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Date In: 5 2/18-15:>3	Jeb description		ne Completed	Done l	oy.
	SAS e-filing			-W	
Res No: NA INCIPUSDE /24					-
Veh No: SKH6522 2	E-mail (within Shrs,			late ter	**
D.O.A: 4/5/18-15:10	i-Motor Claim F	-	514 3	12/18 19:4	16
OD TP Reporting Only		thin: OD 2hrs, TP 4hrs)			
33 (1) (1)	i-Photo Uploade	d			
TP Insurer:	Assessment/Surve	Report			
Tr insurer.	Ass't Report by F1	x / Hand to Owner/Wi	(SD		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:	
P Particulars: Veh No: 576	5150/c .	NC()/Non-	NC()	9	
Owner / Driver: (Tel:	-)	
Policy No: () Per	riod: () Cover Typ	oc: ().	
Confirmed by: (ime:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO)	: N: 0-20%; P: 21-	79%. P: 30-100)%]	
Year of Registration: ()	Warranty: YES ()	/NO()			
Excess: (\$) Loading: \$1,0	00()/\$2,000()			
eneral Remarks.		1777 E 27 370	Corf. Fig.	6M S	
) Walk-In Customer: Customer's infor	rmation strictly Confide	ential & Strictly NO ref	er of repairer.		
emarks:- (INC horline: 6788 6616) Apply for Transport Allowance ()/C QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ()	Date&Tim			
Injury:			- F 124 9	Mickeys.	75.77
	1				
A18-0769	In	voice Preparation Cl	iecklist	Ant (\$)	Ami I
imant's Particulars :-	1) /		30); 100); INC (\$80)		=====
	3)7	OA : Damage Assessment (S F : Towing Fee	\$40/\$		
/er/Owner:	4) 3	T : Follow-Through Survey T : Follow-Through Survey	(Resurvey) \$3		
tact No:	P	or claiming against INC Only	(wef 10 Jan 2005)		-
naged Portion:		R: Re-juspection 11: Idao DA + SMRT Surve)	S10		
7 No. 10		TUC Additional Services:-			
Checked by (Engr-In-Charge):		N5: Courtesy Car / Tpt Allow	yange :	\$5	
No. of the second secon		N6: Repair Co-ordination	5	10	
litors Comments ::		N7: Post Repair Inspection N8: DV / Collect Excess Coo	ordination	25	
1;		P (N11): TP (Non INC) aga	inst INC S	20 .	
		V12: Idao Mobile	Fee Charged		計劃
2/3:		nice dated	Fee Charged	WALLEY.	ALES I

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.

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

	cc	IDEK	тст	A 11 - 14	пемп
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05/02/2018 15:23 Date Of Report

04/02/2018 15:10 Date Of Accident

ALONG SERANGOON RD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKH6522Z Vehicle Registration Number

Insured/Policyholder

BUILDERS 265 PRIVATE LIMITED Name Of Registered Owner

200210636N Co Reg No NQEMAIL Email Address

Mobile Phone No

OFFICE-68520265 Alternative Phone No

Vehicle Particulars

VOLVO Manufacturer XC90 T5 Model

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5076481327-02 Policy Number

Cover Note Number

Driver

LEE BENG CHUAN Name of Driver

S1769322J NRIC No 27/01/1966 Date Of Birth INDOOR Occupation 08/02/1984 Date Of Driving Pass

33 YEARS AND 11 MONTHS Driving Experience

MALE Gender

+65-94505954 Mobile Number

Fax Number

OFFICE-94505954 Contact Number

NOEMAIL **EMail Address**

Address

40 CEDAR AVENUE

Postcode

349713

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

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)

5

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

SJL5150K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

M IBRAHIM

NRIC/Passport Number

S1629741J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE BENG CHUAN

Approximate Age

Page 2 of 18

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HAND

SKH6522Z

YES

NO

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 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 Pability on the part of the insurance
- 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 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:

- (e) 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 dalms;
 - (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, uso, 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 S. Time:

Reporting Contre Parso nel's Signature

NRIC/FIN No.:

SIAME Les Millionen 23

Date & Time:

glaked Step billonicom, V.t.

1

Name: NRIC/FIN No.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SERANGOON RD LANE 2. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 CUTTING ONTO MY LANE TURNING TO WHAMPOA SOUTH. IN A RESULT VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACC	IDENT DATE: 4. / 2 18 (DD/MM/YYYY), TIME: (15 . 1 3)(HH:MM)	W 28
	ATION: Along leranges a Rd	
LOCA	AllON: Day	Sept. 101
1	. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SKH6523 Z 3175	
18.	LANGURANCE COMPANY NTJC	320
6.	INCHOUNTINGED: TOTAY FINATO 2	*
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	- MANE & MODEL:	•
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
	WITHOUT CATECORY (PRINATE / COMMERCIAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME: Private USE	987
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	12
	IF NO, PLEASE STATE (THIRD PARTY CEALWY) RELOCKING	
2	A) NAME: Builders 26 + Private Limited (MALE / FEMALE)	*
	b)NRIC/FIN/PASSPORT: 2002/06764 CONTACT: 68562 0765	. 0
- 53	Divide that the same	* HO OF
	c) ADDRESS:	passenger
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	. (Including of
	DDIVED :	(3)
3.	MALE FEMALE	52
	HINDIC/EIN/PASSPORT: STEELS CONTACT:	
	CIADDRESS: 42 (Plat Avenue (349713)	. 8 .
	*d)DATE OF BIRTH: () 1966 (DD/MM/YYYY)	
	TO THE PARTY OF TH	325
	EIVEARS OF DRIVING PYPPERIENCE: 8 7 1944 (CIO)	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY!	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
5.	D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS	10
	b)ROAD SURFACE: (DRY / WET / OTHERS	20 E
6.	WAS ANYBODY INJURED (YES) NO) - hand -	* *
7.	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
8.	THIRD PARTY VEHICLE A) VEHICLE NUMBER: ML 57 25 K MODEL: (BOYGHE HIM).	klo of passo
	d) VEHICLE HOMBER	
	b) DRIVER'S NAME: M ILCONIM	Clududing du
	C) TARICHTAN AGO GRAZETO	(4)
9.	THIRD PARTY VEHICLE MODEL:	0
	di verilote nomberi	HO of passi
	e) DRIVER'S NAME:	(Including d
5.5	f) NRIC/FIN/PASSPORT:CONTACT:	()
		LJ .

Qmail =



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

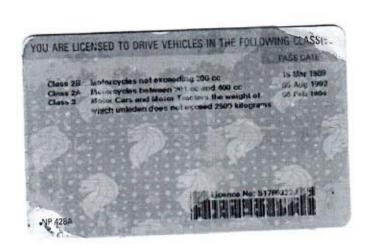
ADDENDUM

			ADDEN	DOM	
CONTRACTOR OF STATE O		NMAKINGTH			7
				Vehicle Registration No:	
Name(as shows	nin NRIC) :	Lee Beng	Chuan	NRIC/FIN/Passport No:	517693225
		Owner)(*) Ple			
Address	:_ (10 codas	AVEME		Singapore(3497)
Contact (Tel)	:_			Mobile No.: 94505	754
Email Addres	ss :				
Date of Accid	dent : ¥	12/18		Time of Accident :	:10
Place of Acci	dent :	tlong Gergn	goon Rd		
Insurance Co		0	J		
ilisulance co	ilipally.	1-0			
Amend	Tp veh	cle num	ber (W	LSISOKJ	
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			40		
<u> </u>					
			<u></u>		ka
Policyholder Date:	/ Driver's Si	gnature		Reporting Centre Pers Name: NRIC/FINNo.: Date:	onnel's Signature











A	Policy	Information

) Insure	d Object: SKH6522Z				
Unit No.		Related Policy Number	5076481327-02		
Address 4		Address Type	Singapore address	Post Code	738391
Address 1	20 WOODLANDS WALK	Address 2	SINGAPORE 738391	Address 3	
etite o	older Mailing Address				
Certificate Info			ę.		
Open Policy Info					
Co- insurance Flag	No				
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Υ
OD Excess		TP Excess	W		
Outside Singapore	600	Outside Singapore	0		
Additional Excess	0	OS Premium	0		
Excess	170 p	Excess	75 K S TI	Excess	
Third Party	0	Own damage	600	Windscreen	100
Policy issue Date	12/12/2017	Effective Date	01/01/2018 00:00	Expiry Date	31/12/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	20 WOODLANDS WALK SINGAPO	RE 738391			
Policy No.	5076481327-02	Policyholder Name	BUILDERS 265 PRIVATE LIMITE	Policyholder NRIC	200210636N

Continue Cancel

ccident MT/0981074							
olicy No.	5076481327-02	Vehicle No.	SKH6522Z	GST Registration	No.		
licyholder Neme	BUILDERS 265 PRIVATE LIMITED					900000	TANK TANK
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIO	-	2002106	335N
ntact No.(Mobile)	D D D D D D D D D D D D D D D D D D D			Loading	1223	0	
	0.77	Contact No.(Office)	68520265	Contact No.(Hom	*)	0	
nali Address	02002000	Special Remark		eCode		16. 🗸	
<	® No. ○ Yes	TCA	No ○ Vec	eCode Resson			
D Protection	Yes	NCD Entitlement(%)	50	Private Hire		No	
Accident Details				400 CALIFORNIA (C.)		92516	
port Date	05/02/2018 19:45	Accident Report Within 24 hrs	Yes	Keese or W.		200000	
te of Accident				Accident Type			- Change / Cross lane
	04/02/2018	Time of Accident hh:min	15:10	Country of Acade	int	Singapor	e
porting Centre		Orange Force		ICM No.			
cident Location	ALONG SERANGOON RD						
Benefita							
Excess							
n demage Excess	600.00	Additional Excess	0.00	Windscreen Exces			
named Driver Excess		Outside Singapore DD Excess	600.00	HINDSCHOOL EXCES			100.00
d Party Excess	0.00						
		Outside Singapore TP Excess	0.00				
GST Registered Inform							
Registered	No		GST Registration Date				
Registration No.			GST Status Venfied	No			
ification History		1,4					
Belleshelder Weller							
Policyholder Hailing Ad ess 1	20 WOODLANDS WALK	Address 2	CINGARORE THAT				
	an artificial state.		SINGAPORE 738391	Address 3			
tress 4		Address Type	Singapore address	Post Code		738391	
t No.		Related Policy Number	5076481327-02				
OI Driver Info							
ver Name	Unnamed Driver	Driver Type	Unnamed Driver				
amed driver Name	LEE BENG CHUAN	Driver NR3C	S17693221	Driver DOB		27/01/19	66
ster Date of Driver License		Driver Age	52		2		
sact No.(Mobile)	94505954			Driving Expenence		33	
		Contact No.(Office)	0	Contact No.(Home	5	0	
ress 1	40 CEDAR AVENUE	Address 2	SENVETT ESTATE	Address 3		SINGAPO	RE 349713
ress 4		Address Type	Charles and the con-	Break Marks		210212	
		Address Type	Singapore address	Post Code		349713	
		Address Type	singapore appress	Post Code		349/13	
No. s he own a Singapore	○ Yes ® No	Oriver Vehicle No.	annyapore appress	Driver Insurer Con	npany	369713	
No. s he own a Singapore stered car?	○ Yes ® No		propagate appress		прапу	349713	
No. i he owπ a Singapore stered car?	○ Yes No		prigapore appress		прапу	349713	
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