12/201	9 00:00	Expiry Date	27/12/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	3645.14				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022		GST Flag	У	
Co-							
insurance Flag	No						
Flag Open	No						
Flag Open Policy Info Certificate	No						
Flag Open Policy Info Certificate Info	No nolder Mailing Address						
Flag Open Policy Info Certificate Info PolicyP		Addre	ss 2	HOUGANG AVENUE	6	Address 3	SINGAPORE 530526
Flag Open Policy Info Certificate Info Policyt Address 1	older Mailing Address		ss 2 ss Type	HOUGANG AVENUE Singapore address	(2)	Address 3 Post Code	SINGAPORE 530526 530526
Flag Open Policy Info Certificate Info	older Mailing Address	Addre	ss Type ed Policy		(2)		STORES INTERPRETATION OF THE PROPERTY.
Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	nolder Mailing Address BLK 526 #06-147	Addre Relate Numb	ss Type ed Policy	Singapore address	(2)		STORES INTERPRETATION OF THE PROPERTY.
Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	BLK 526 #06-147 01-79 d Object: 5115238362-000006	Addre Relate Numb	ss Type ed Policy	Singapore address	(2)		STORES INTERPRETATION OF THE PROPERTY.
Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. Insure	01-79 d Object: 5115238362-000006	Addre Relate Numb	ss Type ed Policy er	Singapore address			STORES INTERPRETATION OF THE PROPERTY.
Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. Insure Endors Sequer	01-79 d Object: 5115238362-000006	Addre Relate Numb	ss Type ed Policy er	Singapore address 5115238406		Post Code	530526

Mile	laim Handling									
Mile	ccident MT/1078830									
Column   C	Hey No.	5115238362		Vehicle No.	SJH5130P		1	GST Registration No.		53366420M
Control   Cont	rificate No.	3115238362-000006								
Content   Cont	licyholder Name	CHANG PRIVAUTO					3	Policyholder NR1C	- 4	53366420M
Second	oduct Code	FLEET MASTER INSURA	ANCE	Cover Type	drivo CLAS	ISIC	4	Loading	9	
Commanie	ntact No.(Mobile)	D		Contact No.(Office)	0		3	Contact No.(Home)	9	0
The part	neli Address			Special Remark			3	eCode	Ī	(L. V)
Production   Pro	K	® No ○ Yes		TCA	® No O	res.	9	eCode Reason		
Marchane	D Protection	No		NCD Entitlement(%)	0		9	Private Hire	Y	res
Marchane	Accident Details									
The Account School   Congres From   13.25		PRINCIPAR IN IE.		Accused Record William 24 has	West			According Type	,	Colleges - Mand to Seas
Content   Cont										
The Interest Application		06/01/2020			13:25				3	singapore
Part	porting Centre			Orange Force				ICM No.		
Secretar   Part Accounts	cident Location	IMM SHOPPING CENTR	E CARPARK							
	Total Excess Applicable									
20 December   0.00   1840   195   1840   1840   1840   1840   1840   1840   1840   1840   1840   1840   18	cess Type	Per Accident		Windscreen Excess		100.00				
20 December   0.00   1840   195   1840   1840   1840   1840   1840   1840   1840   1840   1840   1840   18										
100   100	Standard Excess		2,000.00	TP Standard Excess		1,500.00				
100   100	O OD Excess		0.00	VIED TP Excess			3	Driver is Covered?		
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