D. L.		MNA118060987	
Date In: 10/2/18-14:17	Jeb description	Date & Time Completed	Done by
Re[No: NA INC 1800863 1 /24	SAS e-filing		
Veh No: 56x 8899L	E-mail (within Shrs, AIC 2hrs		14
D.O.A .: 10/4/18-09:40	i-Motor Claim Form	M10993879-001	10/5/18 19:43
	i-Motor W/O (Within: OD	2hrs, 7'P 4hrs)	
OD TP/ Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(Tel: F	ax:
TP Particulars: Veh No:	YP18744 INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: YES ()/NO (
	\$1,000()/\$2,000()		
		STATE OF THE STATE	THE STATE OF
General Remarks	The state of the s		15,000
() Walk-In Customer: Customer's	information strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail In	nsurer URGENTLY.	2 2	
Drive-In ()/ Towed-In (); In	voice: YES() / NO()	Towing Co: (.)
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Remarks:- " (INC hotline: 6788 661		Date&Time Completed	MANUAL DA
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	() >\$3000] ()	*	
3) Upload Resurvey Photo [Repair Cost	()		
	() >\$3000] ()		
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SINGAPORE ACCIDENT STATEMENT

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 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. Puths lader and filtress of this report will be a fee, be made available upon application by interested parties.
- consent to the archiving of this report at the centre and to copies of the report being made available

By the lodgement of this report to the insurers, yo aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being in	lade available
Same of Day and Same	ACCIDENT STATEMENT	THE SECTION
Date Of Report	10/05/2018 14:17	
Date Of Accident	10/05/2018 09:40	
Exact Location Of Accident	20 JURONG PORT RD	
Country/State of Loss	SINGAPORE	
References and an expensive control	DETAILS OF OWN VEHICLE	是为自己是
Vehicle Registration Number	SGX8899L	
Insured/Policyholder		
Name Of Registered Owner	JQ DRIVE	
Co Reg No	53327124W	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	

Vehicle Particulars

NISSAN Manufacturer

TEANA 2.0L CVT ABS D/AIRBAG 2WD Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5090680742-01 Policy Number

Cover Note Number

QUEK WEI LENG Name of Driver

S6849486I NRIC No 09/10/1968 Date Of Birth OUTDOOR Occupation 13/10/1987 Date Of Driving Pass

30 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96849486 Mobile Number

Fax Number

OFFICE-96849486 Contact Number

NOEMAIL EMail Address

BLK 731 TAMPINES STREET 71 Address

#07-125 520731

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? 2 Number of vehicles involved in the accident YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: : MALE GENDER:

Details of Police Action

NO 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 1 JURONG PORT ROAD AS A VEHICLE IN FRONT OF MINE WANTED TO MAKE A RIGHT TURN. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP1874H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QUEK WEI LENG

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SGX8899L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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:
 - 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.

Reg. No.: 233274200

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

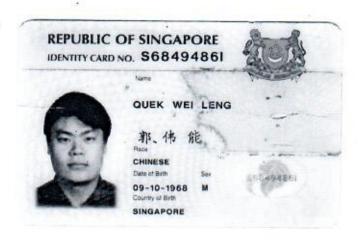
Reporting Centre Persopnel's Signature

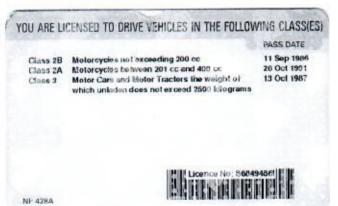
Name:

NRIC/FIN No .:

Date & Time:









eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		- US	THE REAL PROPERTY.			Change Lan	guage '	Change Passwo	rd + Log Out
My Desktop	Polic	y Query						pointer	- Company Comp	E
Notice of Loss	Policy N	lo.				Date of Acc	ident	10/05	2018 09:40	
	Vehicle	No.(For Motor)	SGX8899L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090680742- 01	3Q DRIVE	53327124W	GPC	drivo CLASSIC	SGX8899L	SGX8899L	27/04/2018	22/03/2019
						Continue				

Policy No.	5090680742-01	Policyholder Name	JQ DRIVE		Policyholder NRIC	53327124W	
Address	BLK 731 #07-125 TAMPINES S	STREET 71 TAM	PINES COURT	TVIEW SINGAPORE 5	20731		
Product					Group	N	
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	150	
Policy Issue Date	24/04/2018	Effective Date	27/04/2018	00:00	Expiry Date	22/03/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 731 #07-125	Add	ress 2	TAMPINES STREET	T 71	Address 3	TAMPINES COURTVIEW
Address 4	SINGAPORE 520731		ress Type	Singapore address	Ei .	Post Code	520731
Unit No.	07-125		ited Policy inber	5090680742-01			
NEWSCHOOL ON	ed Object: SGX8899L						
D Insur							
ATT 1500 NO.	sements						Endorsement Content

aim Handling						
ident MT/0993879		4240,4020	120202	GST Registration No.		
licy No.	5090680742-01	Vehicle No.	5GX8899L		53327124W	
licyholder Name	JQ DRIVE			Policyholder NR3C		
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
etact No. (Mobile)	D.	Contact No.(Office)	0	Contact No.(Home)	0	
nail Addressi		Special Remark		eCode	84 V	
K	® No ○ Yes	TCA	No ○Yes	eCode Reason		
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes	
	162	COLDER ACCIONOSCIONAS CAS				
Accident Details		Commission and the second	Yea	Accident Type	Collision - Head to Re-	ar.
port Date	10/05/2018 19:40	Accident Report Within 24 hrs.	TEA			
te of Accident	10/05/2018	Time of Accident hh:mm	09:40	Country of Acodent	Singapore	
porting Centre		Orange Force		ICM No.		
sdent Location	20 JURONG PORT RO					
	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
Renefits						
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named Driver Excess		Outside Singapore OD Excess	2,000.00			
nd Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Informa	ation					
F Registered	No		GST Registration Date			
T Registration No.			GST Status Verified	No		
diffication History						
s Balleubalder Wellier A.A.	dense					
Policyholder Mailing Ad		Carrier of	TAMPINES STREET 71	Address 3	TAMPINES COURTVIE	tw
dress 1	BLK 731 #07-125	Address 2		Post Code		
idrecs 6	53NGAPORE 520731	Address Type	Singapore address	FOST CODE	520731	
nit No.	07-125	Related Policy Number	5090680742-01			
OI Oriver Info						
wer Name	Unnamed Driver	Driver Type	Unnamed Driver			
	QUEK WEI LENG	Driver NRIC	368494861	Driver DOB	09/10/1968	
named driver Name		Driver Age	49	Driving Experience	30	
gister Date of Driver License	13/10/1987			Contact No.(Home)	0	
ontact No. (Motive)	95849456	Contact No.(Office)	0			EDW.
idress 1	BLM 731	Address 2	TAMPINES STREET 72	Address 3	TAMPINES COURTVI	EW
	SINGAPORE 520731	Address Type	Singapore address	Post Code	520731	
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Attachment	3	pleaded By/Date	Category	P	Urgency	Description	Meg Serc? Action (CO)
DIE.	NAC_PAYA_UBI_800801(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ma v 2018 19:45	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-10	Edit
60	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 19:44	SAS		Normal	SAS 2018-5-10	Edit
	NAC_PAYA_UBI_850601(NATIO	NAL ACCESSMENT CENTRE SERVICES) on 10 Ma y 2018 19:44	Protos		Nerval	Photos 2018-5-10	Edit
	NAC_PAYA_UB1_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 19:43	Photos		Normal	Photos 2018-5-10	Edit
	NAC_PAYA_UB1_800501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 19:43	Photos		Normal	Photos 2018-5-10	Edit
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-	NAC_PAYA_UBI_BOOKOT[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 19:43	Photos		Normal.	Photos 2018-5-10	Edit
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5	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 19:43	Photos		Normal	Photos 2018-5-10	Edit
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