Date In: 18/1/20-15:43	Job descript	ion	Date &Time Completed	Do	ne by
Res No: MA INCLOUD 1122/14	SAS e-filir	19		1	
Veh No: 11CBYTTYB		hin Shrs, AIC 2hrs)			-
D.O.A: 411/20-10:15		laim Form	Malianar	M 1-	W.53/
Commence Com		7/O (Within: OD 2hrs	[M) 1080774-001	18/1/20	11:10
OD TP Reporting Only	i-Photo Up		E, / F 4015)		
			 	-	
TP Insurer:	-	Survey Report	<u> </u>		
Preferred Wksp / INC Assign Wksp / QW: (Ass't Repor	t by <u>Fax / Hand</u> t		1	Thereign beautiful
	. = 15.2		COURTY TO THE PROPERTY OF THE	Fax:	
Owner / Driver: (ADII35X	. INC()/Non-INC()		
· · · · · · · · · · · · · · · · · · ·	Period: (Tel:)	
Confirmed by : (renod: ()	Cover Type: ()	
	n:	Date:	Time:)	
			%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()	seasone saute	- Child St. Sev.
Excess: (\$) Loading: \$1,					
General Remarks:-				Som S	
() Walk-In Customer: Customer's inf	formation strictly C	onfidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.				
Drive-In ()/ Towed-In (); Invoice	e: YES()/	NO();To	wing Co: (1
		(mag co. (,
Remarks:- (INC hotline: 6788 6616)	trasculta		Date&Time Completed	Don	e by
Apply for Transport Allowance () / (Courtesy Car ()			
	courted) cm (
	()			-
2) QC Check / Post Repair Inspection	()	***************************************		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:	(Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Ca-a *N6: Repair Ca-a *N7: Fost Repair *N8: DV / Collect	ration Checklist. sporting (\$30); seasment (\$100); INC (\$80) ugh Survey \$ ugh Survey (Resurvey) nst JNC Only (wef 10 Jan 2005) n MRT Survey \$ I Services: r/Tpl Allowance rdination Inspection (Excess Coordination on INC) against INC	\$75 160 \$55 \$55 \$55 \$50 \$30	Amt (

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 1. 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 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.

Any false reporting may be referred to the Police for investigation.

- 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.	
A CHARLES AND A CONTRACT OF THE CONTRACT OF TH	ACCIDENT STATEMENT
Date Of Report	18/01/2020 15:43
Date Of Accident	17/01/2020 10:15
Exact Location Of Accident	NEW BRIDGE RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB4554B
Insured/Policyholder	
Name Of Registered Owner	LOH CHEE WAI
NRIC No	SXXXX332F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82680093
Alternative Phone No	OFFICE-82680093
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 AT 5K13G5
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	5108818734
Cover Note Number	
Driver	
Name of Driver	KELVIN LOH BOON KIAT
NRIC No	SXXXX542I
Date Of Birth	19/12/1993
Occupation	INDOOR
Date Of Driving Pass	04/08/2015
Driving Experience	4 YEARS AND 5 MONTHS
	373779.23

MALE

NOEMAIL

(LOCAL) +65-94566477

OFFICE-94566477

BLK 265D COMPASSVALE BOW Address

#11-30

544265 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 - CHANGE/CROSS LANE Type Of Accident

2

NO

NO

2

NO

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

: TAN SIEW KHIM

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD1179X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

DETAILS OF INJURED PERSON 1

Name KELVIN LOH BOON KIAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB4554B

Were seat belts worn?

Was this injured conveyed to hospital by

YES

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name TAN SIEW KHIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB4554B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

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.
- 5 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)

l 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 apy regulations, laws or court orders.

Policyholder's Signature Date & Time: Driversignature

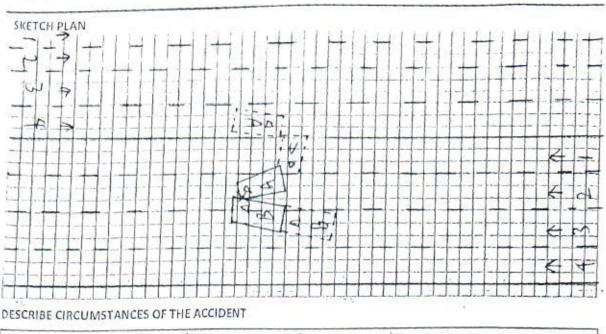
(il driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



On the stated time and date,
I was driving my car (Ven A: SKB 4554 B) along New
Bridge Rd making a v-turn While I was executing
the u-turn a raxi (Ven B: SHO 1179x) out into my
lane abruptly and collided onto the front 12H portion
of my humber I wish to state that I had made the
U-turn onto my right ful lane (lane 2) and the accident
was caused by veh B who cut from lane 3 to lane
1. I have ville footage and aligent stene mous
to move My mother S1694791A was on my car
aning the point of quident.

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:

HIME STANDARD VS

Date of Accident	17/01/2010 Accident Time: 1015 (24-HR-Format)
Accident Place	: New Bridge Road
Vehicle Reg. No. (Cer Plate No.)	SKB 4554 B
Vehicle Make/Model	: Volkswagen Golf
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	: LOW CHEE WAI SI401332 F
Owner or Company Contact No.	: 82680093 Owner's Hp Company Tely Father
DRIVER'S Name / IC No.	: KELVIN LOH BOON KIAT JEON
DRIVER'S Date Of Birth	: 19/12/1993 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 2650 COMPASSVALE BIN #11-30 S(544265)
DRIVER'S Contact No./ Alt No.	:1) 9456477 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: KLBK1993@ HOTMALL GM
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	priver): 02 - Female passenger (7an Siew Ich
994	
Other	Party Driver's Particular (if any)
Vehiclo Reg. No: SHD 1170	Vehicle Reg. No:
Vehicle Make Wodel:	
Name Driver:	Name Dulerani
IC No. Driver:	10 M. Delvery
Driver's Contact & Add:	0.134

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eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		-1200000	and the state of t	ALC: THE REAL PROPERTY.	0.000	• Change	Language	• Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	40.			10	Date o	f Accident	1	7/01/2020 1	0:15	
	Vehicle No. (For Motor)		SKB4554B			Certificate Number			2		
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108818734		LOH CHEE WAI	S1401332F	GPC	drivo CLASSIC	SKB4554B	SKB4554B	15/04/2019	14/04/2020
						Continue					

Policy No.	5108818734	Policyholder Name	LOH CHEE V	VAI	Policyholder NRIC	S1401332F	
ertificate lo.							
ddress	BLK 265D #11-30 COMPASSVAL	E BOW SING	NPORE 54426	5			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/04/2019	Effective Date	15/04/2019	00:00	Expiry Date	14/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	ō	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	BLK 265D #11-30	Addr	255 Z	COMPASSVALE BC	W	Address 3	SINGAPORE 544265
		Addr	ess Type	Singapore address		Post Code	544265
Address 4		Dalat	ed Policy	5108818734			
		Num					
Unit No.	ed Object: SKB4554B			100000000000000000000000000000000000000			
Unit No. Insure Endors				10000000000000000000000000000000000000			

aim Handling					
cident MT/1080779					
licy No.	5108818734	Venick No.	SKB45548	GST Registration No.	
tificate No.					
cyholder Name	LOH CHEE WAT			Policyholder NR3C	S1401332F
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ract No.(Mobile)	82580093	Contact No.(Office)	0	Contact No.(Home)	0
Bil Address		Special Remark		eCode	×
	● No ○ Yes	TCA	® No ○Yes	«Code Reason	
) Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	18/01/2020 15:50	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	17/01/2020	Time of Accident hh:mm	10:15	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
The state of the s	NEW BRIDGE RO	Similar State			
ident Location					
Total Excess Applicable		Windscreen Excess	100.00		
sess Type	Per Accident	Militableen Cacasa	1.377725.0		
Standard Excess	600.00	TP Standard Excess	0.00		
D DO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
dicional Excess	0				
	600.00	Total TP Excess Applicable	0.00		
al OD Excess Applicable	600.00	radial 12 consess reputations	45554		
Benefits	246.2				
GST Registered Inform	No.		GST Registration Date		
Registered Registration No.	NG		GST Status Verified	Yes	
Registration No. Offication History					
Mineral supply					
Policyholder Mailing Ad	idress				
dress 2	8LK 2650 #11-30	Andress 2	COMPASSVALE BOW	Address 3	SUNGAPORE 544265
	96X 5010 B11-30	Address Type	Singapore address	Post Code	544265
dress 4		Related Policy Number	5108818734		
it No.		Kerenati Porcy reuniter	2100010191		
OI Driver Info	Control of the second services	Driver Type	Named Driver		
wer Name	KELVIN LOH BOON KIAT	Driver NRIC	593475421	Driver DOII	19/12/1993
named driver Name	Section 2 manual	Driver Age	26	Driving Experience	4
gister Date of Driver License		Contact No.(Office)	0	Contact No. (Home)	0
ntact No.(Mobile)	94566477	Address 2	COMPASSVALE BOW	Address 3	THE CORIS
dress 1	BLK 265D			Post Code	544265
Oress 4	SINGAPORE 544265	Address Type	Singapore address	Post Code	9-1-12-0
vit No.	11-30				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
sathalyser or Blood Test lading?	0 mg	Any injury?	⊕ Yes ○ No		
900.9					
idification History					
Claim 003 New					
Activities and the second					
				220000000000	Carrow wash
em Type *	00-Mx <u>v</u>	Insured Name	LOH CHEE WAT	Insured NRIC	51401332F
ntact No. (Mobile)	91221128	Contact No.(Home)	64005513	Contect No. (Dffice)	
sell Address		Of Vehicle Number	SKB4554B	TP Venicle Number	SHD1179X
smant Type Claimant Type	Please Select	Type of Benefit *	Please Select		
ement Name *	22	Claimant NRIC *	17		
sment Address				Constitution of the Constitution of the	
aim Description	SKBASSAB / SHD1179X ON 17 Jan 2020			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability +	Not at Fault		
guire Finalisation	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	18/01/2020 15:52	Claim Close Date		Date Received	18/01/2020 00:00
de Registered		ACRES AND DESIGNATION OF THE PARTY OF THE PA		1.0419/802303000000	
gort Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
and the same of th					
9					
coident No.	MT/1080779	Claim No.	001		
st Doc. Received	® Yes ○ No	Upload Date	18/01/2020 15:52		
			Category *	Confidential Urgan	ncy * Descriptio
	Path *	Brows	A managing processor and the second	▼ Normal	<u> </u>
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