NATIONAL Assessment Cent	tre Services - 🗠	et 1 Jan'05] MA		1	
Date In: (2/5/18-09=31	Jeb description		Date & Time Complete	d Do	oue py
Ref No: NA / MC18008697/24	SAS e-filing		i		
Veh No: 5m23675	E-mail (within Sh	rs, AIC 2hrs)			•
D.O.A.: 11/5/18-18:20	i-Motor Claim	Form	MT0994034-001	12 31	8 09:58
	i-Motor W/O	Within: OD 2hrs	, TP 4hrs)		
OD . TP Reporting Only	i-Photo Upload	led			
0	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: SK	N4932E	. INC (	)/Non-INC( )	-	
Owner / Driver: (			Tel:	)	
	Period: (	)	Cover Type: (		)
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (Wo	O): N: 0-20	0%; P: 21-79%. P: 8	0-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	,000 ( )/\$2,000 (	)			
		838 XXXXX		Secretary St.	
		The second second second second	The state of the s		
( ) Walk-In Customer: Customer's in	The second name of the last of	idential & St	ncuy NO 13ter of repair		
( ) Total Loss Case : to e-mail Insu					1
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) / NO	) ( ) ; T	owing Co: (		
Remarks: (INC hotline: 6788 6616)			Date& Time Completed	D	one by
The state of the s	Courtesy Car ( )				Marine Control
2) QC Check / Post Repair Inspection	( )		1		
3) Upload Resurvey Photo [Repair Cost>	\$30001 ( )			1	
3) Opioad Resulvey Fhom (Repair Cost)	\$5000] ( /				
Injury:		-			
Date/Time Actions	7.1.	1 1 1 1		# 854 c	CASE.
0.01 page 5 vinta 7687 95.45 p. 181 appropriate of Messas 24 appropriate			Secretary and the secretary an	-0.5	
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NA180 3005	8	Post programme programme	paration Checklist	Tage full	Bill Add Bill
laimant's Particulars :-		1) AR : Acciden	Reporting (\$30); Assessment (\$100); IN	C (\$30)	
inmant's Particulars :-		2) DA : Damage 3) TF : Towing I	710000000	\$40/\$45	
river/Owner:	T	4) FT : Follow-T	hrough Survey	\$120 \$30	
ontact No:		5) FT : Follow-T	Through Survey (Resurvey) seainst INC Only (wef 10 Jan		
		6) TR : Re-inspe	ection	2//2	
arnaged Portion:	- 3	7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey	\$160	
	1000	OD.			
C Checked by (Engr-In-Charge):		*N5: Courtes	y Car / Tpt Allowance	\$5 510	
T	Ledward Level Are Are Are	*N6: Repair (	Co-ordination pair Inspection	\$25	
uditors! Comments :-		+N8: DV / Co	ollect Excess Coordination	23	
at. 1:	A SHELLER MATER AND PROPERTY OF	TP (N11): T	P (Non INC) against INC	30	100
14. 4.b		9) N12: Idac M	obile Fee Cha	rged	and the F
at. 2 / 3;			Fee Cha	100	
. 2/3:		Invoice dated	Fee Cha	ged Z	HOLDE

4 . por 41 1 /2"

#### 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.

	~	$\sim$ 1	П	<b>C</b> )	VТ	C T	T E M	NE NI	т
А	u	UΙ	υ	-	TI.	Э.		IEN	u

Date Of Report

12/05/2018 09:31

Date Of Accident

11/05/2018 18:20

Exact Location Of Accident

PIE (CHANGI) BEFORE LORNIE RD EXIT

Country/State of Loss

SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJM2367S

Insured/Policyholder

Name Of Registered Owner

RIC LEE YIQI

NRIC No

S9432120D

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-91774745

Alternative Phone No

OFFICE-91774745

#### Vehicle Particulars

Manufacturer

HYUNDAI

Model

HD AVANTE 1.6 A

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 HIRE

#### Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5096659394

Cover Note Number

#### Driver

Name of Driver NRIC No Date Of Birth RIC LEE YIQI S9432120D

Occupation

24/08/1994 OUTDOOR

13/05/2013

Date Of Driving Pass Driving Experience

4 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91774745

Fax Number

Contact Number

OFFICE-91774745

EMail Address

NOEMAIL

Address

76 THOMSON RIDGE

Postcode

574658

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

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.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

1 -

GENDER:

: FEMALE

Passenger 2

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

### 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

SKN4932E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SFN3636B

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)

### **DETAILS OF INJURED PERSON 1**

RIC LEE YIQI Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SJM2367S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode 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.
- 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The state of the s
I was traveling along PIE , to-and changi airport before cornie exit.
I'me tratoic was heavy, the our intront of me slow down and store I foiling
to slow down and stop without any contact with the downt which soil lead
- This a ruge impact from the rear of my which causing me to make
Tomar and hit onto the whice infront Total there is 3 vehicle involved
and I was the middle vehicle.

### DECLARATION

1

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.:

7

GIARAIC SketchillanForm V3

## 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:	1115/18	(DD/MM	/YY) Tim	e: 6:20	pm	(HH:MM)
Exact location of accident	PIE	toward					

### Details of vehicle

Vehicle registration number	SIM 23675				
Vehicle make and model	Hyundai A				
Type of vehicle	Saloon D	MPV a		Vai	Others:
Vehicle category	Private Ø	Comm	ercial 🗆	Motorcy	
Purpose of using at said time	sending fr	ierd home			
Are you claiming under your own insurance company?	Yes  Third part c	No 🗆	20 000 071 11 C 07	se select:	

### Insurance information

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

## Insured / Policy holder

Male	Female
-	Male

### Same as insured above (skip to D.O.B) Driver

Name			Male 🗅	Female
NRIC / Fin / Passport number				U
Contact		na		
Address				
Email address				
Date of birth				
Occupation	Indoor 🗆	Outdoor		
Driving date pass				

## General information of the accident

Was driver an employee of the insured's company?	Yes, or	No □ ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear	Raining 0	Others:	
Road surface	Dry,ø	Wet a		
No of passenger	3			(Inclusive of driver)

## Passenger 1

Name		
Gender	Male 🗆	Female p

## 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 🗆	

## Other information

Was anybody injured?	Yes□	Nove
Was other vehicle damaged?	Yes 🗸	No 🗆

## Details of police action

Reported to police?	Yes 🗆	Nova	If yes, please state which police station.
Police station name		*****	

# Third party vehicle 1

Name	SKN 4432 E
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 2

Name	SFN3636B
Contact number	The state of the s
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	

## 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

process and the second	
Name	
1 Mairie	A 1

# Witness 2

g

Name	

## Injured person 1

Name	Ric Lee Yigi
Injuries sustained	Body
Which vehicle person in?	STM23675
Were seat belts worn?	Yes O No D
Was injured conveyed to hospital by ambulance?	Yes D No D

## Injured person 2

Name			
Injuries sustained			
Which vehicle person in?		5-10 m	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	№ □	

## Injured person 3

Name		
Injuries sustained		X
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	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 🗆



### 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: \$66550020G / 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.

		ADDE	NDUM	
A)	PARTICULARS OF PE	RSONMAKINGTHEAMENDME	NTS:	
	Original Report No	MNA 118061746	Vehicle Registration No:	SM23675
		: Pic Lee yigi		
		ehicle Owner) (*) Please delete a		
	Address	: 76 Thomson Ridge		Singapore(57468)
	Contact (Tel)	:	Mobile No.: 91774	HES
	Email Address	:		
	Date of Accident	: 11 5 18	Time of Accident :18	120
	Place of Accident	· PIE (changi) before	Lornie Rd Exit	
	Insurance Company	NEW		
	1- Amend \$ 2- Add in Name = Rice	cussanger gender C injuries person : Lee Yiqi	2 female).	
	Injured sustat	in: Body		
	Policyholder / Drive	er's Signature	Reporting Centre Per Name: NRIC/FIN No.:	sonnel's Signature



EFFECTIVE DATE

Class 3A' Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

13 May 2013

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

NP 428A



31-03-2009

76 THOMSON RIDGE SINGAPORE 574658





<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_800	601						Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	ło.				Date of Acc	ident	11/05	/2018 18:20	
	Vehicle	No.(For Motor)	SJM23675							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096659394	RIC LEE YIQI	S9432120D	GPC	drivo CLASSIC	SJM2367S	SJM2367S	14/12/2017	25/12/2018

olicy No.	5096659394	Policyholder Name	RIC LEE YIC	ŽI.	Policyholder NRIC	S9432120D	
ddress	76 THOMSON RIDGE THOMSO	N RIDGE SINGA	PORE 57465	8			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	14/12/2017	Effective Date	14/12/2017	00:00	Expiry Date	25/12/2018 23	: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						
insurance	No						
insurance Flag Open Policy	No						
insurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
Insurance Flag Open Policy Info Certificate Info		Addr	ess 2	THOMSON RIDGE		Address 3	SINGAPORE 574658
insurance Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address		ess 2 ess Type	THOMSON RIDGE Singapore address		Address 3 Post Code	SINGAPORE 574658 574658
insurance Flag Open Policy Info Certificate Info	holder Mailing Address	Addr	ess Type ted Policy			U SACTO CONTRACTO	VA00407247039
insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address	Addr Rela	ess Type ted Policy	Singapore address		U SACTO CONTRACTO	VANTES 2 8 19 19
insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address 76 THOMSON RIDGE ed Object: SJM2367S	Addr Rela	ess Type ted Policy	Singapore address		U SACTO CONTRACTO	VANTES 2 8 19 19

ident MT/0994034								
cy No.	5096659394	Vehicle No.	SJM2367S	G	ST Registration No.			
cyholder Name	RIC LEE YIQS			P	olicyhalder NRIC	8	59432120D	
auct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	L	pading	0		
mact No.(Mobile)	91774745	Contact No.(Office)	0	0	ontact No. (Home)		3	
MI Address		Special Remark		e	Code	1	NI COL	
	® No ○ Yes	TCA	® No ○Yes	e	Code Reason			
	Na	NCD Entitlement(%)	0	9	rivate Hire	y	res	
Protection	100	The state of the s						
Accident Details			Yes	Ä	ccident Type	ê	Chain Collision	
ort Date	12/05/2018 09:56	Acadent Report Within 24 hrs					Singapore	
of Accident	11/05/2018	Time of Accident hhimm	18:20		ountry of Accident		ungapura	
orting Centre		Orange Force		b	CM No.			
dent Location	PIE (CHANGI) BEFORE LORNIE RD EXIT							
Benefita								
Excess	FE 04000	Additional Excess	0	V	Windscreen Excess	1	100.00	
damage Excess	2,000.00		2,000.00					
amed Driver Excess	0.00	Outside Singapore OD Excess						
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00					
GST Registered Informa	ation		2122 CONTROL (21/2)					
Registered	No		GST Registration Date		OMere			
Registration No.			GST Status Verified		Yes			
fication History								
Policyholder Mailing Ad	dress							
Policyholder Meiling An	76 THOMSON RIDGE	Address 2	THOMSON RIDGE	,	Address 3		SINGAPORE 574	4658
	100000000000000000000000000000000000000	Adovess Type	Svigapore address	3	Post Code		574650	
ress 4		Related Policy Number	5096659394					
No.		nomina runny marriper						
OI Driver Info		######################################	Main Driver			_		
er Name	Ric Lee Yiqi	Oriver Type		i i	Oriver DOS		01/01/1994	
amed driver Name		Driver MR3C	59432120D				4	
ster Date of Driver License	13/05/2013	Driver Age	24		Driving Experience		3	
act No.(Mobile)	91774745	Contact No.(Office)	0		Contact No.(Home)		0	
	76 THOMSON RIDGE							4658
ress t		Address 2	THOMSON RIDGE		Address 3		SINGAPORE 57	
	TO THURSON NAME	Address Type	THOMSON RIDGE Singapore address		Post Code		574658	
irons 4	10 Thursday number							
dress 4 is No. es he own a Singapore	○ Yes ® No			3				
dress 4 it No. es he own a Singapore gistered car?		Address Type		3	Post Code			
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