

91047616, M1A1 2004/6/6

Preferred Wksp / INC Assign Wksp / QW: (Tot:	Fact:)
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Owner / Driver: () 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 ()

Excess: (\$) Loading: \$1,000 ()/\$2,000 ()

Cenozoic Reptiles

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case : to e-mail Insurer **URGENTLY**.

Drive-In () / Towed-In () ; Invoice# YES () / NO () ; Towing Co: ()

1) Apply for "Travel and Allowance" () / "Courtiers Fee" ()			
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17) Apply for Transport Allowance ()	18) Courtesy Car ()		
19) O/G Check / Bus 3 months Insurance	()		

QC Check / Post Repair Inspection	()			
1) Upload Reassembly Photo (Brand: Goeth F30003)	()			

Offense	Offense Code	Offense Description	Offense Date	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 1	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 2	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 3	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 4	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 5	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 6	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 7	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 8	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 9	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes
Offense 10	10000000	Offense Description	10/10/2010	Offense Location	Offense Status	Offense Outcome	Offense Notes

Injury: _____

Online Appendix 1: Appendix 1: Study 1: The Effect of the Number of Alternatives on the Choice of the Best Alternative

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[illegible]

1) AIR: Accident Reporting	(\$30)	
2) DA: Damage Assessment	(\$100)	INC (\$10)

Driver/Owner:	3) TP's Towing Inc	\$400.45
	4) UT - Follow-Through Bussey	\$12.00

3) RT: Mallow-Through Survey (Resurvey)	\$30
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For claimant against first party	375
6) Tit: RA-Jamshedpur	

7) NI : IDao DA + EMRT Survey	3160
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NTUC Additional Services			
ON:			

Checked by (Engr-In-Charge):	:	• NS: Courtesy Car / Tpl Allowance	\$0
		• Public House Consumption	\$10

• Not Repair Coordination	\$25
• Not Post Repair Inspection	\$3
• Not Repair Coordination	\$3

TP (NU) + TP (Non-INC) against DAG	30		
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	2) NITRIDE Mobile		Fee Charged	
	Invoice dated			

2 / 3	Invoice dated	Fee charged	ENTERED
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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.
3. Information provided must be as truthful and accurate as possible. Any willful 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.
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	23/05/2020 10:46
Date Of Accident	22/05/2020 12:05
Exact Location Of Accident	ALONG TELOK KURAU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP40U
Insured/Policyholder	
Name Of Registered Owner	RONNIE POH TIAN PENG
NRIC No	SXXXX789J
Email Address	VICTORIAPWT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97377890
Alternative Phone No	OTHERS-97377890

Vehicle Particulars

Manufacturer	BMW
Model	523i
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	5116482720
Cover Note Number	

Driver

Name of Driver	RONNIE POH TIAN PENG
NRIC No	SXXXX789J
Date Of Birth	06/03/1960
Occupation	INDOOR
Date Of Driving Pass	14/08/1978
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97377890
Fax Number	
Contact Number	OTHERS-97377890
EEmail Address	VICTORIAPWT@GMAIL.COM

Address	38 LA SALLE STREET
Postcode	454970
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

P

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP9140T
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO LIAN CHOO
NRIC/Passport Number	SXXXX666A
Contact Number	98305654
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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.
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.
7. 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:
 - (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
- (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 any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 23/05/2020
10:50 AM

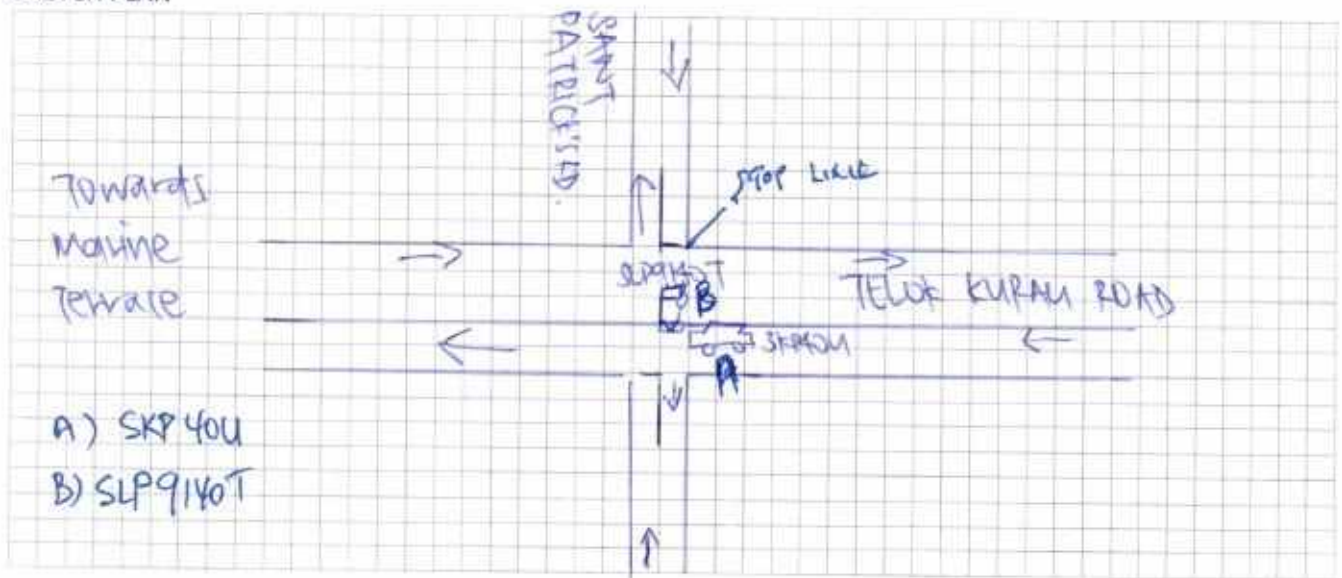
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: ROSE, W. HAB
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle SKP401 was driving along Teluk Kumbar Road towards Marine Parade. At the cross junction, driver of SKP401 saw vehicle SP9140T coming out of Saint Anthony's Rd with no intention to stop so SKP401 jammed brake and stopped before the yellow box.

SLP9140T still did not see SKP40M and continued driving, colliding into the front right of SKP40M. Even after colliding, driver of SLP9140T continued driving, stopping a few meters away.

DECLARATION

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

Policyholder's Signature

Date & Time: 10-50 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 05 / 20) (DD/MM/YYYY), TIME: (12:05) (HH:MM)

LOCATION: Telok Ayer Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP404
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5116482720
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 523i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Loonie Bin Han Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1415789J CONTACT: 97577890
c) ADDRESS: 38 La Salle Street S144970

* d) DATE OF BIRTH: (06 / 05 / 1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14/08/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzle

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLP91407 MODEL: Mazda 3

b) DRIVER'S NAME: Yeo Han Choo

c) NRIC/FIN/PASSPORT: 31714666A CONTACT: 9830 0664

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

VIDEO

Claim Handling

Accident MT/1093127

Policy No.	S116482720	Vehicle No.	SKP40U	GST Registration No.	
Certificate No.					
Policyholder Name	RONNIE POH TIAN PENG			Policyholder NRIC	S1413789J
Product Code	PRIVATE CAR INSURANCE	Cover Type	SRV CLASSIC	Loading	0
Contact No.(Mobile)	97377890	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		#Code	Yes
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	#Code Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	23/05/2020 12:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Mu
Date of Accident	22/05/2020	Time of Accident (hh:mm)	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELUK KURAU ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	38 LA SALLE STREET	Address 2	SINGAPORE 454970	Address 3	
Address 4		Address Type	Singapore address	Post Code	454970
Unit No.		Related Policy Number	S116482720		
OT Driver Info					
Driver Name	RONNIE POH TIAN PENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1413789J	Driver DOB	06/03/1990
Register Date of Driver License	14/08/2018	Driver Age	80	Driving Experience	41
Contact No.(Mobile)	97377890	Contact No.(Office)		Contact No.(Home)	
Address 1	38 LA SALLE STREET	Address 2	SINGAPORE 454970	Address 3	
Address 4		Address Type	Singapore address	Post Code	454970
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKP40U	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RONNIE POH TIAN PENG	Insu	ARR
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Offi	
Email Address		OT	SKP40U	TP	
Claim Description	SKP40U / SLP9140T ON 22 May 2020			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault		
Passbook No.		Preferred Workshop, Name unknown		GIA report	Received
Finalisation	Yes	Repair Option			
Date Registered			23/05/2020 12:16	Claim Close Date	
Report Taken By			ROSLE WAHAB		
<input type="checkbox"/> Print AA letter					

Save Submit

Attachment

Accident No.	MT/1093127	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/05/2020 12:17
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Category *		Confidential	Urgency *
Please Select		NO	Normal
Please Select		NO	Normal
Please Select		NO	Normal

Attachment List

▼ Video List

Display in New Window Scan and uploading

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116482720

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKP40U**
 Chassis Number : **WBAFP32040C864680**
2. Name of Policyholder : **RONNIE POH TIAN PENG**
3. Effective Date of Insurance : **18 Mar 2020**
4. Expiry Date of Insurance : **17 Mar 2021**
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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: RONNIE POH TIAN PENG
NAMED DRIVER (1)	: JACKY POH ZI YUAN
NAMED DRIVER (2)	: KIMBERLY POH WAN JUN
HIRE PURCHASE COMPANY	: N/A
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 09 Mar 2020 14:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive