NATIONAL Assessment Cer	ure Services	(well 1 Jan 66) M	HA118008414		
Date In. 11/18 -11:32	Job description		Date & Time Completed	Done	e py
Ref No: HA INCI8 001017 24	SAS e-filing				
Veh No: SICM GOT IP	E-mail (within	Shrs, AIC 2hrs)			W
D.O.A 17/1/8 - 09:10	i-Motor Clai	m Form	MT/0978234	17/1/18 11:	51
	I-Motor W/C) (Within: OD 2hr	P	-	10.112
OD : TP ' Reporting Only	i-Photo Uplo	aded			
	Assessment/Si			1	
TP Insurer.			to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (y Fax / Fland	Tel:	Fax:	
		INC ()/Non-INC()		
TP Particulars: Veh No: St	419120	11/0 (Tel:		
Policy No: (Period: (Cover Type: (
	r criod. (Date:	Time:	1	
Confirmed by : (Insured/Driver Liability: (%) Note Bet Status (1		0%; P: 21-79%. F: 80	-100%1	
	Warranty: YES (With the same of	1. 21-7576. 11:30	-13010]	
Year of Registration: () Excess: (\$) Loading: \$	the second second				
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General Remarks:-			area fittische och co	100000000000000000000000000000000000000	
() Walk-In Customar : Customer's i	nformation strictly Co	ntidential & St	rictly NO rater of repaire	r.	
() Total Loss Case : to e-mail Ins	urer URGENTLY.				
Drive-In ()/Towed-In (); Invo	oice: YES () / I	NO () ; T	owing Co. ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
Apply for Transport Allowance ()		١			
2) QC Check / Post Repair Inspection	, course, cu ()		-	
Upload Resurvey Photo [Repair Cost >	\$30001 (1		-	
	22000]			1	
Injury:					
Date/Time Actions		en (1) and the second of			
	3				
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14180090Y		Invoice Pre	paration Checklist	Ant (S) (st Bill	Amil (3) Add Bill
		1) AR : Acciden	ZORNOSTRALOS SE A ARREADEZ SE	130 1511	Acc Din
laimant's Particulars:-		2) DA : Damege	Assessment (\$100); INC	(\$80)	
river/Owner:		3) TF : Towing : 4) FT : Follow-1		\$120	
ontact No:		5) FT : Follow-1	Through Survey (Resurvey) sesinst INC Only (wef 10 Jan 2)	\$30	
		6) TR: Re-inspe		\$75	
imaged Portion:			+ SMRT Survey	\$160	-
	_2	8) NTUC Addit	onal Services -		- NOVEMBE
C Checked by (Engr-In-Charge):		*N5: Courtes	y Car / Tpt Allowance	\$5	
CD 343C = _60272		*N6: Repair (Co-ordination pair Inspection	\$10	
uditors' Comments :-		*NS: DV / Co	ilect Excess Coordination	\$3	
1		TP (N11) : T 9) N12: idae M	P (Nun INC) against INC	30	-
2/3:		Invaice doted	Fee Charg	eiž	MATE A
		Invalce dated	Fee Charg		

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 ability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- Any false reporting may be referred to the Police for investigation.
 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.	
State State of the state of the state of the	ACCIDENT STATEMENT
Date Of Report	17/01/2018 11:32
Date Of Accident	17/01/2018 09:10
Exact Location Of Accident	ALONG UBI RD 1
Country/State of Loss	SINGAPORE
Design of the second se	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM6051P
Insured/Policyholder	
Name Of Registered Owner	YE MYINT
NRIC No	S2693793J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96274305
Alternative Phone No	OFFICE-96274305
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	LM TUCSON 2.0L AUTO ABS D/AB 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
If No, Please state action to be taken	REPORTING ONLY
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	5064610023-03

Driver

Cover Note Number

YE MYINT Name of Driver S2693793J NRIC No 09/03/1955 Date Of Birth INDOOR Occupation 07/09/1990 Date Of Driving Pass

27 YEARS AND 4 MONTHS **Driving Experience**

Gender

(LOCAL) +65-96274305 Mobile Number

Fax Number

OFFICE-96274305 Contact Number

NOEMAIL EMail Address

Address BLK 416 CLEMENTI AVENUE 1

#30-285

Postcode 120416

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

ehicle

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 involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH1912C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANG CHOR HEE

NRIC/Passport Number

S1728981J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.
- 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.

Policyholder's Signat

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

T T T T T T T T T T T T T T T T T T T
I was exiting the Osette Osley Biz Hub Building when Yeth (B) in front of mine Suddenly braked to turn into the entrance of the building I braked immediately but was unable to avoid the accident. We alight a exchange particulars no one
me dildur & excurride banismiais 110 0.16
was injured

DECLARATION

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

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

NRIC/FIN No.:

oreign Vehicle Involvec: YES / NO oreign Vehicle No lo. of Vehicles Involved: Vas There Any Witness: YES / NO lame of Witness: contact No OTHER VEHICLES VEHICLE B: SLH 1912 C Category: Pto State Oriver's Name: Ang Chor Hee ORIC No: S17289813 Contact No: No. of Passenger: Oriver's Name:
Io. of Vehicles Involved: Vas There Any Witness: YES / NO Name of Witness: Contact No: OTHER VEHICLES VEHICLE B: SLH 1912 C Category: Pto Horizontal Health Contact No: Oriver's Name: Ang Chor Health Contact No: Contact No: S17289813 Contact No: No. of Passenger: VEHICLE C: Category:
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Category :
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NRIC No :
Contact No :
No. of Passenger :
-1
Police Report : YES/NO
f YES, Where :
M / F INJURED? YES/NO
M / F INJURED? YES/NO
M / F INJURED? YES/NO
M / F INJURED? YES/NO
Contact No :
Email :

ye-myintosingnet.com.og



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2693793J





Name

YE MYINT

BURMESE

Date of birth 09-03-1955

82693793

Country of birth MYANMAR

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 2B Class 3

07 Sep 1990 07 Sep 1990



IRIC No. S2693793J

Date of issue 02-05-2007

APT BLK 416 CLEMENTI AVENUE 1 #30 - 285

SINGAPORE 120416 NRIC No: \$2693793J

Date: 30/08/2012

No: 7194

NP 428A



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number

: 5064610023-03

The Policyholder

YE MYINT

BLK 416 #30-285 CLEMENTI AVENUE 1 SINGAPORE 120416

Period of Insurance

: 21 Mar 2017 To 20 Mar 2018

Sum Insured

Cover Type

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$1,140.90

Interest Insured

: drivo PREMIUM

Primary Driver

: YE MYINT

Named Driver (1)

: N/A

Named Driver (2)

: N/A

: HYUNDAI/TUCSON

: 1998cc Capacity Registration Date : 21 Mar 2014

Make/Model

: SKM6051P

Registration Number

: KMHJU81EMEU897028

Off-peak Car

: No

Chassis Number Repair at Owner's Preferred Workshop : Yes

Insure with COE : Yes

Excess (Section 1)

: \$\$600 : N/A

NCD Entitlement : 50% NCD Protection

: No

Excess (Section 2) Windscreen Excess · S\$100

Loyalty Discount

: 5%

Additional Excess

: N/A

: Please refer to Terms and Conditions

Unnamed Driver Excess Hire Purchase Company

: TOKYO CENTURY LEASING (S) PTE LTD

Optional Cover

Transport Allowance

: No

Excess Waiver

: No

Memo A : N/A

Endorsement Operative : M7

Agency

: KOMOCO TRADING PTE LTD (00000614810)

Date of Issue

: 20 Feb 2017 21:41 hrs

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		ALL PROPERTY.		The state of the s		Change Lan	guage ,	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy No.					Date of Acc	ident	17/01/	2018 09:10	
	Vehicle	No.(For Motor)	SKM6051P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5064610023- 03	YE MYINT	526937933	GPC	drivo PREMIUM	SKM6051P	SKM6051P	21/03/2017	20/03/2018
					1	Continue				

Policy No.	5064610023-03	Policyholder Name	YE MYINT	Policyholder NRIC	S2693793J
Address	BLK 416 #30-285 CLEMENTI A	VENUE 1 SINGA	APORE 120416		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	20/02/2017	Effective Date	21/03/2017 00:00	Expiry Date	20/03/2018 23:59
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	0		
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policy!	older Mailing Address				
Address 1	BLK 416 #30-285	Address 2	CLEMENTI AVENUE 1	Address 3	SINGAPORE 120416
Address 4		Address Type	Singapore address	Post Code	120416
Unit No.		Related Policy Number	5064610023-03		
	d Object: SKM6051P				
	ements				
Sequen	ce Date of Endorsement	Endorse	ment Type Endor	rsement Status	Endorsement Content

sim Handling							
cy No.	5064610023-03	Vehicle No.	SKM6051P	GST Registra	tion No.		
	YE MYINT			Policyholder I	NRIC	\$26927931	
		Cover Type	drivo PREMIUM	Loading		0	
luct Code	PRIVATE CAR INSURANCE		0	Contact No.0	(amol-	0	
tact No.(Mobile)	96274305	Centact No. (Office)	9	eCode	111	No V	
iii Address		Special Remark				125.53	
	® No ○ Yes	TCA	No ○ Yes	eCode Reaso	n		
Protection	No	NCD Entitlement(%)	50	Private Hire		No	
Accident Details							
	17/01/2018 11:49	Accident Report Within 24 hrs	Yes	Accident Typ	e	Collision - Head to Rear	
ort Date	17/01/2010 11:49			120 (1010)	Del Car	Carrier	
e of Accident	17/01/2018	Time of Academ hith:mm	09:10	Country of A	coident	Singapore	
orting Centre		Orange Force		JCM No.			
ident Location	ALONG UBI RD 1						
Benefits							
Excess							
	600.00	Additional Excess	0.00	Windscreen	Excess		100.00
n damage Excess			600.00				
amed Oriver Excess	0.00	Outside Singapore OD Excess					
rd Party Excess	0.00	Outside Singapore TP Excess	0.00				
GST Registered Informa	tion						
Registered	No		GST Registration Date				
Registration No. ofication History			GST Status Verified	Yes			
Policyholder Mailing Ad	dress						
aress 1	BLK 416 #30-289	Address 2	CLEMENTI AVENUE I	Address 3		SINGAPORE 120416	
dress 4		Address Type	Singapore address	Post Code		120416	
t No.		Related Policy Number	5064610023-03				
OI Driver Info							
ver Name	YE MYINT	Driver Type	Main Driver				
	TE PITER	Driver NRIC	526937933	Driver DOB		09/03/1955	
named driver Name				Driving Expe	anence	27	
pister Date of Driver License	07/09/1990	Driver Age	62			(April 2)	
ntact No.(Mobile)	96274305	Contact No.(Office)	0	Contact No.	(Home)	0	
dress I	BLK 416	4.44.10.00		E 1 Address 3		SINGAPORE 120416	
	BEN AND	Address 2	CLEMENTI AVENUE 1	Address 3		Daniel and Section	
	BLN TAN	Address Type	CLEMENTI AVENUE 1 Singapore address	Address 3 Post Code		120416	
dress 4							
ddress 4 nit No. oes he own a Singapore	30-285 ○ Yes ® No			Post Code	rer Company		
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dress 4 nit No. oes he own a Singapore egistered car? iclaration reathalyser or Blood Test	30-285	Address Type		Post Code	rer Company		
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Attachment	9	Uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
9081-1 1727-17	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 17 Ja n 2018 11:52	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-17	Edit
FG	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 17 Ja n 2018 11:52	SAS		Normal	SAS 2018-1-17	Edit
-	NAC_PAYA_UBI_800601(NATH	ONAL ASSESSMENT CENTRE SERVICES) on 17 la n 2018 11:52	Photos		Normal	Photos 2018-1-17	Edit
A	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 17 la n 2018 11:52	Photos		Normal	Photos 2018-1-17	Edit
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737	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 17 Ja n 2018 11:52	Photos		Normal	Photos 2018-1-17	Edit
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₩ Video List			File Name		8	Source	Action