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OD / TP) / Reporting Only	i-Photo Up	loaded			
TDI	Assessment/	Survey Report			
TP Insurer:	Ass't Repor	t by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: y	219157	. INC()/Non-INC()		
Owner / Driver: (Tel:)	- SWINNERS
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 3	0-100%]	
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,00	00()	·		
General Remarks:-	Melacian mark	GORGO NENENTA		S. 1985 15 17	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions alimant's Particulars :- iver/Owner: intact No: maged Portion:	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition	aration Checklist. sporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) just INC Only (wef 10 Jan 20 on SMRT Survey	Anit (5) f5t Bill (\$80) \$40/\$45 \$120 \$30 105) \$75	AHL!
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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 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	15/08/2020 16:47
Date Of Accident	15/08/2020 12:10
Exact Location Of Accident	TAMPINES AVE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ5829B
Insured/Policyholder	
Name Of Registered Owner	PHUA AI LING LINDA
NRIC No	SXXXX509H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96918691
Alternative Phone No	OFFICE-96918691
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	BEETLE 1.2 TSI AT 5C13D5 HID SR
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
f 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	5115206146
Cover Note Number	
Driver	
Name of Driver	PHUA AI LING LINDA (PAN AILIN LINDA)
NRIC No	SXXXX509H
Date Of Birth	23/11/1980
Occupation	INDOOR
Date Of Driving Pass	12/12/2001
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96918691
Fax Number	
Contact Number	OFFICE-96918691
EMail Address	NOEMAIL

Address	BLK 71 PASIR RIS GROVE #10-20
Postcode	518205
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	(A) (A)
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?	YES
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	
REFER TO STATEMENT.	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO
DETAILS	OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	YQ1915T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD RASHID NIN MD YASSIN
NRIC/Passport Number	SXXXX010Z
Contact Number	
Address	
W 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	

DETAILS OF INJURED PERSON 1

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

PHUA AI LING LINDA (PAN AILIN LINDA)

BODY

SKZ5829B

YES

NO

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.
- 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.
- 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:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, New enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws of court orders

Policyholder's Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

Date & Time:

NRIC/FIN No.:

VEHICLE NO : >≠₹58		MAKE/MODEL: Wolkswagen Beetle			
Date of Accident	15/08/2020 Time: 12:10 p	The state of the s			
Location of Accident	TAMPINES AVE 5	Foreign Veh No			
Country of Loss					
Vehicle Damaged		No. of Veh Involved : 2			
Claim Type	OD / (P) / REPORTING	Was Thore And William VES (AIO			
INSURANCE CO	MIVE	Was There Any Witness YES / NO Name of Witness :			
Coverage	Comprehensive/TPFT/Third Party Only				
Policy No	5115206146	Contact No :			
Fleet Policy	YES / QO				
		OTHER VEHICLES			
OWNER / CO. NAME	PHUA AT LING LINDA (PAN AILIN LINDA	VEHICLE B : Ya 1915T			
NRIC / Co's Reg No.	58036509H	Category :			
Address	APT BLK TI PASER RIS GROVE \$10-2	O Driver's Name : MOHAMMAD RASHED BEN MD			
6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5(518705)	NRIC NO : 58 242167			
Contact / Mobile No	9691 8691	Contact No :			
Email Address	phua-linda@yaho.com sox	No. of Passenger :			
Date of Birth Gender	23/11/1980				
	M/D	VEHICLE C :			
DRIVER'S NAME NRIC No	AS ABOVE	Category :			
Address		Driver's Name :			
Audi ess		NRIC No :			
Contact / Mobile No		Contact No :			
Email Address		No. of Passenge:			
Date of Birth		VENUELE			
Gender	M / F	VEHICLE D			
LICENSE PASSED DATE		Category :			
LICENSE PASSED DATE	12/12/2001	Driver's Name ;			
Occupation	Indoor / Outdoor	NRIC No :			
Relation with Owner	indoor / Outdoor	Contact No :			
itelation with owner	64 NEK	No. of Passenger :			
Does Driver Own Any	Other Veh ? YES / NO				
Vehicle Reg No					
Insurance Co					
Weather Condition	Clear / Raining / Others	Vide Control of the			
Road Surface	Dry / Wet / Others	Video Captured : Yes / No			
Name of Injured	: YES / NO : PHUA AI LING LINDA (PAN AILIN LINDA				
	Ambulance : YES (NO)	1.25/65			
convey to nospital by	Willbrigging : AF2 \(\(\text{INO}\)	If YES, Where :			
NO. OF PASSENGERS	-				
Name of Passenger	•	M / F INJURED? YES/NO			
Name of Passenger	:	M / F INJURED? YES/NO			
		M / F INJURED? YES/NO			
Name of Passenger		M / F INJURED? YES/NO			
Name of Passenger Name of Passenger					
Name of Passenger					
Name of Passenger REMARKS	SUCCESS UNITED DEFI	Contact No.			
Name of Passenger	SUCCESS UNITED PTE LTD 2 Kaki Bukit AutoHub	Contact No :			



Certificate of Insurance

Cover : drivo CLASSIC

: WVWZZZ16ZFM656223

: PHUA AI LING LINDA

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: 5115206146

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4 Fire Date of Insurant

4. 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.

: SKZ5829B

: 27 Jan 2020

: 26 Jan 2021

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

EXCESS (SECTION 1)

- (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.

: \$\$600

EXCESS (SECTION 2) : N/A 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 : PHUA AI LING LINDA NAMED DRIVER (1) : N/A

NAMED DRIVER (1) : N/A
HIRE PURCHASE COMPANY : HL BANK

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

: 11 Jan 2020 11:15 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Aur.

Chief Executive

eBao Tech			200		SEE				The second	Gener	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop	Policy Query			Change Language							netrically electrical
Notice of Loss	Policy No. Vehicle No.(For Motor)		SK258	SKZ5929B		Date of Accident Certificate Number Search			15/08/2020 12:10		
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115206146		PHUA AI LING LINDA	8036509H	GPC	drivo CLASSIC	SKZ5829B	SKZ58298	27/01/2020	26/01/2021
					C	Continue					

Poli	cy Information							
Policy No.	5115206146	Policyholder Name	PHUA AI L	ING LINDA	Policyholder NRIC	8036509Н		
Certificate No.								
Address	71 PASIR RIS GROVE #10-20 LI	VIA SINGAPOR	E 518205					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	11/01/2020	Effective Date	27/01/202	0 00:00	Expiry Date	26/01/2021	23:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	ó			Your	ng/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate nfo								
→ Policyho	older Mailing Address							
ddress 1	71 PASIR RIS GROVE	Address	2	#10-20 LIVIA	,	ddress 3	SINGAPORE 518205	
Address 4		Address	Туре	Singapore address	p	ost Code	518205	
Init No.	10-20	Related Number		5115206146				
▶ Insured	Object: SKZ5829B							
▼ Endorse	ments							-
Sequenc	e Date of Endorsement	En	dorsement	Туре	Endorsement 5	Status	Endorsement Content	

Claim Handling					
Accident MT/1100067	CAUSALUNIO				
Policy No.	5115296146	Vehicle No.	SKZ58296	GST Registration No.	NA
Certificate No.					
Policyholder Name	PHUA AT LING LINDA			Policyholder NR3C	8036509H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	96918691	Comect No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	The w
KPK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	10000
9CO Protection	No	NCO Entitlement(%)	10	Private Hire	No
▽ Accident Details				001800000000	350
Report Date	15/08/2020 16:55	Accident Report Within 24 h	hrs. Yes	Accident Type	
Tate of Acordem	15/08/2020	Time of Accident Nhumm.	13:10		Collision - Head to Rear
leporting Cerere		Orange Force	11.55.68	Country of Accident	Singapore
Cogeré Location	TAMPINES AVES			ICM No.	
♥ Total Excess Applica					
ccess Type	Per Accident	0202002000			
	The Probability	Windstreen Excess	100,00		
D Standard Excess	600.00	TP Standard fixcess	523		
ED OD Excess	0.00		0.00		
doitional Excess		YIED TP Excess	0.00	Driver is Covered?	Covered
etal OD Excess Applicable	600.00				
7 Benefits	600.00	Total TP Excess Applicable	0.00		
werape					
CESSORY			Sum Insured		
GST Registered Infor	rmation		2000		
ST Registered	Yes				
ST Registration No.	NA NA		GST Registration Date	01/01/2015	
adification History		ystem auto update fail: The former a	GST Status Verified of the UEN is incorrect or UEN is invalid.	No	
			Contract of the second		
Policyholder Malling	Address				
Diresa 1	71 PASIR RIS GROVE	Address 2	#10-20 LIVIA	Address 1	SINGAPORE 518205
Idress 4		Address Type	Singapore address	Post Code	518205
nit No.	10-20	Related Policy Number	5115206148	Post Code	219502
OI Driver Info		ATTERNATION OF THE STREET	SECTION		
yer Name	PHUA AT LING LINDA	Oriver Type	Main Driver		
named driver Name		Oriver NRIC	58036509H	14 100	
gister Date of Driver Licens	se 12/12/2001	Driver Age	39	Driver DOB	27/11/1980
ntact No.(Mobile)	96918691			Driving Experience	18
dress 1		Contact No.(Office)	۰	Contact No.(Home)	0
dress 4	71 PASIR RIS GROVE	Address 2	LIVIA	Address 3	SINGAPORE 518205
	12/11	Address Type	Singapore address	Past Code	518205
es he own a Singapore	19-20				
gistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
leration athalyser or Blood Test					
athalyser or Blood Test. ading?	O mg	Any injury?	® Yes ○ No		
diffication History					
to an Europe					
laim 001 New					
m Type +	OD-MX	Insured Name	PHUA ALLING LINDA	Insured NRIC	8036509H
tect No.(Hobile)	96918691	Contact No.(Home)		Contact No.(Office)	
il Address		Of Vehicle Number	5×238298	TP Vehicle Number	VQ1915T
nant Type Claimant Type	Please Select V	Type of Benefit *	Please Select	The state of the s	24(2)2)
nant Name +	22	Claimant NRIC +			
nant Address					
n Description	SKZ58298 / YQ1915T ON 15 Aug 2020			- 12 L	
erred Workshop Contact	2000	170000000000000000000000000000000000000		Name of Preferred Workshop	
		Insured Clability *	Not at Fault	- 19001-00-	
ire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	15/08/2020 16:57	Claim Close Date		Date Received	15/08/2020 00:00
rt Taken By	Jackson				
rint AK letter					
			record records		
tachment			Save Submit		
architect.					
ent No.	MT/1100067	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	15/08/2020 16:58		
	Path *			125000000 FREEDO	
	Pagn *	1,000	Category *	Confidential Urgen	
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