NATIONAL Assessment Cer	ntre Services. Met 1 Jan	OSI MNO 120006755	d Done by
Date In: 15/1/10 - 16/18	Jcb description	Date & Time Complete	Done of
Ref No: No INCW000931 14	SAS e-filing	i	
Veh No: JJ 4263H	E-mail (within Shrs, AIC	2hrs)	•
D.O.A : \$1/10 - 06:50	i-Motor Claim Form	W 128237 001	مد: الم مرازالا
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
TD.	Assessment/Survey Re	port	
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No: C	MIZILR	INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date	The second secon)
	6) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 3	0-100%]
Year of Registration: () Warranty: YES ()/N	0()	
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()		
			State
() Walk-In Customer: Customer's	100 March 100 Ma	- Plant - Althorney - Althorne	
			7
() Total Loss Case : to e-mail In); Towing Co: (
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO (10 1 2 1 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
Remarks: (INC hotline: 6788 661	6)	Date&Timb Complete	1 Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injury:			
Date/Time Actions			
24	Inve	ice Preparation Checklist	Amt (S) Amt (S)
NA2000 574 NA 2000575		Accident Reporting (\$30);	
laimant's Particulars:-	2) DA	: Damage Assessment (\$100); IN	C (\$80) \$40/\$45
Priver/Owner:	4) FT :	Towing Fee Follow-Through Survey	\$120
Contact No:	5) FT :	Follow-Through Survey (Resurvey) Lairning against JNC Only (wef 10 Jan	2005)
	6) TR	Re-inspection	\$75
Parnaged Portion:	7) N1	Idac DA + SMRT Survey JC Additional Services	\$160
	OD)	200	
C Checked by (Engr-In-Charge):	*115	: Courtesy Car / Tpt Allowance	510
Control Charles William CA . A stort water for the Abelia	and a submission of the Pixer N	: Repair Co-ordination : Fost Repair Inspection	\$25
Auditors' Comments :-	•N8	: DV / Collect Excess Coordination	\$20
at, 1;	TP	(N11) : TP (Nun INC) against INC 2: Idae Mobile	30
		e dated Fee Cha	MONTHLY COLUMN
at 2/3;	lavois	e dated Fee Cha	rged MANA

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.
- 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 aforesaid. 	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
District Co. Land Co. Co. Co. Co.	ACCIDENT STATEMENT
Date Of Report	15/01/2020 16:18
Date Of Accident	15/01/2020 06:50
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT4263H
Insured/Policyholder	
Name Of Registered Owner	SOH SUN CHUAN
NRIC No	SXXXX639H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96344554
Alternative Phone No	OFFICE-96344554
Vehicle Particulars	

Manufacturer HYUNDAI

Model AVANTE 1.6 AUTO ABS AIRBAG 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

5113275769

Cover Note Number

Driver

 Name of Driver
 SOH YI XIAN

 NRIC No
 SXXXX937B

 Date Of Birth
 08/08/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 23/08/2017

Driving Experience 2 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97117487

Fax Number

Contact Number OFFICE-97117487

EMail Address NOEMAIL

BLK 185D RIVERVALE CRESCENT Address

#05-147

544185 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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 - CROSS JUNCTION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

ambulance?

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

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)

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)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

SLH1711R

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 14

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SOH YI XIAN

NECK & BACK

SJT4263H

YES

NO

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver. 2)
- 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.
- 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.
- 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

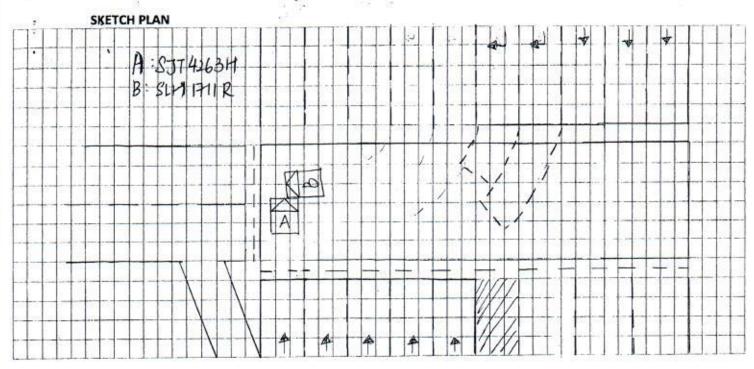
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - Investigations the accident and/or my claims; (11)
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Was travelling straight along Yro Chu Kang Road at the

most left lane. As the traffic was in my favour, I continued

to go straight. Out of sudden, I felt an impact from my front.

Vehicle B which was from the opposite Yro Chu Kang Road

turning to Jalan Eunos collided onto my front portion of my

H was too sudden and I was unable to stop in time.

Vehicle. A I have video footage to prove my statement.

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

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. ٠
- Information provided must be as fruitful 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 traffic police department for investigation.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	15/01/2020	
Time of accident	0650	(HH:MM)
Exact location of accident	Along Yro Chu Kang Road.	

在第 年的第二大概要的代数	DETAILS OF VEHICLE
Vehicle registration number	SJT 4263H
Vehicle make and model	Huundai Avante
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

Name	Soh Sun Chuan	Male □	Female
NRIC / Fin / Passport number	S1332639H		
Contact	9634 4554		
Address	BIK 1850 Rivervale Crescent #05-147 \$ (544 185)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Sph Yi Xian	Male 🗆	Female					
NRIC / Fin / Passport number	89427937B	88701						
Contact	9711 7487							
Address	BIK 185 D Rivervale Crescent # 05-147 S (544 185)							
Email address								
Date of birth	08/08/1994							
Occupation	Indoor D Outdoor D							
Driving date pass	23/08/2017							

	GENERAL	INFORMATION O	OF THE ACCIDENT	有的性态 上于数据统计
Was driver an employee of	Yes 🗆	No Ø		27 1724
the insured's company?	If no, rela	ationship of the	driver and insured: _	Father
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear Ø	Raining	Others:	
Road surface	Dry D	Wet □		
No of passenger	01			(Inclusive of driver)
140 of passenger	101			
Walter Transfer and Transfer an		PASSENGE	R1	
Name	1000			
Gender	Male 🗆	Female □		
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Gender	Male 🗆	Female		
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Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Tesp	NOL		
	DETA	LS OF POLICE ST	ATION ACTION	1000 BEEL TONORS
	Yes 🗆	No p If y	es, please state whic	h police station.
Reported to police?	163 []	1109 114		
Police station name				
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AND THE PARTY OF THE PARTY OF		WITNESS	" 在这里,你是一个	
Name				

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NRIC / Fin / Passport number	
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NRIC / Fin / Passport number	
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量和自己的研究技术。由此是一种	THIRD PARTY VEHICLE 3
Vehicle registration number	
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Were seat belts worn?	Yes	No 🗆	
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Injuries sustained			
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MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959	SATION) RULES, 1960
Certificate Number: 5113275769	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SJT4263H
Chassis Number	: KMHDU41BMAU864529
2. Name of Policyholder	: SOH SUN CHUAN
3. Effective Date of Insurance	: 12 Oct 2019
4. Expiry Date of Insurance	: 11 Oct 2020
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	*
(b) Any other person who is driving on the Policy	holder's order or with his/her permission.
	in accordance with the licensing or other laws or regulations to drive nd is not disqualified by order of a Court of Law or by reason of any riving the Motor Vehicle.
 Limitations as to Use# Use for social domestic and pleasure purpose 	s and in connection with the Policyholder's or Hirer's business.
This Policy does not cover	The second secon
(a) Use for racing, pace-making, reliability trial or	speed-testing.
(b) Use for the carriage of goods (other than same (c) Use for any purpose in connection with the Mo	oles) in connection with any trade or business.
# Limitations rendered inoperative by Section 8 Act (Chapter 189) and Section 95 of the Road 1 headings.	of the Motor Vehicle (Third Party Risks and Compensation) Fransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: \$\$2,000
EXCESS (SECTION 2)	: \$\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
JNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
NSURE WITH COE	: YES
NCD PROTECTION	: NO
VCD PROTECTION	
	: NO
RANSPORT ALLOWANCE	: NO : NO
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Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY.	Contract of the last	The Seattle	· Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.(For Motor)	SJT426	3н			f Accident cate Number		5/01/2020 (06:50	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113275769		SOH SUN CHUAN	S1332639H	GPC	drivo CLASSIC	SJT4263H	5JT4263H	12/10/2019	11/10/2020
					C	Continue					

olicy No.	5113275769	Policyholder Name	SOH SUN C	HUAN	Policyholder NRIC	S1332639H	
Certificate No.		000000000			(0)(0)(0)		
Address	BLK 185D #05-147 RIVERVAL	E CRESCENT SI	NGAPORE 54	4185			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/10/2019	Effective Date	12/10/2019	00:00	Expiry Date	11/10/2020 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	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Co- insurance Flag	No						
Öpen Policy Info Certificate Info							
Policy Info Certificate Info	older Mailing Address						
Policy Info Certificate Info Policyh	older Mailing Address BLK 185D #05-147	Addre	ıs 2	RIVERVALE CRESC	ENT	Address 3	SINGAPORE 544185
Policy Info Certificate Info	A CONTRACTOR OF THE PROPERTY O		ss 2 ss Type	RIVERVALE CRESC Singapore address		Address 3 Post Code	SINGAPORE 544185 544185
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Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 185D #05-147	Addre: Relate	ss Type d Policy	Singapore address			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 185D #05-147 05-147 d Object: SJT4263H	Addre: Relate	ss Type d Policy	Singapore address			

cident MT/1080273							
Acy No.	5113275769		Vehicle No.	5JT4263H		GST Registration No.	
rtificate No.							
Ecynolder Name	SOH SUN CHUAN					Policyholder NRIC	\$1332639H
oduct Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading	0
ntact No.(Mobile)	96344554		Contact No. (Office)	0		Contact No.(Home)	0
nail Address			Special Remark			eCode	THE VE
×.	® No ○Yes		TEA	® No ○ Yes		eCode Reagon	
D Protection	No		NCD Engitement(%)	0		Private Hire	Yes
Accident Details			2000				
port Date	15/01/2020 17:30		Accident Report Within 24 hrs	Ves		Acodent Type	Collision + Cross Junction
							Consider + Cross Junction
te of Accident	15/01/2020		Time of Accident hh:mm	06:50		Country of Accident	Singapore
porting Centre			Orange Force			3CM No.	
cident Location	YIO CHU KANG RD						
 Total Excess Applicable 							
cess Type	Per Accident		Windscreen Excess		100.00		
Standard Excess	2,00		TP Standard Excess		1,500.00		
0 00 Excess		0.00	YIED TF Excess		0.00	Driver is Covered?	Covered
Intional Excess							
al OD Excess Applicable	200	0.00	Total TP Excess Applicable		1,500,00		
Benefits							
GST Registered Inform	ition						
Registered	No			GST Registration			
Registration No.				GST Status Ver	fied	ves	
ification History							
Policyholder Hailing Ad	dress						
tress 1	BUK 1850 #05-147		Address 2	RIVERVALE CRESCENT		Address 3	SINGAPORE 544185
Iress 4			Address Type	Singapore address		Post Code	544105
t No.	05-147		Related Policy Number	5113275769			
OI Driver Info							
ver Name	SOH YI XIAN		Driver Type	Named Driver			
amed driver Name			Driver NRIC	594279378		Driver DOB	08/08/1994
ister Date of Driver License	23/08/2017		Driver Age	25		Driving Expenence	2
rtact No.(Mosile)	97117487		Contact No.(Office)	0		Contact No.(Home)	0
ress 1	8LK 1850:		Address 2	RIVERVALE CRESCENT		Address 3	SINGAPORE 544185
Ireas 4			Address Type	Singapore address		Post Code	544185
it No.	05-147						
es he own a Singapore	05-147		Decine Unbirth No.			Donas las des Company	
es he own a Singapore	05-147 Yes @ No		Driver Vehicle No.			Driver Insurer Company	
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es he own a Singapore gistered car? claration	○ Yes ∰ No					Driver Insurer Company	
es he own a Singapore gistered car? claration eathalyser or Blood Test			Driver Vehicle No. Any injury?	® Yes ○ No		Driver Insurer Company	
et No. bes he own a Singapore claration cathelyser or Blood Test adding?	○ Yes ∰ No			® Yes 〇 No		Driver Insurer Company	
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es he own a Singapore gistered cart claration pathalyser or Blood Test ading?	○ Yes ∰ No			® Yes ○No		Drover Insurer Company	
is he own a Singapore jetered car? laration antialyser or Blood Test iding?	○ Yes ∰ No			® Yes ○ No		Driver Insurer Company	
is he own a Singapore interest car? laration athalyser or Blood Test ding? dication History	○ Yes ∰ No			® Yes ○ No		Driver Insurer Company	
is he own a Singapore intered car? laration athleyser or Blood Test dring? dication History laim 001 New	○ Yes ∰ No	TO)				Driver Insurer Company Insured NRIC	\$13326394
is he own a Singapore intered car? laration athlesser or Blood Test dring? drication History laim 001 New	○ Yes (# No ○ mg	<u> </u>	Any injury?				513326394
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