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Date In. 31 03 2000 17/03	Jeb description		Date &Time Compl	eted	Done b	*.
Ref No: NBA/Jul 20004749/4	SAS e-filing					
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DOA 316/2020 11:40	i-Motor Claim		m71090285.	001 0	1/04/2	000
OD . TP ' Reporting Only	i-Motor W/O (V	Vithin: OD 2hrs.			10:13	20
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TP Insurer	Assessment/Surv	ey Report	1			
110000	Ass't Report by I	Pax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Sk	N 4027H	. INC()/Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ().	Cover Type: ()	
Confirmed by : (Date:	Time:)	
The state of the s	Note-Est. Status (WC); N: 0-20	%; P: 21-79%, F	: 80-100%]		
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	00()/\$2,000()		***********	-	PHONONIA
General Remarks:	-viña Prografia	1.7	z A. Rethinks in the	<u>Miller Avier</u>		
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Drive-In () / Towed-In (); Invoice						
	:YES()/NO	1 1 1 1	owing Co: (
Remarks: (INC horline: 6788 6616)	<u> </u>		Date&Time Compl	e!ud is X	Done	у
1) Apply for Transport Allowance ()/(Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()		1	200		
Injury:						
Date/Time Actions				34.00		
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142002851		Invoice Pre	paration Checklis		Ant (\$)	SECTION SECTION
		1) AR : Asciden	t Reporting (\$30);		SC22-73-73-6-1	SECTION SECTION
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Chumant's Particulars :- Driver/Owner:		1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	I Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Resurve)	INC (\$80) \$40,'\$45 \$130 y) \$30	SC22-73-73-6-1	SECTION SECTION
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Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit QIV: *N5: Courtes *N6: Repair *N7: Fost Re	I Reporting (\$30); Assessment (\$100); Fee Phrough Survey Phrough Survey (Resurve against INC Only (wef it cotion + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection	INC (\$80) \$40/\$45 \$130 y) \$30 Jan 2005) \$75 \$160 \$5	(ist Bill's	SECTION SECTION
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

ACCIDENT STATEMENT

Date Of Report 31/03/2020 17:09 Date Of Accident 31/03/2020 11:40

Exact Location Of Accident ALONG WEST COAST ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU3987P

Insured/Policyholder

Name Of Registered Owner LEOW CHIN SENG

NRIC No SXXXX740E

Email Address BETNJOSH@GMAIL.COM Mobile Phone No (LOCAL) +65-93866475 Alternative Phone No OTHERS-93866475

Vehicle Particulars

Manufacturer TOYOTA Model WISH

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY 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 5109068041

Cover Note Number

Driver

Name of Driver LEOW CHIN SENG

NRIC No SXXXX740E Date Of Birth 12/12/1955 Occupation INDOOR Date Of Driving Pass 01/03/1978

Driving Experience 42 YEARS AND 0 MONTHS

Gender

Mobile Number (LOCAL) +65-93866475

Fax Number

Contact Number OTHERS-93866475

EMail Address BETNJOSH@GMAIL.COM

BLK 337 CLEMENTI AVENUE 2 Address

#21-50

Postcode 120337

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 SIDE SWIPE 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

Was any body injured in the Accident? NO

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)

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

2

NO

NO

NO

NO

Was there any video captured by Car Camera?

NO

1

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKN4227H Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver PRASADA VIJAY NRIC/Passport Number SXXXX570Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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)

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)
 - (i) 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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 any regulations, laws or court orders.

Driver's Signature

(If driver is not the palicyholder)

Date & Time:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, the driver of SGU3987P had just dropped off
my daughter and granddoughter outside Clementi
Woods Kindergarfen on West Coast Road at
about 11.40 Am.
I was on the left Lane waiting for clear traffic
to move to Right U-turn lane.
I had my Right blinker on and when traffic was
Clear I turned into the Right hand U-turn Lane.
Suddenly my car Scratched Smething, I Stopped
and realised the Handa Civic was right behind me.
I was very surprised because I didn't see his
Car coming in the U-turn lane.
my own Car Right door was slightly dented at the
hinge cerca.
Handa Civic driven by Mr. Prasada Vijay was
Honda Civic driven by Mr. Prasada Vijay was Scratched at two places on front Left.

DECLARATION

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

Policyholder's Signature

Date & Time: 3020 31 03 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn Name:

NRIC/FIN No .:

4141942023865X

ACCIDENT STATEMENT

ĄC	CIDENT DATE: (31,03	12020)(DD/MM/YY	M), TIME: (11 : 4	- (HH:MM)
	1 \	oast Road	3	
	DETAILS OF VEHICLE DIVEHICLE NUMBER: DINSURANCE COMP OPOLICY NUMBER: THE POLICY N	5109068041		8 8
	OMAKE & MODEL:		Y_1101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	f)TYPE:(SALOON / COL g)VEHICLE CATEGORY	JPE / MPV /VAN / LORE : (PRIVATE / COMMERC	RY / MOTORCYCLE,	/ OTHERS)
	h)PURPOSE OF USING A	AT ACCIDENT TIME:	rivate use	
2	INSURED / POLICY HOL	DER	EPORTING ONLY)	6
	A)NAME: LEON b)NRIC/FIN/PASSPORT:		(MALE /	FEMALE)
	c) ADDRESS: 337	- so SIZO	enue 2	
# No of passanger	* CONTINUE TO 3.d IF D	RIVER ALSO POLICY HO	DLDER	
(Including driver)	b)NRIC/FIN/PASSPORT:	Mision	(MALE / F	EMALE)
	*d)DATE OF BIRTH: (1 12 / 1955 (1004)		
	FIDE OF DRIVING P	OR / OUTDÓOR) AS <i>c</i>		
	WAS DRIVER AN EMPLIF NO, RELATIONSHIP	OYEE OF THE INSURE	INSURED.	S 60 93
	d) WEATHER CONDITION: b) ROAD SURFACE: (DRY WAS ANYBODY INJURED	(CLEAR / RAINING / O / WET / OTHERS	THERS Clear	
7.	a) REPORTED TO POUCE- IF YES, PLEASE STATE WH	YES / NO)	M 2	
Ho of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	PARTICIPAL NEW TOTAL DESIGNATION	MODEL: Honda	Civic
Including driver)	b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	PRASADA VIJA	CONTACT:	
No of passanger	HIRD PARTY VEHICLE d) VEHICLE NUMBER:		MODEL:	,
Including driver)	e) DRIVER'S NAME:		CONTACT:	
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	Obsaid	1- Lathinsh	na gmail, c	om

email = betnjoshægmail.com

Claim Handling

cident MT/1090285									
olicy No.	5199058041	rende No.	SGL0987P		GST Registration No.				
ertificate No.	524000000000000000000000000000000000000				2010000444				
olicyholder Name rodust Code	PRIVATE CAR INSURANCE	Cover Type	CAST CONTRACTOR CONTRA		Policyholder NRIC		\$1273740¥		
intact No.(Mobile)		Contact No. (Office)	drivo CLASSIC		Control to (Warne)		0		
nati Address		special Remark			Contact No.(Home). acade		10.0		
1.		CA.	No. Yes		eCode Resson		No. F		
D Protection			50		Private Hou		No		
Accident Details					23,14414.312.32				
ort Date	01/04/2020 69:57	Accident Report Within 24 hrs	Yes		Accident Type		Side Swipe		
se of Accident			11:00		Country of Accident		Singapore		
porting Centre		Prange Force	11.90		ICM No.		singapore		
ident Location	ALONG WEST COAST ROAd				Torr No.				
Total Excess Applicable									
esa Type		Winderroen Extens		12212					
ess ripe	PET ALL DETR	Windermen Caresa		100.00					
Standard Excess	2,000.00	P Standard Excess		1,500.00					
D OD Excess	0.00	TED TP Excess			Driver is Covered?		Covered		
ditional Excess	Φ.								
wi do Excess Applicable	2000.00	otal TP Excess Applicable		1,500.00					
Benefits									
GST Registered Inform	ation								
Registered	No.		GST Registr						
Registration No.			GST Status	verified	Yes				
distance History									
Bellevis de la la									
Policyholder Mailing As		(days)							
frican i frican 4		Address 2	CLEMENTI AVENUE :		Address J		SINGAPORE LITT	37	
FREE F		Address Type Kelated Holicy Number	Singapore address		Post Code		120337		
OI Driver Info		America county teathors	5109068041						
eer Name	LEOW CHIN SENG	Driver Type	Man Other						
named sower hame.		Driver NRIC	51223740E		Driver DOB		12/12/0955		
laker Deter of Driver Lipense		Driver Age	64		Driving Expenence		20		
Nact Ne. (Mobile)		Contact No.(Office)			Contact No.(Home)				
tress 1	8(X 337 x21-50	Address 2	CLEMENTI AVENUE:	2	Address 3		SINGAPORE 1203	137	
tress.4		Address Type	Singapore address		Post Code		120337		
5 No.									
es he own a Singapora sistered car?	Yes No	Driver Vehicle No.	16U3987F		Driver Insurer Comp	terry	NTUC		
Brown on the contract of the c									
leration athalyser or Blood Test oling ³	0 mg	long injury?	Yes - No						
cleration self-wher or Blood Test acting 3 diffication History	D mg	hny injury?	Yes No						
Seration othelyser of Blood Test 160g? Offication History Claims 001 New	0 mg	Ang injury?	Yes No		lacial (Constant)		- Invited		
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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: 5109068041 Cover : drivo CLASSIC 1. Index mark and Registration Number of Vehicle : 5GU3987P

Index mark and Registration Number of Vehicle : 5GU3987P
 Chassis Number : 2NE100363068

Chassis Number

2. Name of Policyholder

Effective Date of Insurance
 Expiry Date of Insurance

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.

: LEOW CHIN SENG

: 20 Apr 2019

: 13 May 2020

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)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

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 : LEOW CHIN SENG

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

HIRE PURCHASE COMPANY : ALPINE CREDIT PTE. LTD.

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)

Agency

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 24 Apr 2019 09:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive