Date In: 8 2/8-14:51		MNA/18019602	resoverance in energy
	Jeb description	Date & Time Completed	Done b
ROFNO: NA/NC18002 183/24	SAS e-filing		
Veh No: 1912015	E-mail (within Shrs, AIC 2hrs)	i	
D.O.A: 7/7/2-21:00	i-Motor Claim Form	MT/098/582	8/2/18 16:3
OD TP. Reporting Only	i-Motor W/O (Within: OD 2		-1-110 10.7
OB TP Reporting Only	i-Photo Uploaded	1	******
TP Insurer:	Assessment/Survey Report		
Transurer.	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: 1k	WZYZZH . INC	1990	4.
Owner / Driver: (Tel:)
	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-10	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1	1,000 ()/\$2.000 ()		
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() Total Loss Case : to e-mail Insu	irer URGENTLY.	3	
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO(); T	owing Co: (
		owing Co: (
temarks: (INC hotline: 6788 6616)	20.00	Date&Time Completed	Doneby
Apply for Transport Allowance ()/	Courtesy Car (Car o subditionly
2) QC Check / Post Repair Inspection	()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 a rechiving 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.

	consent to the archiving of this report at the centre and to copies of the report being made available
Date Of Report	ACCIDENT STATEMENT
Date Of Accident	08/02/2018 14:51
	07/02/2018 21:00
Exact Location Of Accident	JUNC BEDOK RESERVOIR RD & BEDOK RESERVOIR CRESCENT
Country/State of Loss	SINGAPORE
Vohiele Designation	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ2012S
Insured/Policyholder	
Name Of Registered Owner	YEE KIN SEONG @CHOR KIM SEONG
NRIC No	S0601793B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96639700
Alternative Phone No	OFFICE-96639700
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY 1.6EXA
Exact Purpose for which vehicle was being used a 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	PART OF THE PART O
Name of Insurance Company	NTUC INCOME INSURANCE OF COME
Type Of Coverage	NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE
Fleet Policy	NO
Policy Number	5014758158-11
Cover Note Number	5014758158-11
Driver Temperature	
Name of Driver	VEE VIN SECULO COURT
IRIC No	YEE KIN SEONG @CHOR KIM SEONG
Date Of Birth	\$0601793B
Occupation	15/02/1938
late Of Driving Pass	INDOOR
riving Experience	07/08/1958
ender	59 YEARS AND 6 MONTHS
Inhile Number	MALE
ax Number	(LOCAL) +65-96639700
onfact Number	
Mail Address	OFFICE-96639700
Addition Page 18	NOEMAIL

Address

BLK 721 BEDOK RESERVOIR ROAD

#14-4630

Postcode

470721

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

2 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)

2

Passenger 1

NAME:

: -

GENDER:

: FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 BEDOK RESERVOIR ROAD. I TURN ON MY VEHICLE LEFT INDICATOR LIGHT AS I WANT TO TURN LEFT. SUDDENLY VEHICLE B WAS SPEEDING ALONG LANE 2 AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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

SKW3435H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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)
 - 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:
 - 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.
	¥1
9	
4.	

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.:

GLARAC STANCEPHANESIUM VO

1413554



BC S0601793B

APT BLK 721 BEDOK RESERVOIR ROAD #14-4630 SINGAPORE 1647

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

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg

PASS DATE 23 Oct 1961 23 Oct 1961 23 Oct 1961 07 Aug 1968

306017933

S/No. 9000022017

NP 428A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0601793B





YEE KIN SEONG @CHOR KIM SEONG



CHINESE

15-02-1938 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE Licence Number S 0 6 0 1 7 9 3 B YEE KIN SEONG Bet Date 15 Feb 1938 Issue Date 16 Dec 2002

Hello, NAC_PAYA_UBI_8					18383				Gen	eralClaim
My Desktop Notice of Loss		Policy Query					Change Password Log			
	Policy Vehicle	No. No.(For Motor)	5GJ20125		=	Date of Ac	cident	07/02	2/2018 21:00	
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5014758158- 11	YEE KIN SEONG @CHOR KIM SEONG	506017938	GPC	drivo CLASSIC		Object SGJ2012S	Date 03/07/2017	02/07/2018

Sequence	Date of Endorsement	Endorseme	ent Type Endorsement S	Status	Endorsement Content
Endorser	nents				
Insured	Object: SGJ2012S	ewasso I Mosta			
nit No.		Related Policy Number	5014758158-11		
ddress 4		Address	### Wide Arth Official Property		170721
ddress 1	BLK 721 #14-4630		BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470721
Policyho	lder Mailing Address				
Certificate nfo					
Open Policy Info					
Flag	No				
Agent Co-	ALL INS AGENCY PTE, LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Excess		TP Excess			
Singapore OD	0.0	Outside Singapore	0		
Outside		Premium	*		
Additional Excess	0	os	0	11000000000000000000000000000000000000	
Excess		damage Excess	0.0	Windscreen Excess	100
Third Party	0	Own			1224 53.33
Policy issue Date	21/06/2017	Effective Date	03/07/2017 00:00	Expiry Date	02/07/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 721 #14-4630 BEDOK R	ESERVOIR ROAD	SINGAPORE 470721	MALC	
	5014758158-11	Policyholder Name	THE KIN SEONG @CHOR KIM SI	Policyholder NRIC	S0601793B

Accident MT/0981582					
Policy No.	5014758158-11	Vehicle No.	9G12012S		
Policyholder Name	YEE KIN SEONG @CHOR KIM SEONG		90120125	GST Registration No.	
Product Code	PRIVATE CAR INSURANCE	Company and the Company		Policyholder NRIC	90601793a
Contact No. (Mobile)	96639700	Cover Type	drive QLASSIC	Loading	0
Email Address	30239700	Contact No. (Office)	0	Contact No.(Home)	0
		Special Remark		eCode	growner .
KFK	® No ○ Yes	TCA	® No ○Yes		N. V
NCD Protection	Yes	MCD Fatilities watch:	Control of the Contro	eCode Reason	
Accident Details		NCD Entitlement(%)	50	Private Hire	No
Report Date	40.000.000.000.00				
Halport Date	08/02/2018 16:33	Accident Report Within 24 hrs	s Yes	Accident Type	Name of the second seco
Date of Accident	07/02/2018	Time of Accident hhomm	21:00		Collision - Change / Cross lane
Reporting Centre			21:00	Country of Acodent	Singapore
Accident Location	Wast deposit access to the	Ovange Force		ICM No.	
♥ Benefits	JUNC BEDOK RESERVOIR RD & BEDOK R	ESERVOIR CRESCENT			
Coverage			Sum Insured		
Excess Waiver			9999999999,99		
Transport Allowance					
♥ Excess			9999099999.99		
lwn damage Excess					
	0.00	Additional Excess	0.00	Windscreen Excess	1000
nnamed Oriver Excess	0.00	Outside Singapore OD Excess	0.00		100.00
niro Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform	ation	ALEMA IL PATRIS	0.00		
T Registered	No				
ST Registration No.	Cont.		GST Registration Date		
dification History			GST Status Verified	Yes	
Policyholder Hailing Ad					
ddress 1	BLK 721 #14-4630	Address 2	BEDOK RESERVOIR ROAD	25080828	
idraes 4		Address Type		Address 3	SINGAPORE 470721
nit No.			Singapore address	Post Code	470721
o OI Driver Info		Related Policy Number	5014758168-11		
iver Name	YEE KIN SEONG (#CHOR KIM SEONG	Driver Type	Main Driver		
named driver Name		Driver NRIC	506017938	24-140	
gister Date of Driver License	07/08/1958	Oriver Age	79	Driver DOB	15/02/1938
ntect No.(Mobile)	96639700			Driving Experience	59
dress 1		Contact No.(Office)	0	Contact No.(Home)	0
	BUK 721	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470721
dress 4		Address Type	Singapore address	Post Code	
It No.	14-4630			Post Code	470721
es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.			
grant and san transport		Driver venicle No.		Driver Insurer Company	
laration					
athalyser or Blood Tees					
ding?	O mg	Any injury?	○ Yes ® No		
ficetion History					
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laim 001 New					
laim 001 New					
aim 003 New	00-MX	Insured Name	YEE KIN SEONG (ICHOR KIM SE	Insured NBIC	5000000
n Type •	GO-MX 🗸		YEE KIN SEONG OCHOR KIM SE	Insured NRIC	506017938
n Type *	96639700	Contact No.(Home)	92069583	Insured NRIC Contact No.(Office)	506017938
Type * act No.(Mobile)	96639700 YEEKS38@HOTMAIL.COM	Contact No.(Home)			
m Type • lact No. (Mobile) Il Address In Description	96639700	Contact No.(Home)	92069583	Contact No.(Office) TP Vehicle Number	506017938 SKW3435H
m Type • lact No. (Mobile) Il Address In Description	96639700 YEEKS38@HOTMAIL.COM	Contact No. (Home) Of Vehicle Number	92069583 9632012S	Contact No.(Office)	
m Type * lact No. (Mobile) If Address In Description Inter Workshop Contact	96539700 YEEKS38@HOTMAIL.COM SGJ20128 / SKW3435H ON 7 Feb 2018	Corract No. (Home) Of Vehicle Number	92069683 96320128 Pertury at Pauls	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SKW3435H
n Type • act No. (Mobile) Il Address n Description med Workshop Contact ine Finalisation	96639700 YEEKS38@HOTMAIL.COM SGJ20128 / SKW3435H ON 7 Feb 2018	Corract No. (Home) OI Vehicle Number Insured Liability + Preferend Repair Collins	92069583 9632012S	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop BIA report	SKW343SH
n Type • act No. (Mobile) Il Address n Description irred Workshop Contact ore Finalisation Registered	96639700 YEEKS 389H0TMAB_COM SGJ20125 / SKW3435H ON 7 Feb 2018 Yes LX DB/02/2018 16:37	Corract No. (Home) Of Vehicle Number	92069683 96320128 Pertury at Pauls	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SKW3435H
n Type * act No. (Mobile) I Address Description med Workshop Contact re Finalisation Registered I Taken by	96639700 YEEKS 38@HOTMAIL.COM SGJ20125 / SKW3435H ON 7 Feb 2018 Yes	Corract No. (Home) OI Vehicle Number Insured Liability + Preferend Repair Collins	92069683 96320128 Pertury at Pauls	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop BIA report	SKW343SH
Type * act No. (Mobile) I Address Description med Workshop Contact re Finalisation Registered I Taken By	96639700 YEEKS 389H0TMAB_COM SGJ20125 / SKW3435H ON 7 Feb 2018 Yes LX DB/02/2018 16:37	Corract No. (Home) OI Vehicle Number Insured Liability + Preferend Repair Collins	92069683 96320128 Pertury at Pauls	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop BIA report	SKW343SH
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