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25/3/20 20:50	I-Motor W/O (within: OD 2hrs		
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	Assessment/Survey Report		
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TP Particulars: Veh No:	GBE 8960 B INC ()/Non-INC()	
Dwner / Driver: (GRE 8100 B.	Tel:)
The second secon	lod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]
	/arranty: YBS ()/NO ()	
Excess: (S) Loading: \$1,00			
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2) QC Check / Post Repair Inspection	.(·)	 	
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	Invoice dated	Fee Charges	Mariton

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

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

经产品的关系的企业的企业	ACCIDENT STATEMENT
Date Of Report	26/03/2020 13:31
Date Of Accident	25/03/2020 20:50
Exact Location Of Accident	SIMS WAY TWDS PIE(KJE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN9759D
Insured/Policyholder	
Name Of Registered Owner	NAH SOON CHENG JOHN
NRIC No	SXXXX105E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94590612
Alternative Phone No	OFFICE-94590612
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	5111263038
Cover Note Number	
Driver	
Name of Driver	NAH SOON CHENG JOHN
NRIC No	SXXXX105E
Date Of Birth	30/11/1963
Occupation	INDOOR
Date Of Driving Pass	27/02/1982
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94590612
Fax Number	
	The state of the s

OFFICE-94590612

NOEMAIL

BLK 504 WOODLANDS DR 14 #06-122 Address

730504 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

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)

Passenger 1 NAME: : UNKNOWN

GENDER: : FEMALE

YES

NO

2

Details of Police Action

NO Was the accident reported to the police?

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? NO Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

GBE8960B

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

ABDUL Name of Driver

NRIC/Passport Number

82890930 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NAH SOON CHENG JOHN

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

SGN9759D

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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.
- 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:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NRIC/FIN No.:

Date & Time:

Saffarin September of the year

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 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

Date and time of accident	Date: 25	Mar	2020 (DD/MI	M/YY)	Time:	2050	(HH:MM)
Exact location of accident	Sins	May	towards	PIE	(KJE)	

Details of vehicle

-159
O 4

Vehicle registration number	36N 48240
Vehicle make and model	Toyola Wish
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

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

Insured / Policy holder

Name	John Mah Soon Cheng Males Female =
NRIC / Fin / Passport number	10SE
Contact	9459 0612
Address	Block Soy woodlands are 14 # 06-122 Sugapere 730504.

<u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	30 Nov 1963
Occupation	Indoor Outdoor D
Driving date pass	27 feb 1882

General information of the accident

Was driver an employee of the insured's company?	Yes No D If no, relationship of the driver and insured:	Seff
Accident captured by camera?	Yes D No D	
Weather condition	Clear Raining Others:	
Road surface	Dry Wet a	
No of passenger	2	(Inclusive of driver)

Passenger 1

Name		
Gender	Male □	Female D

Passenger 2

Name		
Gender	Male □	Female g

Passenger 3

W December 1			
Name			
Gender	Male Female		

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

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

Details of police action

Reported to police?	Yes 🗆	Noe	If yes, please state which police station.
Police station name			

Third party vehicle 1 (Vehicle B)

Name	Abdul
Contact number	8289 0930
NRIC / Fin / Passport number	
Vehicle registration number	GBE 8960B
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	



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)

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

Certificate Number: 5111263038

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGN9759D

Chassis Number

: ZNE100333306

2. Name of Policyholder

: NAH SOON CHENG JOHN

3. Effective Date of Insurance

: 26 Jul 2019

4. Expiry Date of Insurance

: 25 Jul 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) : \$\$2,000 EXCESS (SECTION 2) : S\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : JOHN NAH SOON CHENG

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

HIRE PURCHASE COMPANY : HONG LEONG FINANCE LIMITED

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

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)

: SONA INSURANCE AGENCIES (00000573757)

Date of Issue

: 26 Jul 2019 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Policy No.	5111263038	Vehicle No.	SGN9759D	GST Registration No.	
Certificate No.					
Policyholder Name	NAM SOON CHENG JOHN			Policyholder NRIC	\$1605105E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	94590612	Contact No.(Office)		Contact No.(Home)	
Email Address	TOWN DOM:	Special Remark		eCode	No T
NFK NCD Protection	No Yes	TCA	* No Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	0	Private Hire	Yes
	La Sectional de la constant de la co	Villageller			
Report Date	26/03/2020 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/03/2020	Time of Accident his:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS WAY TWDS PIE(KJE)				
▼ Total Excess Applicable	K				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	70 Chandest France	V Ober Novel		
YIED OD Excess	0.00	TP Standard Excess YIED TP Excess	1,500.00	200 000 00	
Additional Excess	1500	FIED OF EXCESS	0.00	Driver is Covered?	Covered
Total OD Excess Applicable	3500.00	Total TP Excess Applicable	V PRO DE		
▽ Benefits	-	(didn't Extend Approprie	1,500.00		
	tion				
GST Registered	No		207.0		
GST Registration No.	160		GST Registration Date GST Status Verified		
Modification History			Wall acades Verified	Yes	
Policyholder Hailing Add	iress				
Address 1	BLK 504 #06-122	Address 2	WOODLANDS DRIVE 14	Address 3	CINCADODE BYOTA
Address 4		Address Type	Singapore address	Post Code	SINGAPORE 730504 730504
Unit No.		Related Policy Number	5111263038	10000 September 1	- F30304
♥ OI Driver Info			2527, 833000		
Driver Name	JOHN NAH SOON CHENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	\$1605105E	Driver DOS	30/11/1963
Register Date of Driver License	27/02/1982	Driver Age	56	Driving Experience	38
Contact No.(Mobile)	94590612	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 504 #06-122	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730504
Address 4		Address Type	Singapore address	Post Code	730504
Unit No.					
Does he own a Singapore Registered car?	⊕ Yes → No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test Reading?	0 mg	Any injury?	* Yes No		
to both gr		**************************************			
100					
lodification History					
Claim 001 New					
R AND STREET					
Taim Type *			OD-MX	Name NAH SOON CHENG	JOHN Insured \$1605:
contact No.(Mobile)				Contact	Contact
			94590612	No. 68939085 (Home)	No. (Office)
mail Address				OI State Squares	TP
				Vehicle SGN9759D Number	Vehicle G8E89
laim Description			SGN97590 / G8E896	0B ON 25 Mar 2020	Name of Preferred o
referred				SCH WEST OF STATES	Workshop
Vorkshop 0	Residenced Liability Not at Fault	GIA GLA			
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♥ Attachment List					

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Attachment		Uploaded By/Date	Category	9	Urgency	Description	м

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