Date In: 14/1/18-16-16	Jeb description	Date & Time Completed	Done	by by
Res No: 144/146 8008767/24	SAS e-filing			
Veh No: STESSLYM	E-mail (within 8hrs, AIC 2hrs)			
D.O.A :12/5/18-15:30	i-Motor Claim Form	MT10994307-001	14/2/18	21:13
	i-Motor W/O (Within: OD 2h		141=110	01.12
OD : TP! Reporting Only	i-Photo Uploaded	1		and an and
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (ax:)
TP Particulars: Veh No: SU	F3IAM INC)/Non-INC()		
Owner / Driver: (Tel:)	10 10 to
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 30-1	00%]	9
Year of Registration: ()	Warranty: YES ()/NO ()		
	1,000 ()/\$2,000 ()			
General Remarks			13 m	1.
() Walk-In Customer : Customer's in	nformation strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	urer URGENTLY.			
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	hi
	/ Courtesy Car ()	13atea (ali la contine su	7.57 7. 5130160	, L'y
1) Apply for Transport Allowance ()/	Courtesy Car ()	-		
2) OC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Unload Resurvey Photo (Repair Cost >)	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
	\$3000] ()		*	
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ()			
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3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions		paration Checklist	Anc(s)	· Amt (5)
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Oate/Time Actions Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage	Reporting (\$30); Assessment (\$100); INC (\$8	fitBill 0)	
3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey	faBill	
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JAISO 3057 aimant's Particulars: iver/Owner: ntact No:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) seinst INC Only (wef 10 Jen 2005 ction + SMRT Survey	66 Bill 0) /545 5120 530	
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July : Date/Time Actions Actions imant's Particulars: iver/Owner: intact No: imaged Portion; Checked by (Engr-In-Charge): inditors' Comments:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Post Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Arough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005 Retion + SMRT Survey Resurvey (Resurvey) Resident INC Only (wef 10 Jan 2005 Retion - SMRT Survey Resurvey (Resurvey) Resident INC Only (wef 10 Jan 2005 Retion - SMRT Survey (Resurvey) Resident INC Only (wef 10 Jan 2005 Retion - Retion	76 Bill (1975) (
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars :- iver/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Post Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 Retion SMRT Survey Resurvey	55 55 55 55 520 30 0	

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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
SERVICE CONTROL OF STREET	ACCIDENT STATEMENT
Date Of Report	14/05/2018 16:56
Date Of Accident	12/05/2018 15:30
Exact Location Of Accident	ALONG GEYLANG LOR 17
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF8324M
Insured/Policyholder	
Name Of Registered Owner	CHOO JIA HAN BRANDON
NRIC No	S9539367E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98566012
Alternative Phone No	OFFICE-98566012
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

Fleet Policy NO

Policy Number 5096930018

Cover Note Number

Name of Driver CHOO JIA HAN BRANDON

NRIC No S9539367E Date Of Birth 17/10/1995 Occupation OUTDOOR 05/11/2014 Date Of Driving Pass

3 YEARS AND 6 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-98566012 Mobile Number

Fax Number

OFFICE-98566012 Contact Number

EMail Address NOEMAIL Address BLK 351 HOUGANG AVENUE 7

#04-743

Postcode 530351

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 - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

g Driver) 1

Number of Passengers (Including Driver)

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

SLF317M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

Name CHOO JIA HAN BRANDON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJF8324M

YES

NO

SKETCH PLAN

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.
- 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.
- 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, involces, 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 .:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was organg Lor Sulduly VILLICLE the dor and 0/ to the whole left Whide 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 Personnal's Signature Name: NRIC/FIN No.:

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: (2)	5/18	(DD/MM/Y	Y) Time:	32,00	(HH:MM)
Exact location of accident	Along	Elglany	Lor	17	7.5	1

Details of vehicle

Vehicle registration number	STF 8324M
Vehicle make and model	Hyunday Avand
Type of vehicle	Saloon MPV CRV Van C Lorry Bus Motorcycle Others:
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	NIAC .	7 111	
Policy number			
Type of policy	Comprehensive a	Third party fire & theft a	TP only

Insured / Policy holder

Name	(100	Ju Han	Brandon			Male	Female
NRIC / Fin / Passport number	395	39367E		CHINED.			
Contact	9856	6012					
Address	551	Harging	AVL	7	#04-14	3	
Complete Contraction of the Cont	1,51	Harynny	HAC		404-14	3	

Driver

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

Name	no de la esta de la companya della companya della companya de la companya della c			Male D	Female
NRIC / Fin / Passport number					
Contact					
Address					
Email address					
Date of birth	17/10/144	5			-
Occupation	Indoor 🗆	Outdo	or D		
Driving date pass	3/11/2014				

General information of the accident

Was driver an employee of the insured's company?	Yes No No If no, relationship of the driver and insured:
Accident captured by camera?	Yes No D
Weather condition	Clear Raining O Others:
Road surface	Dry Ø Wet a
No of passenger	(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female o	

Passenger 2

Name			
Gender	Male 🗆	Female D	

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 🗆	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				

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLF 311 M
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
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 .	The state of the s
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name		
Trume		

Witness 2

Name		

Injured person 1

Name	Choo 319 UAN Brancon
Injuries sustained	8741
Which vehicle person in?	95k 8324m
Were seat belts worn?	Yes B No D
Was injured conveyed to hospital by ambulance?	Yes D 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 O No O

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 🗆	

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 05 Nov 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A





SS No. S9539367E



13-08-2010

APT BLK 351 HOUGANG AVENUE 7 #04-743 SINGAPORE 530351



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9539367E





CHOO JIA HAN BRANDON





Country of birth SINGAPORE

17-10-1995

995**3936**7E

eBao Tech	eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			Witness Lieb Styres (gase)	A CONTRACTOR OF THE PROPERTY O		Change Lan	guage	· Change Passwo	ord + Log Out		
My Desktop	Poli	cy Query								- 3		
Notice of Loss	Policy No.					Date of Accident 12/0		5/2018 15:30	73			
	Vehicle	No.(Far Mator)	SJF8324M									
						Search						
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	0	5096930018	CHOO JIA HAN BRANDON	S9539367E	GPC	drivo CLASSIC	SJF8324M	SJF8324M	23/12/2017	11/06/2018		
						Continue						



cident MT/D994307								
cident MT/0994307	5096930018	Vehicle No.	S1F8324M	GST	Registration N	o.		
Hoyholder Name	CHOO JIA HAN BRANDON				yholder NRJC		395393676	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Load			0	
ncact No.(Mobile)	98566012	Contact No.(Office)	0		act No.(Home)		0	
net Address		Special Remark		eCoc			The V	
×	® No ○Yes	TCA	® No ○ Yes		de Reason		1	
							Was .	
D Protection	No	NCD Entitlement(%)	0	enva	ste Hire		Yes	
Accident Details								
port Date	14/05/2018 21:11	Accident Report Within 24 hrs.	Yes	Acek	dent Type		Others	
te of Accident	12/05/2018	Time of Accident Nh:mm	15:30	Cour	try of Acoden	t i	Singapore	
porting Centre		Orange Force		IOM	No.			
cident Location	ALONG GEYLANG LOR 17							
- Benefits								
Excess								
m damage Excess	2,000,00	Additional Excess	0	Wind	screen Excess		100.00	
named Driver Excess	.0.00	Outside Singapore OD Excess	2,000.00					
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00					
GST Registered Inform	nation							
Registered	No		GST Registration Date					
Registration No.			GST Status Verified		Yes			
incation History								
Policyholder Hailing A								
ress 1	BLK 351 #04-743	Address 2	HOUGANG AVENUE 7		was 3		SINGAPOR	f 530351
dress 4		Address Type	Singapore address	Post	Code		530351	
e No.	04-743	Related Policy Number	5096930016					
OI Driver Info	Programme and Committee		- Carrier					
ver Name	CHOO JIA HAN BRANDON	Driver Type	Hain Driver					
named driver Name		Driver NRJC	59539367E	Drive	er DOB		17/10/199	5
gister Date of Driver Licens	e 05/11/2014	Driver Age	22	Drivi	ng Experience		3	
oract No. (Mobile)	98566012	Consact No.(Office)	0	Cont	act No.(Home)		٥	
dress 1	BLK 351	Address 2	HOUGANG AVENUE 7	Addr	ess 3		SINGAPOR	E 530351
		T. D. C. S. S. S. S. S.			477		eraner.	
treas e		Address Type	Singapore address	Post.	Code		530351	
	04-743	Address Type	Singapore address	Post	Code:		530351	
t No. es he own a Singapore		Driver Vehicle No.	Singapore address		Code er Insurer Com	pany	530351	
t No. es he own a Singapore	04-743 ○ Yes ® No		Singapore address			pany	530351	
t No. es he own a Singapore gistered car?			Singapore address			pany	510,951	
t No. es he own a Singapore gatered car? Jarabon sathalyser or Blood Test			Singapore address ® Yes ○No			pany	530,551	
nt No. les he own a Singapore gakered car? Claration eathalyser or Blood Test	○ Yes ® No	Driver Vehicle No.	No. West			pany	570,51	
idness 4 is No. ies he own a Singapore gaitered car? claration eathalyser or Blood Test adding?	○ Yes ® No	Driver Vehicle No.	No. West			pany	18,086	
it No. es he own a Singagore gistered car? Caration bathalyser or Blood Test ading?	○ Yes ® No	Driver Vehicle No.	No. West			pany	18,086	
t No. Is he own a Singagore istered car? Granten athalyser or Blood Test ding?	○ Yes ® No	Driver Vehicle No.	No. West			pany	18,086	
t No. Is he own a Singagore intered car? aration athleyer or Blood Test ding? dication History	○ Yes ® No	Driver Vehicle No.	No. West			pany	50.51	
t No. Is he own a Singagore intered car? Aration Straiger or Blood Test ding? Aration History Laim 001 New	○ Yes ④ No 0 mg	Driver Vehicle No. Any injury?	® Yes ○No	Orive	er Insurer Com	Sary		
t No. Is he own a Singapore patence car? Isration Stration Blood Test ding? Isration History Islam 001 New	○ Yes ④ No 0 mg	Driver Vehicle No. Any injury? Insured Name	® Yes O No	Drive	er Indurer Com	pany	\$9539367£	
t No. es he own a Singagore patered car? laration sithalyser or Blood Test ding? incation History laim 001 New m Type * eact No.(Msbile)	○ Yes ④ No 0 mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	© Yes O No OHOO 21A HAN BRANDON NIL	Drive Insure Come	er indurer Com	pany	\$95393676	
t No. es he own a Singagore patered car? laration sithalyser or Blood Test ding? incation History laim 001 New m Type = eact No.(Mobile) at Address	○ Yes ② No 0 mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home). OS Vehicle Number	® Yes O No	Industry Drive	er Indurer Com red NAIC act No.(CMce) which Number	e- 0		
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