		9 + p0 x	5 0.720°	
NATIONAL Assessment Co	entre Services puet 1 Jan 108	MNAII7161747		
Date In: 8 12/17-11:01	Jeb description	Date & Time Completed	Done	e by
Ref No: 44/14011023375/24	SAS e-filing			
Veh No: SFIGIEX	E-mail (within Shrs, AIC 2h	rs)		(0
D.O.A:7/17/17-18:20	i-Motor Claim Form	M116972883	1 11/18	1:11
	I-Motor W/O (Within: OI			
OD / TP-/ Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha		200000000000000000000000000000000000000	
Preferred Wksp / INC Assign Wksp / QW:			Fax:	-
TP Particulars: Veh No:		C()/Non-INC()		
Owner / Driver: (Tel:		-
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:)	
	%) [Note-Est. Status (WO): N:		100%]	
) Warranty: YES ()/NO (
Excess: (\$) Loading:				
General Remarks:-				
() Walk-In Customer: Customer's	information attiatly Confidential 9	Strictly NO series of sea since		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost]) / Courtesy Car () () > \$30001 ()			
Injury:	, ,			
Date/Time Actions	1			
W1707 \$25.	Invoice I	reparation Checklist	Ant (\$)	Amt (
aimant's Particulars :-		dent Reporting (\$30); age Assessment (\$100); INC (\$8		
iver/Owner:	3) TF : Towi	ng Fee S40	0/\$45	
		w-Through Survey w-Through Survey (Resurvey)	\$30	
ntact No:	For claimin	ne against INC Only (wef 10 Jan 2005	\$75	2017
maged Portion:	6) TR : Re-in 7) N1 : Idao I		\$160	
	8) NTUC Ad	ditional Services:-		
Checked by (Engr-In-Charge):	OD* N5: Cour	tesy Car / Tpt Allowance	\$5	
CVCPP SINCE INSIDE A COLORADOR AND ALIGN		ir Co-ordination Repair Inspection	\$10 \$25	
ditors! Comments :-		Collect Excess Coordination	\$5	
1:	TP (N11): 9) N12: Idac	TP (Non INC) against INC	30	
2/3:	Invoice dated	and the same of th		建筑
######################################	Invoice dated	Fee Charged		-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 ability.
- 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 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

	ACCIDENT STATEMENT	CAL STREET, ST
Date Of Report	08/12/2017 15:01	
Date Of Accident	07/12/2017 18:20	
Exact Location Of Accident	QUEEN ST PUBLIC CARPARK	
Country/State of Loss	SINGAPORE	
Mark the second of the second of	DETAILS OF OWN VEHICLE	Second Second
Vehicle Registration Number	SJF1918X	

TOTAL SALENCIA DISTRIBUTIONS	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF1918X	
Insured/Policyholder		
Name Of Registered Owner	LU CHUNG LENG (LU JUNLONG)	
NRIC No	\$76160581	
Email Address	NOEMAIL	

(LOCAL) +65-90188882 Mobile Phone No OFFICE-90188882 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

CIVIC TYPE-R 2.0 M Model

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

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5088384333 Policy Number

Cover Note Number

Driver

LU CHUNG LENG (LU JUNLONG) Name of Driver

S7616058I NRIC No 28/05/1976 Date Of Birth INDOOR Occupation 10/08/1995 Date Of Driving Pass

22 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90188882 Mobile Number

Fax Number

OFFICE-90188882 Contact Number

NOEMAIL EMail Address

Address BLK 314C ANCHORVALE LINK

#09-161

Postcode 543314

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? 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:

FILE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL53S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

LEE CHIN NGEE (LI JINYI)

NRIC/Passport Number

S8109805J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Details of Witness

Name

Phone Number

Email Address

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 <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>.
- 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)

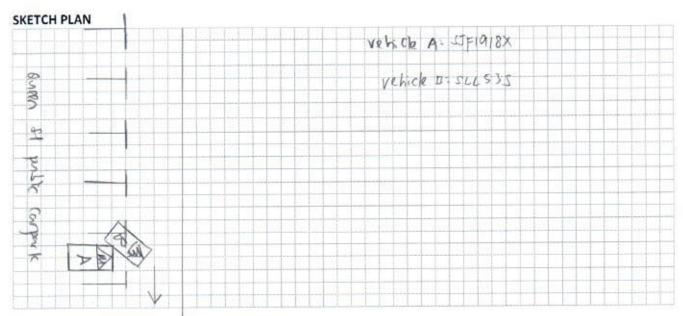
I understand, acknowledge, agree and consent that:

- (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, 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.

4

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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 7/17/10 18:20 I was Hatimary parked along aven of Music									C						
arpar	rk in	a	phr	laing	pt	pro	vi de	1. 61	ddenly	veh	cle	DC.	5657	5)	erif
mm	parki	ing	lof	and	ωl):	ded	onto	my	vehic	e tr	n 1	104	Port;	, v .	
													t-		
										-					

DECLARATION

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

Jos.

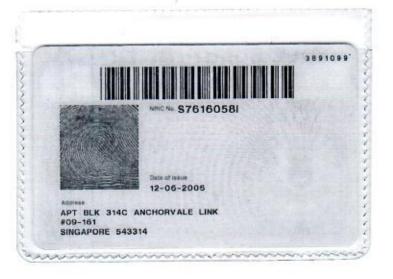
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Flace
CHINESE
Date of hirm.
28-05-1976
M
Country of hirth
SINGAPORE







eBao Tech		1							Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	· Change Passwo	rd + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	o.				Date of Acc	ident	07/12	/2017 18:20	
	Vehicle	No.(For Motor)	SJF1918X							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088384333	LU CHUNG LENG (LU JUNLONG)	S7616058I	GPC	drive CLASSIC	S)F1918X	SJF1918X	09/03/2017	24/03/2018
					1	Continue				

Policy No.	5088384333	Policyholder Name	LU CHUNG LENG (LU JUNLONG)	Policyholder NRIC	S7616058I	
Address	BLK 314C #09-161 ANCHORVA	LE LINK SINGA	APORE 543314			
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag	N		
Policy issue Date	09/03/2017	Effective Date	09/03/2017 00:00	Expiry Date	24/03/2018 23:59	
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	0			
Agent	HOBBES INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No					
Policyh	older Mailing Address					
Address 1	BLK 314C #09-161	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 543314	
Address 4		Address Type	Singapore address	Post Code	543314	
Unit No.	Object: SJF1918X	Related Policy Number	5088384333			
₩ Endorse	Ga .					
Sequence	e Date of Endorsement	Endorser	ment Type Endorsemen	t Status	Endorsement Content	
Ĺ	15/09/2017 00:00	POI Extensio	n/Shorten Endorsement Take	e Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 09 Mar 2017 TO 24 Mar 2018 In view of this amendment, an additional premium of \$62.46 (inclusive of GST) is payable under you policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.	

Claim Handling Accident MT/0972883 Policy No. 5088384333 Vehicle No. SIF1918X GST Registration No. LU CHUNG LENG (LU JUNLONG) Policyholder Name Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) 90188882 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KEK No No Yes ® No ⊕ Yes eCode Reason NCD Protection NCD Entitlement(%) **▽** Accident Details Report Date 08/12/2017 15:52 Accident Report Within 24 hrs Accident Type Damaged whilst Date of Accident 07/12/2017 Time of Accident hh:mm 18:20 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location QUEEN ST PUBLIC CARPARK ⇒ Benefits ₩ Excess Own damage Excess 1,500.00 Additional Excess 0.00 Windscreen Excess Unnamed Driver Excess 0.00 Outside Singapore OD Excess 1,500.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 ✓ GST Registered Information **GST Registered** No GST Registration Date **GST Registration No GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 BLK 314C #09-161 Address 2 ANCHORVALE LINK Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 5088384333 ✓ OI Driver Info Driver Name LU CHUNG LENG Driver Type Main Driver Unnamed driver Name Driver NRIC \$76160581 Driver DOB Register Date of Driver License 10/08/1995 Driver Age 41 Driving Experience Contact No.(Mobile) Contact No.(Office) 0 Contact No.(Home) BLK 314C Address 2 ANCHORVALE LINK Address 3 Address Type Singapore address Post Code 09-161 Does he own a Singapore Yes @ No Driver Vehicle No. Driver Insurer Company Registered car? Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? F Yes @ No Modification History Claim 001 New Claim Type * OD-MX LU CHUNG LENG (LU JUNLONG) Insured Name Insured NRIC Contact No.(Mobile) 90188882 Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number SJF1918X TP Vehicle Number Claim Description SJF1918X / SLL53S ON 7 Dec 2017 Name of Preferred Workshop Preferred Workshop Contact No. Insured Liability * Not at Fault Require Finalisation Preferered Repair Option Preferred Workshop, Name unknown GIA report Date Registered 08/12/2017 15:55 Claim Close Date Date Received Report Taken By Jackson Print AK letter Save Submit Attachment Accident No. MT/0972883 Claim No. Last Doc. Received Yes E No 08/12/2017 15:55 Path * Category * Confidential Urgency Browse... | Clear | Please Select ▼ NO

