Date In: 7/2/16-16:08	Jeb description		Date &Time Comple	ted	Done	oi,
Rest No: NA/INC1800 31 69/24	SAS e-filing					
Veh No: 561=54695	E-mail (within Shrs,	AIC 2hrs)				-4
D.O.A: 7/3/19-18:30	i-Motor Claim F	orm	MT/0980836	3	2/18 17	1:17
	i-Motor W/O (W	thin: OD 2hrs,	TP 4hrs)			
OD TP Reporting Only	i-Photo Uploade	d	- 8			
	Assessment/Surve	Report				
TP Insurer:	Ass't Report by F	x / Hand to	Owner/Wksp			3.00 (1.50)
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Jy	22J] Z	. INC()/Non-INC()		2000
Owner / Driver: (TWO	Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: (),	
Confirmed by: (ate:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO)	: N: 0-20	%; P: 21-79%. P:	30-100%]	
Year of Registration: ()	Warranty: YES ()	/NO()				
Excess: (\$) Loading: \$1,0)				
General Remarks:-	Mary and the			200		
) Walk-In Customer : Customer's info	A 100	ential & Stric	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	77.000	- Contract C	
		anda a cun	2		-	-
) Total Loss Case : to e-mail Insur-) . To	wing Co. ()
Drive-In ()/ Towed-In (); Invoice);10	wing Co: (,
emarks: . (INC hoffine: 6788 6616)			Date&Time Comple	54	Done	by .
	Courtesy Car ()				61 	Zinia ilian
			The second secon			
2) OC Check / Post Repair Inspection	()					- 50 W-50 a
	()	* 1				
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O Upload Resurvey Photo [Repair Cost > \$3 Injury: ate/Time: Actions Alloo747	1 In	R : Accident R	eporting (\$30);	NC (\$80)	Ant (5)	4
Outpload Resurvey Photo [Repair Cost > \$3 Injury: ate/Time: Actions Alfoo747 Umant's Particulars:-	1 In 11/2 21 3 3 3	R : Accident R OA : Damage A 'F : Towing Fee	eporting (530); ssessment (\$100); It	NC (\$80) \$40/\$45	Ant (5)	4
O Upload Resurvey Photo [Repair Cost > \$3 Injury: ate/Time: Actions Alfoo747 Itmant's Particulars:- ver/Owner:	1 In 1)/2 231 331 431 551	AR : Accident R AR : Damage A F : Towing Fee T : Follow-Thr	eporting (\$30); ssessment (\$100); It ough Survey ough Survey (Resurvey)	VC (580) \$40/\$45 \$120 \$30	Ant (5)	A Company
O Upload Resurvey Photo [Repair Cost > \$3 Injury: ate/Time: Actions Alfoo747 Itmant's Particulars:- ver/Owner:	1 In (1) (2) (3) (3) (4) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	AR: Accident R A: Damage A F: Towing Fee T: Follow-Thr T: Follow-Thr or claiming age	eporting (530); ssessment (5100); It ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Ja	NC (\$80) \$40/\$45 \$120 \$30 9,2005)	Ant (5)	A Company
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Pate/Time Actions	1) (1) (2) (3) (4) (5) (7) (8) (9) (7)	R: Accident R A: Darmage A F: Towing Fee T: Follow-Thr Or claiming age R: Re-inspecti N1: Idac DA + NTUC Addition D)* N5: Courtesy C N6: Repair Co- N7: Fost Repair N8: DV / Colle	eporting (\$30); ssessment (\$100); It ough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Ja on SMRT Survey al Services:- car / Tpt Allowance ordination r Inspection set Excess Coordination Non INC) against INC	NC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	Ame (5)	A

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.
- 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.

and the state of t	ACCIDENT STATEMENT
Date Of Report	03/02/2018 16:08
Date Of Accident	02/02/2018 18:30
exact Location Of Accident	JUNC COMPASSVALE BOW & SENGKANG EAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SGF5469J
insured/Policyholder	
Name Of Registered Owner	BAY LEONG SENG
NRIC No	S0657879I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97387976
Alternative Phone No	OFFICE-97387976
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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	5074985831-02
Cover Note Number	
Driver	

Name of Driver	BAY LEONG SENG
NRIC No	S0657879I
Date Of Birth	17/07/1944
Occupation	INDOOR
Date Of Driving Pass	06/10/1969
Driving Experience	48 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97387976
Fax Number	

OFFICE-97387976 Contact Number NOEMAIL EMail Address

BLK 531 HOUGANG AVENUE 6 Address #05-291

530531

Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO Number of vehicles involved in the accident 2

YES Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : BAY LIANG HAW

NO

2

NO

YES

NO

4

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO DETAILS OF OTHER VEHICLE PROPERTY 1

SJY2253Z Vehicle Registration Number TOYOTA

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

DETAILS OF INJURED PERSON 1

Name

BAY LEONG SENG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SGF5469J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

BAY LIANG HAW

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SGF5469J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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) 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;
 - (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

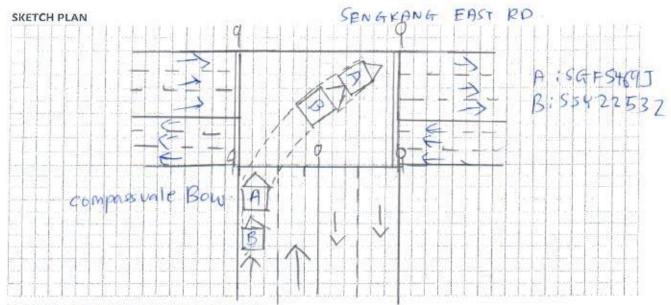
Date & Time:

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

Reporting Centre Per

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1

I wa	* travelling along compassuale Bow and Sengkang
	Ed Junction. The traffic light on compassure Bow
turn qu	reen so I proceed to turn right to sengkang
East R	d. The traffic light on Senglana, East Rd was red,
So I	slow down and stop to allow the pasdestrian to
	inddenly, I felt an impact from the year of my
	I got down and see whice B had hit onto the
	my vehide-
No. 422 PROPERTY AND ADDRESS OF	
201-201-201-201-201-201-201-201-201-201-	
110	

DECLARATION

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Individual Insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date: 02022018	(DD/MM/YY) Time: 18:30	(HH:MM)	
SENGICONG East Rd	and Compressale Bow Junti	on-	

Details of vehicle

Vehicle registration number	SG F546	95	VID-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Vehicle make and model	HONDA O	P			
Type of vehicle	Saloon Ø	MPV 🗆 Bus 🗆	CRV a	Var cycle 🗆	Others:
Vehicle category	Private @	Comme	ercial 🗆	Motorcy	/cle □
Purpose of using at said time	PRIVATE				
Are you claiming under your own insurance company?	Yes Third part of	No □ :laim ø′	if no, pleas Reporting		

Insurance information

Insurance company	NTMC .		
Policy number	5074985831-0	2.	
Type of policy	Comprehensive @	Third party fire & theft a	TP only □

Insured / Policy holder

Name	BAY LEONG SENG	Male	Female 🗆
NRIC / Fin / Passport number	S0657879 I	mental entre and a	
Contact	9738 7976		
Address	# OS - 291 SINGAPORE 1953		

<u>Driver</u> Same as insured above ☐ (skip to D.O.B)

Name	Male D Female 🗆
NRIC / Fin / Passport number	
Contact	
Address	
Email address	BIT RADE CA STNGNET COM SCT.
Date of birth	17-67-1944.
Occupation	Indoor a Outdoor a
Driving date pass	06101969

General information of the accident

Was driver an employee of the insured's company?	Yes D	No □ ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	Nod		
Weather condition	Clear 🗆	Raining 🗹	Others:	
Road surface	Dry 🛭	Wet 🗹		
No of passenger	2			(Inclusive of driver)

Passenger 1

Name	BAY LEONG SENG.		
Gender	Male Female		

Passenger 2

Name	BAY ELIANG HAW		
Gender	Male 🖾	Female 🗆	

Passenger 3

Name			
Gender	Male □	Female 🗆	

Passenger 4

Name			
Gender	Male 🗆	Female a	

Passenger 5

Name		
Gender	Male 🗆	Female

Passenger 6

Name		
Gender	Male 🗆	Female

Other information

Was anybody injured?	Yes 🗆	No 🗆
Was other vehicle damaged?	Yes 🗆	No 🗆

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name		11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SJY2253Z
Vehicle make model	TOYOTA

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	Hillian Committee Committe

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

			 	1000	
Name					ono.c

Witness 2

Maria	
Name	
The state of the s	

Injured person 1

Name	BAY LEONG SENGT
Injuries sustained	BACK AND NECK .
Which vehicle person in?	8GF5+69J.
Were seat belts worn?	Yes 🖙 No 🗅
Was injured conveyed to hospital by ambulance?	Yes 🗆 No Ø

Injured person 2

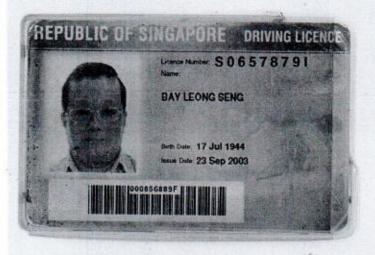
Name	BAY LIANG HAW				
Injuries sustained	BACK AND BENECIC.				
Which vehicle person in?	5GF54693				
Were seat belts worn?	Yes p No p				
Was injured conveyed to hospital by ambulance?	Yes D No p				

Injured person 3

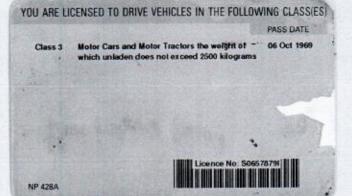
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes - No -

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗅









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					• .	Change Lan	guage	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	02/02	/2018 18:30	
	Vehicle	No.(For Mator)	SGF54693							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5074985831- 02	BAY LEONG SENG	S0657879I	GPC	drivo CLASSIC	SGF5469)	SGF5469)	16/12/2017	15/12/2018
					1	Continue				

Policy No.	5074985831-02	Policyholder Name	BAY LEONG SENG	Policyholder NRIC	S0657879I
Address	BLK 531 #05-291 HOUGANG A	VENUE 6 SING	APORE 530531		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	04/12/2017	Effective Date	16/12/2017 00:00	Expiry Date	15/12/2018 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	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co- insurance Flag Open Policy Info	No		v		
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	BLK 531 #05-291	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530531
Address 4		Address Type	Singapore address	Post Code	530531
Unit No.		Related Policy Number	5074985831-02		
) Insure	d Object: SGF5469J				
▽ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endo	rsement Status	Endorsement Content

dent MT/0980636							
Carlotte Service Co.	5074985831-02	Vehicle No.	SGF54691	GST Registrat	ion No.		
No.		VOICE IVO		Policyholder M	ikic	506578791	
holder Name	BAY LEONG SENG			Loading	10.000	a	
uct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Contact No.(r	ione)	0	
sct No.(Mobile)	97387976	Contact No.(Office)	0	eCode	in the same of	The V	
Address		Special Remark	8 8			E35,255	
	® No ○ Yes	TCA	No ○ Yes.	eCode Reaso	90		
Protection.	Yes	NCD Entitlement(%)	50	Private Hire		No.	
Accident Details							
rt Date	03/02/2018 17:15	Accident Report Within 24 hrs	Yes	Accident Type		Collision - Head to Rear	
of Accident	02/02/2018	Time of Accident hh:mm	18:30	Country of Ac	cosent	Singapore	
rting Centre		Orange Porce		ICM No.			
ent Location	JUNC COMPASSVALE BOW & SENGKAN	G EAST RO					
Benefits							
Excess	600.00	Additional Excess.	0.00	Windscreen t	xcess	30	30.00
Jamage Excess			600.00				
med Driver Excess	0.00	Outside Singapore OD Excess	0.00				
Party Excess	0,00	Outside Singapore TP Excess	0.00				
GST Registered Inform							
egistered.	No		GST Registration Date GST Status Venfield	Yes			
egistration No.			GST SEATUS VERNIED				
cation History							
Policyholder Mailing Ar	fdress			(Sprittell or		710325555555555	
iss I	BLK 531 #05-291	Address 2	HOUGANG AVENUE 6	Address 3		SINGAPORE 530531	
ess 4		Address Type	Singapore address	Post Code		\$30531	
No.		Related Policy Number	5074965831-02				
OI Driver Info		Manufacture A. M. A. M.	M119817833398				
OI Driver Info	BAY LEONG SENG	Driver Type	Main Driver			Te lacest	
r Name med driver Name		Driver NRIC	\$06579790	Driver DOB		17/07/1944	
	s 05/10/1969	Driver Age	73	Driving Expe	rience	48	
ter Date of Driver License		Contact No.(Office)	0	Contact No.(0	
ict No.(Mobile)	97387976	Address 2	HOUGANG AVENUE 6	Address 3		SINGAPORE 530531	
ess 1	BLK 531	Materials 2	CONTRACTOR OF THE PARTY OF				
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Actachment	0	ploaded By/Date	Category	Ŷ	Urgency	Description	Mag Sent? Action (CO)
100 KM	NAC_PATA_UBI_B00801(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 17:22	NR3C/ Driving License		Normal	NR3C/ Driving License 2018-2-3	Edit
***	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 03 Fe ± 2018 17:21	SAS		Normal	SAS 2018-2-3	Edit
54	NAC_PAYA_URO_ROOGD3(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 17:21	Photos		Normal	Photos 2018-2-3	Edit
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4	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT (ENTRE SERVICES) on 03 Fe b 2018 17:17	Photos		Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 17:17	Photos		Normal	Photos 2018-2-3	Edit
▽ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action