NATIONAL Assessment Centre	Services.	part i Janios) .	MMA 12004956	7	
Date In. 4/6/20 15:40	Jeb description		Date &Time Completed		ne by
ECTTO MALINE 2000 6140/h4	SAS c-filing	;			
Active 2523 W	E-mall (with	in thus, AIC 2hrs)			
1101A 416/20 U:50.	I-Motor Cli	din Form	M97/1093746-	41612	0 16:3
	I-Motor W/	O (Within: OD 2hr)			
OD - (D) Reporting Only	I-Photo Upil	onded			
		Survey Report			
TP Insurer:		by Fax/Hand to	Owner/Wksn		
Professed Wisp / IEC Assign Wisp / QW: (Constitute - Historia della Principal	WEST COLUMN TO THE PARTY OF THE		Face:	Carre Number
744 Maria Araban	0 F13 Q1	6. INC()/Non-INC()		
Owner / Driver: (19 0110	61.	Tel:)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (****	Date:	Tlme:)	
Insured/Driver Liability: (%) [No	tc-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	100%]	117
Year of Registration: () Wa	irranty: YES ()/NO()		
Excess: (\$) Londing: \$1,000	()/\$2,000)()		• •	
ConcontRepresentation				2.07 P.	
() Walk-In Customer: Customer's Informa	Charles and the Control of the		million and the second		
() Total Loss Case : to e-mall Insurer (URGENTLY.		, · .)		
Drive-In () / Towad-In (); Invoice: Y		and the second second second second	wing Co: (· , ')
democratic e (Incaloque connectants)				CARLETTON	b by
	ricsy Car ()	Proceedings of the State of the	م المالية الم	
2) QC Check / Post Repair Inspection	.(·)			
1) Upload Resurvey Photo [Repair Cost > \$3000	0] ()	7		
Injurji :		- 4			
The same participation of the same participa	vidan tahih kalil 1705	เมื่อเรียก (เมื่อสามารถเกิดเกิด	กลังเกราะเกราะการการที่ (Switters	MERCE, IN	Georgia (1871) -
Onfertings CARGONSESS MARCHINES MARGON				ilisalicus v	
			··		
*					
A STATE OF THE PROPERTY OF THE	w rong palicy (Departie)		The Charlettine See		(C) Alliu(1)
	03132	Invoice Right		30.00	* Mai Bill
unionius Parricidars (22)		2) DA : Damage A:	inc (\$100); INC (\$5	-1 400	
ivor/Owner:		4) FT : Follow-Thre	ough Survey 5	120	
onlact No:		For claiming aga	ough Survey (Resurvey) insUNC Only (wef 10 Jan 2020)	230	
าบลีged Portion:		6) TR: Re-Inspenti	on	160	
A PROPERTY OF THE SECRET		7) NI : Idao DA + 5 8) NTUC Addition	Market trait and		
Checked by (Engr-In-Charge):	1	ΩΩ:	ef / Tpt Allowance	\$5	
		· N6: Repair Co-	redination	510	
inters Connects: F 351 - 755 FF 351		*N7; Fost Repoir	of Expess Coordination	23	
	enclus, contraction in the	TR(NII): TP(inn INC) against INC	30	
		9) N12: Ideo Mobil	Fee Charged		MARK THE
. 1.4.1;		Invalce dated	Fee Charged	MINISTER ST	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

Date Of Accident 04/06/2020 11:50 Exact Location Of Accident MOULMEIN RD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SLE353M Insured/Policyholder Name Of Registered Owner CHEN BOON HOE NRIC No SXXXX094D Email Address CHENBOONHOE@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81838741 Alternative Phone No OFFICE-81838741 Vehicle Particulars Manufacturer HONDA Model FIT Exact Purpose for which vehicle was being used at time of accident pour repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE No Policy Number 5113859925 Cover Note Number Driver Name of Driver CHEN BOON HOE SXXXX094D Date Of Birth 29/08/1961 Docupation InDOOR Date Of Birting Pass 28/08/1979 Driving Experience A0 YEARS AND 9 MONTHS General Control of Sand Control of Sand Policy Indicated the Sand Policy Indicated	A STREET, ADMINISTRATION OF THE STREET,	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No SXXXX094D Semail Address CHEN BOON HOE NRIC No SXXXX094D CHENBOONHOE@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81838741 OFFICE-81838741 Vehicle Particulars Manufacturer HONDA FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company Filest Policy NO Policy Number S113859925 Cover Note Number Diriver Vame of Driver Vehicle Os SXXXX094D Date of Driving Pass S28/08/1979 Driving Experience Sender S418878AND 9 MONTHS	Date Of Report	04/06/2020 15:40
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SLE353M Insured/Policyholder Name Of Registered Owner NRIC No SXXXX094D Email Address CHENBOONHOE@HOTMAIL.COM (LOCAL) +65-81838741 OFFICE-81838741 Vehicle Particulars Manufacturer HONDA FIT Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category NAME Of Rourance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO Policy Number COVEY NOTE NOTE OMPREHENSIVE NO OTHER BOON HOE SXXXX094D Date Of Driver NAME OF BIRTH NAME OF BIRTH NAME OF STATE OF ST	Date Of Accident	04/06/2020 11:50
Vehicle Registration Number Insured/Policytolder Name Of Registered Owner NRIC No Email Address CHEN BOON HOE SXXXX0994D Email Address CHENBOONHOE@HOTMAIL.COM (LOCAL) +65-81838741 (LOCAL) +65-81838741 Alternative Phone No OFFICE-81838741 Vehicle Particulars Manufacturer Manufacturer HONDA fit Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 COMPREHENSIVE Flote Policy NO S113859925 Cover Note Number Driver Name of Driver NAME OF BROWN HOE SXXXX094D Date Of Birth 29/08/1991 Driving Experience 40 YEARS AND 9 MONTHS Sender MALE	Exact Location Of Accident	MOULMEIN RD
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No SXXXXV994D Email Address CHENBOONHOE Mobile Phone No (LOCAL) +65-81838741 Alternative Phone No OFFICE-81838741 Vehicle Particulars Manufacturer HONDA FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken If No, Please state action to be taken If No, Please state action to be taken Insurance Company Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy Policy Number Cover Note Number Driver Name of Driver CHEN BOON HOE SXXXXV994D Date Of Birth 29/08/1991 Driving Experience 40 YEARS AND 9 MONTHS General Company MALE	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner NRIC No SXXXX094D Email Address CHENBOONHOE@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81838741 Alternative Phone No OFFICE-81838741 Vehicle Particulars Manufacturer HONDA FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage CoMPREHENSIVE Fleet Policy No Policy Number Cover Note Number Driver Name of Driver CHEN BOON HOE SXXXX094D Date Of Birth Docupation Date Of Driving Pass Driving Experience Sender MALE	建筑地域,建筑中产生的企业是为政治主义。	DETAILS OF OWN VEHICLE
Name Of Registered Owner NRIC No Email Address CHENBOONHOE@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81838741 OFFICE-81838741 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for pepir to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category NO NO Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Driver Name of Driver CHEN BOON HOE SXXXX094D Oate Of Birth Occupation Jale Of Driving Pass Driving Experience 40 YEARS AND 9 MONTHS General Insurance General Insurance HONDA (LOCAL) +65-81838741 (LOCAL) +65-8	Vehicle Registration Number	SLE353M
NRIC No SXXXX094D Email Address CHENBOONHOE@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81838741 Alternative Phone No OFFICE-81838741 Vehicle Particulars Manufacturer HONDA Model FIT Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 Cover Note Number Driver Value of Driver Name of Driver	Insured/Policyholder	
Email Address CHENBOONHOE@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81838741 Alternative Phone No OFFICE-81838741 Wehicle Particulars Manufacturer HONDA FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Policy No Policy Number Cover Note Number Driver Name of Driver NAME OF Diver NO POLICY NO POLICY NO NO POLIC	Name Of Registered Owner	CHEN BOON HOE
Mobile Phone No (LOCAL) +65-81838741 Alternative Phone No OFFICE-81838741 Vehicle Particulars Manufacturer HONDA Model FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 COMPREHENSIVE NO Policy Number COVERNUMBER Cover Note Number Driver Name of Driver CHEN BOON HOE NRIC No SXXXX094D Date Of Birth 29/08/1961 Cocupation INDOOR Date Of Driving Pass 28/08/1979 Driving Experience MALE	NRIC No	SXXXX094D
Alternative Phone No Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company NO NO NO NO NO NO NO NO NO N	Email Address	CHENBOONHOE@HOTMAIL.COM
Wehicle Particulars Manufacturer Model FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? NO If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number Driver Name of Driver No Date Of Birth Docupation Date Of Driving Pass Driving Experience Gender MALE	Mobile Phone No	(LOCAL) +65-81838741
Manufacturer Model FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category NO Insurance Company Name of Insurance Company NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NAME OF Diriver NAME OF Diriver NAME OF DIRIVERS NO CHEN BOON HOE NO SXXXX094D Date Of Birth Docupation Date Of Driving Pass Driving Experience MALE HONDA PRIVATE USE NO NO THIRD PARTY THIRD PARTY NO THIRD PARTY NO THIRD PARTY NO THIRD PARTY NO THIRD PARTY THIRD PARTY THIRD PARTY NO THIRD PARTY THIRD PARTY THIRD PARTY THIRD PART	Alternative Phone No	OFFICE-81838741
Model FIT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? MO If No, Please state action to be taken Whice Category NO Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Policy NO S113859925 Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver NAME OB SXXXX094D Date Of Birth Docupation Date Of Driving Pass Driving Experience Gender MALE	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company NO TYPE Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver NAME CHEN BOON HOE SXXXX094D Date Of Birth Docupation Date Of Driving Pass Driving Experience MALE MALE	Manufacturer	HONDA
Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company No Type Of Coverage COMPREHENSIVE Fleet Policy No Policy Number Cover Note Number Driver Name of Driver Name	Model	FIT
for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NAME OF Birth Deate Of Birth Deate Of Driving Pass Driving Experience Gender NO THIRD PARTY THIRD	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5113859925 Cover Note Number Driver Name of Driver NRIC No SXXXX094D Date Of Birth Docupation Driving Pass Driving Experience 40 YEARS AND 9 MONTHS Gender	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number S113859925 Cover Note Number Driver Name of Driver Name of Driver NRIC No SXXXX094D Date Of Birth Docupation Driving Pass Sender MALE NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NRIC No Cote Of Birth Cocupation Cote Of Driving Pass Cover Male Cote Of Driving Pass Cover Male Cote Of Driving Experience MALE NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO COMPREHENSIVE N	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5113859925 Cover Note Number Cover Note Number Driver Name of Driver CHEN BOON HOE NRIC No SXXXX094D Date Of Birth 29/08/1961 Decupation INDOOR Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	Insurance Company	
NO	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number 5113859925 Cover Note Number	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver CHEN BOON HOE NRIC No SXXXX094D Date Of Birth 29/08/1961 Decupation INDOOR Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	Fleet Policy	NO
Driver CHEN BOON HOE NRIC No SXXXX094D Date Of Birth 29/08/1961 Doccupation INDOOR Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	Policy Number	5113859925
Name of Driver CHEN BOON HOE NRIC No SXXXX094D Date Of Birth 29/08/1961 Doccupation INDOOR Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	Cover Note Number	
NRIC No SXXXX094D Date Of Birth 29/08/1961 Decupation INDOOR Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	Driver	
Date Of Birth 29/08/1961 Docupation INDOOR Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	Name of Driver	CHEN BOON HOE
Discription INDOOR Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	NRIC No	SXXXX094D
Date Of Driving Pass 28/08/1979 Driving Experience 40 YEARS AND 9 MONTHS Gender MALE	Date Of Birth	29/08/1961
Oriving Experience 40 YEARS AND 9 MONTHS Gender MALE	Occupation	INDOOR
Gender MALE	Date Of Driving Pass	28/08/1979
AND COMPANIES AN	Driving Experience	40 YEARS AND 9 MONTHS
Mobile Number (LOCAL) +65-81838741	Gender	MALE
	Mobile Number	(LOCAL) +65-81838741

OFFICE-81838741

CHENBOONHOE@HOTMAIL.COM

Address

BLK 175A PUNGGOL FIELD #08-573

Postcode

821175

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 - HEAD TO REAR

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

2

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.

NO

Number of Passengers (Including Driver)

0

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour SJQ8170G

Details Of Properties

Dotallo Ott Toporilo

Vehicle Category

PRIVATE CAR

Name of Driver

KOH ZHENGLING ADELINE ANN

NRIC/Passport Number

SXXXX010Z

Contact Number

91838592

Address Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)
 - (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:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CRIBE CIRCUMSTANCES OF THE ACCIDENT STEPPED MY Cer at the tearlise light at Warningen Rol the cer gran be find 538 8 17 beng on my Car.	EICHPLAN	13				
CRIBE CIRCUMSTANCES OF THE ACCIDENT STORED MY Cor at the transfer light at Manufacin Rol the car from Se prind 550, 8, 79 beng on my Cos.		121-1-1				
CRIBE CIRCUMSTANCES OF THE ACCIDENT STOPPED my Cor at the traffic light at Manufamen Rol the car from Sethired 5508, it beng on my Car.		12	+		A Cour	- S/F 200 A
CRIBE CIRCUMSTANCES OF THE ACCIDENT SIE 383M Stopped my Cor at the traditic light at moulanein Rol the cer from behind 550,8 pg being on my Cost.	- t	70				200
CRIBE CIRCUMSTANCES OF THE ACCIDENT SLE 353M I stopped my Corr at the traditic light at moulanein Rol the cer from behind 550,8 pd being on my Cost.		7			P	C 8140
CRIBE CIRCUMSTANCES OF THE ACCIDENT Stopped my Cor, at the tearlise light at Moulemein Rol the car from behind 5508, it being on my Cor.		R-I			D COM S	-376846
CRIBE CIRCUMSTANCES OF THE ACCIDENT Stopped my Cov, at the tearlise light at Moulemein Rol the car from behind 5508, it being on my Cor.		19/11				
CRIBE CIRCUMSTANCES OF THE ACCIDENT Stopped my Cov, at the tearlise light at Moulemein Rol the car from behind 5508, it being on my Cor.						
CRIBE CIRCUMSTANCES OF THE ACCIDENT Stopped my Cov, at the tearlise light at Moulemein Rol the car from behind 5508, it being on my Cor.			1			
CRIBE CIRCUMSTANCES OF THE ACCIDENT Stopped my Cor, at the teaffic light at Moulemein Rol the car from behind 5508, it being on my Cor.			7 111			
CRIBE CIRCUMSTANCES OF THE ACCIDENT Stopped my Cov, at the topolic light at Moulemein Rol the cov from behind \$50,8 in being on my Cos.		,		0		
CRIBE CIRCUMSTANCES OF THE ACCIDENT Stopped my Cov, at the topolic light at Moulemein Rol the cov from behind \$50,8 in being on my Cos.		14/40 5	Pd	NE A MICO	Mouly	
CRIBE CIRCUMSTANCES OF THE ACCIDENT SLE 253M Stopped my Cor at the topolic light of moulemen Rot the cor from behind 5598, 17 being on my Cor.		Consta	10		Pol	6
Stopped my Corn at the traffic light at morlunein Rot the cor from behind 5598, 17 being on my Cor.			N. A.	1 16		
Stopped my Corn at the traffic light at morlunein Rot the cor from behind 5598, 17 being on my Cor.			1	12		
Stopped my Corr at the traffic light at moulanein Rol the cor from behind 5598, it being on my Corr.			1 / 0			
I stopped my Cor, at the toulfic light of wouldness Rol the cer from behind 5508, it being on my Cor.	CRIBE CIRCUM	STANCES OF THE A	CCIDENT			
I stopped my Cor, at the toulfic light at wouldness Rol the cor from behind 550,8,0 being on my Cor.	1 1	PARTICES OF THE A	SLE 35	> 001		Ş.
Moulemein Rol the cer from behind 5508 19 beng on ing Car.	1 51	poped my	0	+11	11/2 (m)	11 00
boug on my Car.		11	2 1	1	1010, 49	1 00
boug on my Car.	ı/\	coulmen	Rol T	he cer /	this sehi	el 5598,0
	ba	and on	1.10	C		
	De	up or v	al.			
		J	83			
						1-
						IN STATE OF THE ST
						-1207/1200-01-1-1
					- 3	
	ADATION					

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.:

ACCIDENT STATEMENT

ACC	DENT DATE: 04, 05 000 (DD/MM/YYYY	(), TIME:(17:5/)(HH:MM)
LOCA	Moulmen Rol.	34
•	DETAILS OF VEHICLE	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SLE 353 M	26
	b)INSURANCE COMPANY: NTUE	
Œ	4 8 8	
	0/1 0 E O 1 1 1 O 1 1 E E E E E E E E E E E E	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	RIY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: HONDO FIT	
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORR	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	
	h) PURPOSE OF USING AT ACCIDENT TIME: [] I) ARE YOU CLAIMING UNDER YOUR OWN INSU	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	
2	INSURED / POLICY HOLDER	ELOKING CHET
	AINAME: CHEN BOOM HOE	(MALE / EEMALE)
	b)NRIC/FIN/PASSPORT: S14610945	CONTACT:
		SEGOL FIELD
	SINGAPORE 821175	3 3
Λ.	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
. No of passanga.	DRIVER OF THE PROPERTY OF THE	
Including driver)	ajNAME: CHEN BUON FLOR	(MALE / FEMATE)
(2)	DJINKIC/FIN/FASSFORT. ST TOTO I	CONTACT:_ \$1838741
(2)		hor PIELD
/	*d) DATE OF BIRTH: (29 / 68 / 1961) (DD/I	21/43
F	e)OCCUPATION: (INDOOR / OUTDOOR)	MM/TTTT)
	f)YEARS OF DRIVING EXPRERIENCE:4	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	ED'S COMPANY? (YPS / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	
5.	a) WEATHER CONDITION: (CLEAR / RAINING / C	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)	
8	IF YES, PLEASE STATE WHICH POLICE STATION:	8
8.	THIRD PARTY VEHICLE	3 t 0
ac of passenger	a) VEHICLE NUMBER: SJQ 81709	MODEL: 70 yo ta Rus
Inducting driver)	b) DRIVER'S NAME: KOH ZHENLING C) NRIC/FIN/PASSPORT: _P 83 23010 Z	CONTACT: 91838592
(2)	THIRD PARTY VEHICLE	_CONTACT: 41023312
	d) VEHICLE NUMBER:	HODEL
No of passanger	al DON/EDIGNANIE	MODEL:
Induding driver	f) NRIC/FIN/PASSPORT:	_CONTACT:
1 1	THE PROPERTY AND LONG.	CONTACT
!	*	
15	25	3 8

Charl = chen Boon Hoe @ Hotmail. 1 com

fax = rsautomotive @ yahoo. com. 55

VIDEO = Yes. Havent Petrieve.



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: 5113859925

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SLE353M

Chassis Number

: GK31219375

2. Name of Policyholder

: CHEN BOON HOE

Effective Date of Insurance

: 05 Nov 2019

4. Expiry Date of Insurance

: 04 Nov 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 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 : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS
REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: CHEN BOON HOE : N/A

NAMED DRIVER (1)

IV/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: HENLY ENTERPRISES CO 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

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 05 Nov 2019 11:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

019

Authorised Officer

Chief Executive

Countersigned By:

Claim Handling

Accident MT/1093746				
Policy No.	5113859925	Vehicle No.	SLE353M	GST Registrati
Certificate No.				
Policyholder Name	CHEN BOON HOE			Policyholder N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	81838741	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	No Yes	TCA	® No ○ Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Report Date	04/06/2020 16:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/06/2020	Time of Accident hh:mm	11:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	MOULMEIN RD			
▽ 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 Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▽ Benefits				
GST Registered GST Registration No.	No		GST Registration Date	
Modification History			GST Status Verified	Yes
100000000000000000000000000000000000000				
♥ Policyholder Mailing Add	iress			
Address 1	BLK 175A #08-573	Address 2	PUNGGOL FIELD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113859925	Post Code
♥ OI Driver Info			3113023323	
Driver Name	CHEN BOON HOE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	\$1461094D	Driver DOB
Register Date of Driver License	28/08/1979	Driver Age	58	Driving Experie
Contact No.(Mobile)	81838741	Contact No.(Office)		Contact No.(He
Address 1	BLK 175A #08-573	Address 2	PUNGGOL FIELD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes (a) No	
Reduingr		**************************************		
Modification Water				
Modification History				
Claim 001 New				
Claim Type *			OD-MX	Insured CH
Contact No.(Mobile)			01020241	Contact
			81838741	No. (Home)
Email Address				OI Vehicle SLI
			MI	Number
Claim Description			SLE353M / SJQ8170	G ON 4 Jun 2020
Preferred			Street, Control of the street, and the street,	
Workshop Require No.	Insured Liability Not at F	CIA		
Finalisation Lies	Repair Preferred Workshop Option	, Name unknown v report Received		Claim
Date Registered			04/06/2020 16:37	Close Date
Report Taken By			SHAN HUI	
Print AK letter				

Save Submit

Attachment

Accident No. MT/1093746 Claim No. Last Doc. Received @ Yes ○ No Upload Date 04/06/2020 16:38 Path * Category * Confider Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select ٧ Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select v NO Attachment Uploaded By/Date Category Urgency \$275 **(RES**) NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 NRIC/ Driving License Normal NRIC/ Dri AND PART NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 SAS Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 04 Jun 2020 16:38 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 04 Jun 2020 16:38 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 04 Jun 2020 16:38 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:37 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:37 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 04 Jun 2020 16:37 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:37 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:37 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:37 Photos Normal

Folder Date

Display in New Window

File Name

Scan and uploading

Uploaded By/Date

Video List