Date In: 14/12-14141	Jeb description	Date &Time Completed	Done by
the state of the s	SAS e-filing		
Res No: UA JHERO DANG Y MY	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SO SYRL	i-Motor Claim Form	em/1084372-201	14/2/12 15:04
D.O.A: 19/15-19:15	i-Motor W/O (Within: OD		14/1/2 11:01
OD TP Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Repor		
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QV			Fax:
	SICTT34 INC	()/Non-INC().	12.00 To 10.00 To 10.
Owner / Driver: (W-Q	Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO()	
	g:\$1,000()/\$2,000()		
General Remarks:	The state of the s		100 St. 1
() Total Loss Case : to e-mail Drive-In () / Towed-In (); I		Towing Co: (.)
		Date& Timb Completed	Dankhu
Remarks: (INC hotline: 6788 6	616)	Transcorption Schillipae Service	The same of the straight of the
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1) Apply for Transport Allowance ()/Courtesy Car ()		
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()		
1) Apply for Transport Allowance () / Courtesy Car ()		
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury:) / Courtesy Car ()		
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S a per et + 190

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Contact Number

EMail Address

Fax Number

Gender

- 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.	
All the second second	ACCIDENT STATEMENT
Date Of Report	14/02/2020 14:41
Date Of Accident	13/02/2020 19:15
Exact Location Of Accident	KPE TWDS PIE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ5478L
Insured/Policyholder	
Name Of Registered Owner	KOO YU HUI RICSON
NRIC No	SXXXX397I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82826010
Alternative Phone No	OFFICE-82826010
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS 1.5E A
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	5111557955
Cover Note Number	
Driver	
Name of Driver	KOO YU HUI RICSON
NRIC No	SXXXX397I
Date Of Birth	22/02/1994
Occupation	OUTDOOR

10/03/2017

MALE

NOEMAIL

2 YEARS AND 11 MONTHS

(LOCAL) +65-82826010

OFFICE-82826010

BLK 234 CHOA CHU KANG CENTRAL Address

#06-01

680234 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200214/7006.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SKJ333G

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SDM8005T

Vehicle Make/Model/Colour

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

KOO YU HUI RICSON Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SGJ5478L YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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.
- 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 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:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN A . SUJ 5 478 E B . SUJ 353 G C . SIM 800 S 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	police	report -	7/2000	0214/30	, dec			
				The state of the s				
			/					

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 & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Date of Expiry:

1 of 4

Report No. T/20200214/7006

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

REPORT OF A TRAFFIC ACCIDENT

Occupation: FINANCIAL PLANNER

	ne Report N 020 11:45	Made:	Vide Report No.: Station D			
Informa	nt's Partic	ulars		HARLING WARREST AND		
	f Informant: J HUI RICS		Address: APT BLK 234 CHOA (SINGAPORE 680234	CHU KANG CENTRAL #06-01		
ID Type / ID No.: NRIC NO / S9407397I			Contact No.: Home/Office: Mobile: 82826010			
National SINGAF	ity: ORE CITIZ	EN	Email: ricsonkoo@gmail.com			
Sex: Male	Age: 25	Date of Birth: 22/02/1994	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		

Driving Licence Information: Class:

General Infor	mation of the Acci	dent	The state of the s	THE PERSON NAMED AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2020 19:15	Type of Location: Tunnel
Location: KALLANG PA Weather: Clear	AYA LEBAR EXPRE	Road Surface:	F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume: Joderate
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear	a	Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDM8005T	Car	NISSAN	Sylphy			0
SGJ5478L	Car	TOYOTA	VIOS 1.5E A	Black		0
SKJ333G	Car	PORSCHE	+		-	0

Details of Vehicle Insurance	A TOP OF THE PARTY	AND THE PERSON NAMED IN	
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





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

2 of 4 Report No. T/20200214/7006

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	For a	
		Insurance No	Effective	Expiry Date
COUSTICE	NTUC Income Insurance Co-Operative Limited	5111557955	05/08/2019	04/08/2020

Any Pedestrian	nvolved: No		AND PROPERTY.	NEGOTIE NO	CONTRACTOR STATE	
No. of Pedestria	ns Injured: NIL	Lise of Do	doctrio	- C	ala au NIA	
Driver		Use of Pe	destrial	n Cros	sing: NA	
Name	DARREN SNG CHOON BENG		ID No.		S6836719J	
Related Vehicle	SDM8005T (Car)		Conta	ect No.	91998005	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	narge	NIL		
	ted Medical Leave NIL	Degree of		NIL		
Driver	CONTRACTOR OF THE PARTY OF THE	Addition of the latest and the lates	it say	N. CHIEF PLACE		
Name	KOO YU HUI RICSON	HER THE STREET,	ID No.		S9407397I	
Related Vehicle	SGJ5478L (Car)		Contact No.		82826010	
Hospital/Clinic	UNITED HEALTH FAMILY CLINI SURGERY	C &	Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	13/02/2020	Data Disah	2003-000-046	The same of	10000	
	ed Medical Leave NIL		ate Discharge 13/02/2020 egree of Injury Serious			
Driver		Degree or i	irijury	Seriou	JS	
Name	NG CHIN SIAU	TOTAL SECTION	SEC. BEST	and the	Control of the said	
	THE STATE STATE		ID No.		S6873942Z	
Related Vehicle	SKJ333G (Car)		Contac	t No.	96928828	
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discha				
	ed Medical Leave NIL	Degree of Ir	arge	NIL NIL		





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

3 of 4 Report No. T/20200214/7006

CONTINUATION OF REPORT

Brief Details.

I was driving along KPE towards PIE inside the tunnel. As the vehicle in front of me braked, I also slowed down my vehicle almost to a stop while maintaining a distance from the vehicle in front. Suddenly, I felt a big impact from the rear and my whole vehicle was pushed forward resulting in my vehicle hitting the car in front of me. My vehicle rear was severely damaged, however the front damage was minimal. After the impact, I felt pain on my neck and back area and went to visit a doctor. I was given 3 days MC.





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

4 of 4 Report No. T/20200214/7006

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

NP168

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: 14/02/2020 11:45
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
authentication Stamp	

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.	ā			Date o	f Accident	[3/02/2020	9:15	
	Vehicle	No.(For Motor)	SG)547	8L		Certifi	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111557955		KOO YU HUI RICSON	594073971	GPC	drivo CLASSIC	SGJ5478L	SGJ5478L	05/08/2019	04/08/2020
					C	ontinue					

Address 1 Address 4 Unit No.	d Object: SGJ5478L		ss Type d Policy er	Singapore addre	ss	Post Code	680234
Address 4		Relate	d Policy	Singapore addre	ss	Post Code	
		Addre	s Type	Sterios de la company de la co	ss	Post Code	
Address 1							STHONFORE GOOKS4
	BLK 234 #06-01	Addre	ss 2	CHOA CHU KAN	G CENTRAL	Address 3	SINGAPORE 680234
Info Policyt	nolder Mailing Address						
Certificate							
Open Policy Info							
insurance Flag	No						
Co-							
Agent	SGP BUSINESS CONSULTANO	Y I Agent Tel.	62810777		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Outside		Outside				-	
Additional Excess	0	OS Premium	0				
Excess	· ·	Excess	000		Excess	100	
Third Party	0	Own damage	600		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	05/08/2019	Effective Date	05/08/2019	9 00:00	Expiry Date	04/08/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 234 #06-01 CHOA CHU R	ANG CENTRAL S	INGAPORE (580234	110 10 10		
No.							
Certificate	5111557955	Policyholder Name	KOO YU HU	JI RICSON	Policyholder NRIC	S9407397I	

March	Claim Handling						
Michael Micha	Accident MT/1084372	Necessary (1992)		NORTH THE PARTY OF	y 990 many 2000		
Marian Common	Policy No.	5111557955	Vehicle No.	SGJ5478L	GST Registration No.		
Ministration Min							
Cambool Minimal Cambool Cam	Policyholder Name	KOO YU HUI RICSON					
Separat						58	
Part			Special Remark TCA	0		No. V	
March Marc				0.0			
## MARCHES MA		3000100000					
March Marc		No	NCD Entitlement(%)	0	Private Hire	No	
The of Accident 1,00,0000		W20100000		W.	\$850,000	THE WAR	
Part							
Windle Cases Application Part Indicate Application		13/02/2020		19:15	Section 2 and Application of the	Singapore	
## Part Associated Section	teporting Centre		Orange Force		ICM No.		
20 Standed Species							
Marchand Decision	Total Excess Applicable	g Transcourage (Tr. 17)					
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Min Co Direct Na Court Agricated Min Court Ag	D 50	ene no	TO STANDARD STANDARD	0.00			
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## Part	Address 4		Address Type	Singapore address	Post Code	680234	
Driver Page	unit No.		Related Policy Number	5111557955			
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Part Date of Driver License 10/03/2017 Orient Age 25	Driver Name	KOO YU HUI RICSON	Driver Type				
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