NATIONAL Assessment Cent	tre Services. wet Jamos M	NO WOOLDS		
Date In: 4Mps -16.2	Jeb description	Date & Time Completed	Done b	ΣV.
Res No: Hajincapoigraphy	SAS e-filing	•		
Veh No: 14x616415	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 3/1/2-11:45	i-Motor Claim Form	M7 10829N-001	4/12 16	31
	i-Motor W/O (Within: OD 2h			
OD (TP) Reporting Only	i-Photo Uploaded			The state of the s
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 54	4197X INC)/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	TO THE CONTRACTOR OF THE PARTY	48. Marine 10 1 1.56 1 1 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mas and the	
() Walk-In Customer: Customer's int		trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu			·	
Drive-In () / Towed-In (); Invoid	ce: YES () / NO ();	Fowing Co: ()
Remarks:- (INC hodine: 6788 6616)	and the second second	Date&Time Completed	Done b	У
1) Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		A Lambia	
3) Upload Resurvey Photo [Repair Cost > 5	[00083			
Injury:				negra la casa de
Date/Time Actions		e to signer.	SREAKT TO T	Contract of
Date/Time Actions			general contract.	
			The same of the same	
*				
Mary statt	Invoice Pro	paration Checklist	Second Property of	Amt (1)
dicie cal	1) AR : Acciden	SERVICE REPORTS OF SERVICE PROPERTY OF SERVICE	(hebite)	Aon Dill
laimant's Particulars :-	2) DA : Darriago	Assessment (\$100); INC (\$	80) 0/\$45	
river/Owner:	3) TF : Towing : 4) FT : Follow-1		\$120	
ontact No:	5) FT : Follow-1	Through Survey (Resurvey) seainst INC Only (wef 10 Jan 200)	530	
amaged Portion:	6) TR : Re-iuspe	ection	\$75	
maged Fordon:	7) N1 : Idao DA 8) NTUC Additi	. 64-44-4	\$160	
C Checked by (Engr-In-Charge):	OD.			and the second
. Checked by (Engr-th-Charge).	*N5: Courtes *N6: Repair (y Cer / Tpt Allowance Ce-ordination	\$5 \$10	
uditors' Comments :-	•N7: Fost Rep	pair Inspection	\$25	
	TP (N11): T	P (Non INC) against INC	\$20	
	9) N12: Idao Mo	bile Fee Charged	30	ra Jak
2/3:	Invoice dated	Fee Charged	MAKENIK SPECIES	

Frankling Co.

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

aforesaid.	
the sound of the s	ACCIDENT STATEMENT
Date Of Report	04/02/2020 16:22
Date Of Accident	03/02/2020 21:40
Exact Location Of Accident	UPP SERANGOON RD TWDS CITY
Country/State of Loss	SINGAPORE
Section 19 19 19 19 19 19 19 19 19 19 19 19 19	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX6168B
Insured/Policyholder	
Name Of Registered Owner	RICKY CHARLES GABRIEL
NRIC No	SXXXX560I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96959620
Alternative Phone No	OFFICE-96959620
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS 1.6 AUTO
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 5108940302

Cover Note Number

Driver

Name of Driver RICKY CHARLES GABRIEL

 NRIC No
 SXXXX560I

 Date Of Birth
 22/03/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/12/2003

Driving Experience 16 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96959620

Fax Number

Contact Number OFFICE-96959620

EMail Address NOEMAIL

Address BLK 104 SPOTTISWOODE PARK ROAD

#21-114

Postcode 080104

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

v la servicio

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

NO

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

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) 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?

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 SGG197X

Vehicle Make/Model/Colour

Details Of Properties

manus and has been treat

Vehicle Category

Name of Driver CHUA TONG JOO

NRIC/Passport Number

SXXXX779J

PRIVATE CAR

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

RICKY CHARLES GABRIEL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGX6168B

YES

NO

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date & Time:

Name:

NRIC/FIN No.1

DATE OF ACCIDENT	3 12 12030
TIME OF ACCIDENT	AM/PM) G, COPM
LOCATION OF ACCIDENT	Upper Serangoon Road (Toware
Exact Purpose use during acciden	
NAME OF OWNER	RICKY CHARLES GABRIEL
TELP NO	96959620
NRIC	873105607.
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
INSURANCE CO.	NTUC INCOME
TYPE OF CAVERAGE	Comprehensive Third Party / Third Party Fire & Theft
POLICY NO.	5108940302 (Drivo Cla
NAME OF DRIVER	As above / If No.
NRIC	S73105601 Any passengers.
DATE OF BIRTH	22/03/1973
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	26/12/2003
GENDER	(Male) / Female
CONTAC NO.	969596500ffice, Home,
ADDRESS	BLK 104 SPOTTISMOODE PARK ROAD, # 21-
DRIVER HAVE ANY OWN Vehicle	
RELATIONSHIP	Employee / If No. Owner .
WEATHER CONDITION	Clear / Raining / Other
ROAD SURFACE	(Dry) / Wet / Other.
any injuries	If yes.)Who?
CONTAC NO.	Ricky Charles Gabriel
POLICE REPORT	No If yes . Where?
VEHICLE B NO.	SGG 197X Any Passenger. \
NAME	CHUA TONG JOO, IC: SI315779
CONTAC NO.	- NIL
VEHICLE C NO.	Any Passenger .
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger.
VEHICLE F NO.	Any Passenger .
ANY WITNESS	N-A.
WITNESS CONTACT NO.	N-9 .
Have you been approach by unkn	own person soliciting (s) /
offering accident claims assistant	re? YES(NO)
PARTICULAR WORKSHOP	Ruthcar : 6744 asio FAX: 6741
TELP NO	6842 0051 / 6744 0510 FAX: 6741 0
CONTACT PERSON	Zi Ting. . 1 sales @ 151. com. 89



Certificate of Insurance

MOTOR	VEHICLES	(THIRD F	ARTY	RISKS AND	COMPENSATION) ACT (CHAPTER 18	9)
MOTOR	VEHICLES	(THIRD F	ARTY	RISKS AND	COMPENSATION	I) RULES, 1960	
ROAD TE	RANSPORT	ACT, 19	87 (M	ALAYSIA)			

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

Certificate Number: 5108940302

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SGX6168B

Chassis Number

· MR053ZEC107152910

2. Name of Policyholder

: RICKY CHARLES GABRIEL

3. Effective Date of Insurance

: 17 Apr 2019

4. Expiry Date of Insurance

: 16 Apr 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) EXCESS (SECTION 2) : \$51,500 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER

- RICKY CHARLES GABRIEL PRIMARY DRIVER

= N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A 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

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 17 Apr 2019 11:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					THE R. LEWIS CO., LANSING, MICH.	· Chang	e Languag	e • Chan	ge Password	- Log Out
My Desktop	Poli	cy Query									9
Notice of Loss	Policy N	10.				Date	of Accident		03/02/2020 2	1:40	
	Vehicle	No.(For Mator)	SGX61	58B		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108940302		RICKY CHARLES GABRIEL	S7310560I	GPC	drivo CLASSIC	SGX61688	SGX6168B	17/04/2019	16/04/2020
				GABRIEL	-	Continue	11100-11100				

Policy No.	5108940302	Policyholder Name	RICKY CHAI	RLES GABRIEL	Policyholder NRIC	S7310560I	
Certificate No.							
Address	BLK 104 #21-114 SPOTTISWOO	DE PARK ROA	D SPOTTISW	OODE PARK SINGA	PORE 080104		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/04/2019	Effective Date	17/04/2019	00:00	Expiry Date	16/04/2020	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			Your	ng/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 104 #21-114	Addre	ss 2	SPOTTISWOODE I	ARK ROAD	Address 3	SPOTTISWOODE PARK
Address 4	SINGAPORE 080104	Addre	ss Type	Singapore address		Post Code	080104
Unit No.	11-09	Relate Numb	ed Policy er	5108940302			
♪ Insure	d Object: SGX6168B						
▽ Endors	ements						
			Endorsement	Туре	Endorsement	Status	Endorsement Content
Sequen	nce Date of Endorsemen						

laim Handling							
ccident HT/1082921							
olicy No.	5108940302	Vehicle No.	SGX61686	GST Registration No.			
ertificate No.							
olicyholder Name	RICKY CHARLES GABRIEL			Policyholder NRIC	\$73105600		
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0		
ontact No.(Mobile)	96959620	Contact No.(Office)	0	Contact No.(Home)	0		
mail Address		Special Remark		eCode	an v		
PK.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	CERCOT		
CD Protection	Sale Contractor	NCD Entitlement(%)	0	Private Hire	Yes		
	No	ACD Emperiences		7)11415.1115.			
Accident Details				VIII 2			
eport Date	04/02/2020 16:30	Accident Report Within 24 hr		Accident Type	Collision - Change / Cross-lane		
ate of Accident	03/02/2020	Time of Accident hh:mm	21:40	Country of Accident	Singapore		
eporting Centre		Orange Force		ICM No.			
ccident Location	UPP SERANGOON RD TWOS CITY	Ψ.					
▼ Total Excess Applicable							
cess Type	Per Accident	Windscrean Excess	100.00				
Standard Excess	2,000,00	TP Standard Excess	1,500.00				
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
Aditional Excess	0						
tal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00				
# Benefits							
GST Registered Informa	ition						
T Registered	No		GST Registration Date				
IT Registration No.			GST Status Verified	Yes			
dification History							
Policyholder Mailing Ad	dress						
idress 1	BLK 104 #21-114	Address 2	SPOTTISWOODE PARK ROAD	Address 3	SPOTTISWOODE PARK		
odress 4	SINGAPORE 080104	Address Type	Singapore address	Post Code	080104		
nt No.	11-09	Related Policy Number	5108940302				
OI Driver Info	31.03		= - 101 (10001=)				
wer Name	RICKY CHARLES GABRIEL	Driver Type	Main Driver				
named driver Name	KICKY CHINCLES WHIRLIES	Driver NRIC	57310560t	Driver DD8	22/03/1973		
				Driving Experience	16		
gister Date of Oriver License		Driver Age	40		0		
ontact No.(Mobile)	96959620	Contact No.(Office)	0	Contact No.(Home)			
idress 1	BLK 104	Address 2	SPOTTISWOODE PARK ROAD	Address 3	SPOTTISWOODE PARK		
tdress 4	SINGAPORE 080104	Address Type	Singapore address	Post Code	080104		
nt No.	21-114						
oes he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
egistered car?	ST. ST. STORE						
claration							
reathalyser or Blood Test		Acres (Alleren A	® Yes ○No				
nading?	0 mg	Any Injury?	a.mon				
odification History							
and the same of th							
Claim 001 New							
am Type +	00-MX Y	Insured Name	BLOCY CHARLES GABRIEL	Insured NRIC	\$73105601		
			January 11 and 1		079100401		
intact No. (Mobile)	96959620	Contact No. (Home)	64515064	Contact No. (Office)	anning		
nas Address	rickycharles@hotmail.com	OI Vehicle Number	SGX61688	TP Vehicle Number	SGG197X		
simant Type Claimant Type *			Please Select				
aimant Name *		≥≥ Claimant NRIC *					
aimant Address							
aim Description	SGX61688 / SGG197X ON 3 Peb	b 2020		Name of Preferred Workshop	8		
eferred Workshop Contact		Insured Liability *	Not at Fault				
and the second	Fuer Co.			▼ GIA report	Received		
equire Finalisation	Yes 💌		Preferred Workshop, Name unknown	The state of the s	04/02/2020 00:00		
ate Registered	04/02/2020 16:31	Claim Close Date	1	Date Received	WHITE SEASON WAY		
port Taken By	Tackson						
Print AK letter							
			Yard Sider 1				
			Save Submit				
Attachment							
3		A-11-11-11-1					
3	MT/1082921	Claim No.	001				
ocident No.	MT/1082921 ● Yes ○ No	Claim No. Upload Date	001				
ocident No.				Confidential Urge	ency • Description		
oldent No.	⊕ Yes ○ No	Upload Date	04/02/2020 16:32 Category *	Confidential Urge	300000 H 5000000		
oldent No.	⊕ Yes ○ No	Upload Date	04/02/2020 16:32 Category *	▼ Normal	<u> </u>		
ocident No.	⊕ Yes ○ No	Upload Date Brow Brow	04/02/2020 16:32 Category * Se Cher_ Please Select Cher_ Please Select	▼ Normal Normal	V		
ocident No.	⊕ Yes ○ No	Upload Date	04/02/2020 16:32 Category * Se. Clear Please Select Char Please Select	▼ Normal	V		
coldent No.	⊕ Yes ○ No	Upload Date Brow Brow	04/02/2020 16:32 Category * Se Clear Please Select Se Clear Please Select	▼ Normal Normal	V		
Attachment Coddent No. Received	⊕ Yes ○ No	Upload Date Brow Brow Brow	04/02/2020 16:32 Category * Se Clear Please Select Se Clear Please Select Se Clear Please Select Se Clear Please Select	V Normal V Normal V Normal	>		

