NATIONAL Assessment Centr	e Services	we! 1 Jan'05] JN	0941B000B	· ·	<u> </u>
Date In: (1) 1/14-17:23	Jeb description		Date &Time Completed	Done	pì.
Ref No: KA IN CN 00 04 17 124	SAS e-filing				
Veh No: SMAGRYA	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A: 1911 4-11.12	i-Motor Clair	n Form	m1116916001	11/11	17:27
	i-Motor W/O	(Within: OD 2hrs	, 7'P 4 hrs)		
OD / P Reporting Only	i-Photo Uplos	aded			
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax/Handt	o Owner/Wksp		 -
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	J4194 .	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover Type: (
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,000	()			
General Remarks:-				6 1 AM	
() Walk-In Customer: Customer's info	rmation strictly Cor	nfidential & St	rictly NO refer of repaire	<u>r</u>	
() Total Loss Case : to e-mail Insur	er URGENTLY.				
Drive-In () / Towed-In (); Invoice	e: YES () / N	IO(); T	owing Co: (
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$:	3000] ()	***		
Injury:					,
Date/Time Actions				<u> </u>	
					
			•		
·					
	1				
. Vac.		Invoice Pre	paration Checklist	Anit (\$)	11.
Manay Vo.		1) AR : Acciden	\$	heBill	s Adu.bii
Claimant's Particulars :-		2) DA : Damage	: Assessment (\$100); INC	(\$80) \$40/\$45	
Driver/Owner:		3) TF : Towing ! 4) FT : Follow-I	Through Survey	\$120	
Contact No:		5) FT · Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 2	\$30 ()(05)	
		6) TR : Re-inspe	ection	\$75	
Damaged Portion:	- 1	7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey	\$160	
		OD*		\$5	
2C Checked by (Engr-In-Charge):		*NS: Courtes	y Cor / Tpt Allowance Co-ordination	510	
		*N7: Fost Re	pair Inspection ollect Excess Coordination	\$25 \$5	
Auditors' Comments :-			P (Non INC) against INC	\$20	<u> </u>
lat. 1:		9) N12: Idac M		30	And got Tax
at. 2/3;		Invoice dated	Fee Charg	1045304353	X

in porch total



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 Submission	11/01/2021 17:23 (SGT)
Date of Accident	10/01/2021 21:15 (SGT)
Exact Location of Accident	Kreta Ayer Rd, Singapore
Additional Location Information	-

DETAILS OF OWN VEHICLE

Singapore

Toyota

C-hr

Vehicle Registration Number		SMA9831A
-----------------------------	--	----------

INSURED/POLICYHOLDER

Country/State of Loss

Is company?	Yes
Name Of Registered Owner	UNITEDBROS COURIER
Company Reg No	5XXXX246B
Email Address	hua91_roy@hotmail.com
Mobile Phone No	(Phone) +65-83396925
Alternative Phone No	+

VEHICLE PARTICULARS

Manufacturer

Model

Variant	-
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101666349-02
Cover Note Number	-

DRIVER

Name of Driver	GOH SONG HUA
NRIC No	SXXXX966G
Date Of Birth	25/11/1991
Occupation	Outdoor

Date Of Driving Pass 03/02/2014 **6 YEARS AND 11 MONTHS** Driving experience Gender Mobile Number (Phone) +65-83396925 Alt. Phone Number Email Address hua91_roy@hotmail.com BLK 686A CHOA CHU KANG CRESCENT Address #08-244 Address complement Postcode 681686 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Major/Minor Rd Type of Accident Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 **CELINE YEO** Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SMF5419H Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car ANDREW KOH WEIWEN Name of Driver

SXXXX611G

NRIC No

Contact Number	(Phone) +65-82284224
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	

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 <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>.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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' law yers/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;

& Time

- (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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

UEN 5339246B

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Kreta Axer Rd

Kreta Axer Rd

Kreta Axer Rd

Kreta Axer Rd

Describe Circumstances of the Accident
I was travelling straight along Krefa Ayer Rd on the rightmost lane. On approaching the yellow
box, I slowed down my vehicle. Suddenly, Veh B(SMFS+19H) came out from the minor road
of Keeng Saik Rd did not stop at the stop line but continued moving and collided
onto the front right portion of my car. I then alighted to check for damages and since
the damages were minor, we decided to private settle the matters. But on the next day,
diese of Val P claims / that I I attitude to the state of the
driver of Veh B claimed that I had collided onto his car and wanted to settle the
matters through insurance.
may les mough marante.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO : SMA 98	The second secon	
Date of Accident	10 /01/2021 Time: 21:18	Foreign Veh Involved YES / NO
Location of Accident	Krefa Ager Rd	Foreign Veh No
Transmission	Auto / Manual	
Usage Purpose	Private / Employment / Private Hire	No. of Veh Involved: 7
Claim Type	OD /TP / REPORTING	Was There Any Witness YES / NO
INSURANCE CO	NTUC	Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :
Policy No		
Fleet Policy	YES / NO	
		OTHER VEHICLES
OWNER / CO. NAME	UNITED BRUS COURTER	VEHICLE B : SIMF5419H
NRIC / Co's Reg No.	5 339'246 B	Category :
Address	BCK 686A CHOA CHU KANG CRESCENT	Driver's Name : ANDREW KOH WERWEN
	HU8-244 S(681686)	NRIC NO : 588516116
Contact / Mobile No	8339 6925	Contact No : 8228 4224
Email Address	hua 91_ ray a hofmail. com	No. of Passenger: (F)
Date of Birth	,	Control of the Property of the
Gender	M / F	VEHICLE C :
DRIVER'S NAME	GOH SONG HUA	Category :
NRIC No	591429666	Driver's Name :
Address	APT BLK 636A CHUA CHU KANG	NRIC No :
71441 633	CRESCENT #08-244 S(68/686)	Contact No :
Contact / Mobile No	8 339 6925	No. of Passenge:
Email Address	hua al royalhotmail.com	No. of Fusioning
Date of Birth		VEHICLE D
Gender	75/11/1991 M/F	
CONTRACTOR OF THE CONTRACTOR O	v3/or/roly	Category :
LICENSE PASSED DATE	ville laid	Driver's Name :
Occupation	Indean / October	NRIC No :
Occupation	Indoor / Outdoor	Contact No :
Relation with Owner		No. of Passenger :
Does Driver Own Any	Other Veh ? YES /NO	
Vehicle Reg No		
Insurance Co		
Weather Condition	Clear / Raining / Others	Video Captured : Yes / No
Road Surface	Dry / Wet / Others	
INJURED	: YES /NO	
Name of Injured	:	Police Report : YES/NO
-	Ambulance : YES / NO	If YES, Where :
NO. OF PASSENGERS	: 1 female.	
Name of Passenger	: CELLNE YEU	M /Ê INJURED? YES/NO
Name of Passenger	:	M / F INJURED? YES/NO
Name of Passenger	:	M / F INJURED? YES/NO
Name of Passenger	:	M / F INJURED? YES/NO
REMARKS	:	
Name of Workshop	SUCCESS UNITED PTE LTD	Contact No :
Address	2 Kaki Bukit AutoHub	Email :
	Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921	

Singapore 417921 Tel: 6746 1515 Fax: 6748 5015



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: 5101666349-02 Cover: drivo CLASSIC

Index mark and Registration Number of Vehicle
 SMA9831A
 Chassis Number
 ZYX102117659

2. Name of Policyholder : UNITEDBROS COURIER

3. Effective Date of Insurance : 25 Jun 2020 4. Expiry Date of Insurance : 24 Jun 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 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 : YES
EXCESS WAIVER : NO

PRIMARY DRIVER : ROY GOH SONG HUA

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

HIRE PURCHASE COMPANY : GENIE FINANCIAL SERVICES 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 : SAFE HARBOUR ENSURANCE (00000573456)

Date of Issue : 24 Jun 2020 13:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	601		EN SELECTION OF THE	LOCALO VILLEGIA DA NO.			• Chang	e Languag	e • Chan	ge Password	Log Out
My Desktop	Polic	y Query							//www.com/		•
Notice of Loss	Policy N	lo.				Date	of Accident	[10/01/2021 2	1:15	
	Vehicle No.(For Motor)		SMA98	SMA9831A		Certificate Number		. [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101666349- 02		UNITEDBROS	53339246B	GPC	drivo CLASSIC	SMA9831A	SMA9831A	25/06/2020	24/06/2021
	***************************************					Continue					

Policy No.	5101666349-02	Policyholder Name	UNITEDBRO	OS COURIER	Policyholder NRIC	53339246B	
Certificate							
Address	BLK 686A #08-244 CHOA CHU	KANG CRESCI	ENT SINGAPO	RE 681686			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/06/2020	Effective Date	25/06/2020	00:00	Expiry Date	24/06/2021 23	3:59
xcess	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	•		Young	/Inexperience Driver Excess
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	85119300		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 686A #08-244	Addr	ess 2	CHOA CHU KANG	CRESCENT	Address 3	SINGAPORE 681686
Address 4		Addr	ess Type	Singapore address		Post Code	681686
Unit No.	08-244	Rela Num	ted Policy ber	5101666349-02			
▶ Insure	d Object: SMA9831A						The second secon
▽ Endors	ements						
	nce Date of Endorseme	nt	Endorsemer	nt Type	Endorsemen	t Status	Endorsement Content

dent MT/1116916				GCT Pegistration No.	
cy No.	5101666349-02	Vehicle No.	SMA9831A	GST Registration No.	
rtificate No.				Deligopoldes NOTC	53339246B
licyholder Name	UNITEDBROS COURIER			Policyholder NRIC	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	83396925	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Nc 🗸
FK	No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	30	Private Hire	Yes
Accident Details					
	11/01/2021 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
	11/01/2021 17:25		21:15	Country of Accident	Singapore
ate of Accident	10/01/2021	Time of Accident hh:mm	21:15	ICM No.	
eporting Centre		Orange Force		CONTROL STATE OF THE STATE OF T	
ccident Location	Kreta Ayer Rd				
▼ Total Excess Applicable					
ccess Type	Per Accident	Windscreen Excess	100.00		
			1,500.00		
D Standard Excess	2,000.00	TP Standard Excess	0.00	Driver is Covered?	Covered
IED OD Excess	0.00	YIED TP Excess	0.00	Differ is covered.	
dditional Excess	0				
otal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
▽ Benefits					
overage	Walter State of the State of th		Sum Insured		
ransport Allowance			99999999,99		
GST Registered Informa	tion				
ST Registered	No		GST Registration Date	Yes	
ST Registration No.		the state of the s	GST Status Verified	Tes	
odification History	11/01/2021 17:26:46 System	changed GST Status Verified fro	110 10 163		
m Ballouk-Idea Maillea a de	iracs				100 COM
→ Policyholder Mailing Add		Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 681686
Address 1	BLK 686A #08-244	Address 2		Post Code	681686
Address 4		Address Type	Singapore address	, 55, 554	9559389
Jnit No.	08-244	Related Policy Number	5101666349-02		
OI Driver Info					
Oriver Name	Roy Goh Song Hua	Driver Type	Main Driver		DE /11/1001
Innamed driver Name		Driver NRIC	S9142966G	Driver DOB	25/11/1991
egister Date of Driver License	03/02/2014	Driver Age	29	Driving Experience	6
Contact No.(Mobile)	83396925	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 686A	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 681686
Address 4	NAMES OF TAXABLE PARTY.	Address Type	Singapore address	Post Code	681686
	08-244	The same of the sa			
Unit No. Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
Registered car?	○ Yes No	Driver Vehicle No.			
Declaration Breathalyser or Blood Test		Any John 2	O Yes (No		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ③ No		
Modification History					
Claim 001 New					
				1	E2220246B
Claim Type *	OD-MX	Insured Name	UNITEDBROS COURIER	Insured NRIC	53339246B
Contact No.(Mobile)	83396925	Contact No.(Home)	SOL- SOLVANIA CONTRACTOR	Contact No.(Office)	
Email Address	HUA91_ROY@HOTMAIL.COM	OI Vehicle Number	SMA9831A	TP Vehicle Number	SMF5419H
Claimant Type Claimant Type *		Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address	Francisco de la constantina della constantina de			Name of Preferred Workshop	
Claim Description	SMA9831A / SMF5419H ON 10 Jan 2021		Dun as Sauta 1701		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	T	Received
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	11/01/2021 17:27	Claim Close Date		Date Received	11/01/2021 00:00
Report Taken By	Jackson				
☑ Print AK letter					
EL PHILAN IELLE					
			Save Submit		
Attachment					
▽					
Accident No.	MT/1116916	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	11/01/2021 17:29		
NAME OF THE OWNER O	Path *		Category *	Confidential Urge	ency * Descrip
		Brows		NO V Normal	<u> </u>
				To the Name of States	V
		Brow	se Clear Please Select	NO V Normal	
		Brow			
		Brow	se Clear Please Select	NO V Normal NO V Normal	▼

