NATIONAL Assessment Centr	e Services - Met 1 Jan	OSI MNA 118017962			
Date In: 5/3/18-17:35	Jeb description	Date &Time Com	pleted	Done	p.i.
Ref No: NA //4 (8 = 32289 /24	SAS e-filing				
Veh No: 57 M 5015H	E-mail (within 8hrs, AIC	2hrs)			4
D.O.A: 5/2/18-11:35	i-Motor Claim Form	MT 0981069	4	2/18 10	:28
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
	Assessment/Survey Re	port			
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 680	4923X	NC()/Non-INC()		
Owner / Driver: (Tel:	55.)	
Policy No: () Pe	riod: () Cover Type: () .	
Confirmed by : (Date)	
Insured/Driver Liability: (%)	Note-Est. Status (WO):	N: 0-20%; P: 21-79%.	F: 30-100%]	72
Year of Registration: ()	Warranty: YES ()/NO	O()			
Excess: (\$) Loading: \$1,0	000()/\$2,000()			-	
General Remarks:					- 1
() Walk-In Customer: Customer's info	The state of the s	al & Strictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insure		, 5 ma m 3	(7)		
Drive-In ()/ Towed-In (); Invoice); Towing Co: (•)
damento and other state accordance		Date&Time Com	nternal by	Done	by
Remarks:- (INC horline) 6788 6616)		- 5	7. 27.		-
1) Apply for Transport Allowance ()/C	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()		• •		7
Injury:		•			
Date/Time Actions		Property and the second		COADLE	
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141800767	Invei	e Preparation Checkli	st .	Anit (5)	Amit (\$)
	1) AR :	Accident Reporting (\$30);	867,737,1575	\$. D . B. II .	
aimant's Particulars :-	2) DA:	Damage Assessment (\$100);	INC (\$80) \$40/\$45	Tanana and a same	
iver/Owner:	4) FT : I	owing Fee follow-Through Survey	\$120		
ntact No:	5) FT : 1	follow-Through Survey (Resurve airming against INC Only (wef 1	(y) \$30 0 Jan 2005)		
	6) TR:	Re-inspection	\$75		
maged Portion:	7) N1 : 1	dao DA + SMRT Survey C Additional Services:-	5160		
	OD.			V-1-1	
Checked by (Engr-In-Charge):	*NS:	Courtesy Cer / Tpt Allowence	\$5 510		
EVIDO SERVEZBARA LOS ASTRONOS EN ESTADOS ESTADOS EN	*N7:	Repair Co-ordination Fost Repair Inspection	\$25		
iditors' Comments :-	*N8:	DV / Collect Excess Coordinatio	n 33		
.1:	and a contract of the contract	Idac Mobile	30		
2/3;	Invalce		Charged		建物
Mann ACT the	Invoice	dated Fee	Charged	PARTIE ALLES	

4 . per et 1/22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
 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.

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	05/02/2018 17:25
Date Of Accident	05/02/2018 11:35
Exact Location Of Accident	ALONG CHOON GUAN STREET
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJŅ5015H
Insured/Policyholder	
Name Of Registered Owner	YAP CHOON CHUEN
NRIC No	S7821195D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84815538
Alternative Phone No	OFFICE-84815538
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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	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

5096269390 Policy Number

Cover Note Number

Driver

YAP CHOON CHUEN (YE JUNQUAN) Name of Driver

S7821195D NRIC No 10/07/1978 Date Of Birth INDOOR Occupation 20/11/2014 Date Of Driving Pass

Driving Experience 3 YEARS AND 2 MONTHS

MALE Gender

(LOCAL) +65-84815538 Mobile Number

Fax Number

OFFICE-84815538 Contact Number

NOEMAIL EMail Address

BLK 52 NEW UPPER CHANGI ROAD Address

461052

#02-1494

Postcode

Was driver an employee of the Insured's Company

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

1

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 -Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBC4923X

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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>.
- 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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orten, lane		1100							
ECLARATION We declare the foregoing particula	ars are true in	every respec	t.			A			
	Drivers		eller e - var er - e e te mi		Reporting Co	entre Personn	nel's Signi	ature	

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 and time of accident	Date: 5	2/17	(DD/MM/YY) Time: 11:35 am	(HH:MM)
Exact location of accident	choon	guan	strut	

Details of vehicle

Vehicle registration number	SIN SOISH
Vehicle make and model	Topta hish
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	NTUC .		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft a	TP only

Insured / Policy holder

Name	Yay Choon chuen Male &	Female 🗆
NRIC / Fin / Passport number	378211950	
Contact	8481 5538	
Address	52 New usper changi Rd #02-1494	

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

Name	Male D Female D
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	10/7/1978
Occupation	Indoor D Outdoor D
Driving date pass	20 11/2014

General information of the accident

Was driver an employee of the insured's company?	Yes D If no, rela	No partionship of the	driver and insured: _	
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	1			(Inclusive of driver)

Passenger 1

Name	Yap choon churn	
Gender	Male Female D	

Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

Passenger 3

Name			
Gender	Male □	Female 🗆	

Passenger 4

Name		
Gender	Male 🗆	Female 🗆

Passenger 5

Name			
Gender	Male 🗆	Female 🗆	

Passenger 6

Name			
Gender	Male 🗆	Female	0 = 1

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			MIN CONTROL OF THE CO

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBC 4923 X
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	Water and the second se
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	Chemina - Henrico - Carles College
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

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	

W	itne	155	1
---	------	-----	---

Name	

Witness 2

Name	

Injured person 1

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

Injured person 2

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

Injured person 3

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

Injured person 4

Name			
Injuries sustained			and the second of the second o
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	1404
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	



19-09-2008

APT BLK 52 NEW UPPER CHANGI ROAD #02-1494 SINGAPORE 461052

NRIC No: \$78211950

Date: 22/12/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Nov 2014 of the driver; and other motor vehicles =< 2500kg

Licence No: S7821195D

NP 428A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7821195D

Name



YAP CHOON CHUEN (YE JUNQUAN)

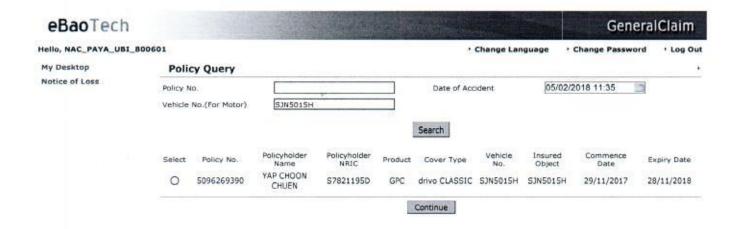
俊

CHINESE

Date of birth 10-07-1978 M

Country of birth SINGAPORE p74211960

REPUBLIC OF SINGAPORE DRIVING LICENO on Number S 7 8 2 1 1 9 5 D YAP CHOON CHUEN (YE JUNQUAN) Birth Date 10 Jul 1978 Insue Date: 20 Nov 2014



Sequenc	e Date of Endorsement	Endorse	ment Type Endorsem	ent Status	Endorsement Content	
▼ Endors	ements					
) Insured	d Object: SJN5015H					
Jnit No.	02-1494	Related Policy Number	5096269390			
Address 4		Address Type	Singapore address	Post Code	461052	
Address 1	BLK 52 #02-1494	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461052	
Policyh	older Mailing Address					
Certificate info						
Open Policy Info						
Co- nsurance Flag	No		*			
Agent	CYCLE & CARRIAGE.FULCO MOT	Agent Tel.	67460088	GST Flag	Y	
Singapore DD Excess	600	Singapore TP Excess	0			
Excess Outside	v	Premium Outside				
Additional	0	os	0			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Policy ssue Date	29/11/2017	Effective Date	29/11/2017 00:00	Expiry Date	28/11/2018 23:59	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Address	BLK 52 #02-1494 NEW UPPER C	HANGI ROAD	SINGAPORE 461052			
Policy No.	5096269390	Policyholder Name YAP CHOON CHUEN		Policyholder NRIC	S7821195D	

*Continue Cancel

ccident MT/0981069						
plicy No.	5096269390	Vehicle No.	SIN5015H	GST Registration	No.	Participation of
olicyholder Name	YAP CHOON CHUEN			Policyholder NR30	578	211950
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
ontact No.(Mobile)	84813538	Contact No.(Office)	0	Contact No (Hom		
	JA012320				INC.	-
nail Address		Special Remark		eCode	S Post	X.
K.	® No ○Yas	TCA	® No ○Yes	eCode Reason		
OD Protection	No	NCD Entitlement(%)	0	Private Hire	No	
P Accident Details						
sport Date	05/02/2018 19:26	Accident Report Within 24 hrs	Yes	Accident Type	Colli	sion - Change / Cross lane
ite of Accident	05/02/2018	Time of Accident hhomm	11:35	Country of Accide	est Sine	apore
porting Centre	00/02/2016	Orange Force	11:55	ICM No.		2011
		Grange roice		DEPT OND.		
cident Location	ALONG CHOON GUAN STREET					
9 Benefits						
7 Excess						
in damage Excess.	600.00	Additional Excess	0.00	Windscrean Exce	ss	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00			
	0.00	Outside Singapore TP Excess	0.00			
nd Party Excess		Guissae singapore in Excess	0.00			
GST Registered Inform			007.0			
f Registered	No.		GST Registration Date			
Registration No.			GST Status Verified	Yes		
Sfication History						
Policyholder Mailing Ad	ldress					
dress 1	BLK 52 #02-1494	Address 2	NEW UPPER CHANGI ROAD	Address 3	SIN	GAPORE 461052
dress 4		Address Type	Singapore address	Post Code	461	052
t No.	02-1494	Related Policy Number	5096269390			
OI Driver Info	***************************************		VEX.000.00 T//			
ver Name	YAP CHOON CHUEN(YE JUNQUAN)	Driver Type	Main Driver			
	THE CHOCK CHOCK IS JUNGONIA	Driver NR3C		Driver DOB		
amed driver Name		Driver MIJC	578211950	Driver DDB	10/0	17/1978
ster Date of Driver License	20/11/2014	Driver Age	39	Driving Experience	e 3	
tact No.(Mobile)	84815538	Contact No.(Office)	0	Contact No.(Hom	*) 0	
ress 2	BLK 52	Address 2	NEW UPPER CHANGE ROAD	Address 3	SIN	SAPORE 461052
tress 4		Address Type	Classical addition	D C . 4 .	34.0	ora.
1,000						
			Singapore address	Post Code	461	133
	02-1494	Altrication Mark	Singapore adoress	Post Code	401	7753
es he own a Singapore	02-1494 ○ Yes ® No	Driver Vehicle No.	Singapore adoress	Oriver Insurer Co		
is he own a Singapore detered car?			Singapore address			
is he own a Singapore patered car? laration			Singapore aduress			
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is he own a Singapore Intered car? laration ethalyser or Blood Test dirg? Incation History Incation History Mem O01 New Typs * tact No.(Mobile)	O mg	Any Injury? Insured Name Contact No.(Home)	YAP CHOON CHURN	Oriver Ensurer Co Insured NR1C Contact No.(Office	S78.	211950
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is the own a Singapore Intered Car? When the state of Blood Test ding? White the state of Blood Test ding? When the state of Blood Test ding?	○ Yes	Insured Name Contact No.(Home) Of Vehicle Number	YAP CHOON CHUIIN S3N5015H Not at Fault ▼	Insured NRIC Contact No.(Offic TP Vehicle Number	SZE	211950
is he own a Singapore intered car? aration athalyser or Blood Test ding? Incation History laim 001 New In Type * tact No.(Mobile) all Address in Description errad Workshop Contact utre Finalisation	OD-MX ▼ 34815538 S3N5015H / GBC4923K ON 5 Feb 2018	Insured Name Contact No.(Home) Of Vehicle Number	YAP CHOON CHUIIN S3N5015H Not at Fault ▼	Insured NRIC Contact No.(Offic TP Vehicle Numbel Name of Preferrer	S28	21198D
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♥ Video List		2020ATMIAN-CS						
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? (CO)	Actio