	itre Services. well Janos A	MA(1800797)	
Date In: 15/5/18 -16:54	Jeb description	Date &Time Completed	Done by
Res No: NA/INIC 18 028850/24	SAS e-filing		
Vch No: SLX 7920E	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 15/3/18 - 10:05	i-Motor Claim Form	MT/0994507-001	15/5/18 20:08
	i-Motor W/O (Within: OD 2)	hrs, TP 4hrs)	
OD TP ! Reporting Only	i-Photo Uploaded		
(ENEC 20)	Assessment/Survey Report		F8-45
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: VE	28658U . INC	()/Non-INC()	13
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-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	1,000 ()/\$2,000 ()		
General Remarks:			13-60 P
() Walk-In Customer: Customer's in			Manager and the second
() Total Loss Case : to e-mail Inst		N	-
		Towing Co: (.)
		- 3-	PARKANEM WOL
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		
	\$3000] ()	10.00	
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()		
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3) Upload Resurvey Photo [Repair Cost > Injury:		eparation Checklist.	The contract of the contract o
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions NA 180 3073	Invoice Pri	nt Reporting (\$30);	TRBIII Add Bil
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions NA 180 3073 dimant's Particulars:	Invoice Pro	at Reporting (\$30); Assessment (\$100); INC (\$	TRBIII Add Bill
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions NA 180 3073	Invoice Pro 1) AR: Accider 2) DA: Darnag 3) TF: Towing 4) FT: Follow-	at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey	16 Bill Add Bill 80) 0/\$45 \$120
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions NA 180 3073 dimant's Particulars:	Invoice Pro 1) AR: Accider 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)	11 Bill Add Bill 80) 0/545 5120 530
NA 180 3073 Actions Name of the pair Cost > 10 ate/Time of t	Invoice Pri 1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	at Reporting (530); c Assessment (5100); INC (5 Fee 54 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection	19t Bill Add Bill 80) 00/\$45 \$120 \$30 5)
NA 180 3073 nimant's Particulars:- iver/Owner:	Invoice Pro 1) AR: Accident 2) DA: Damegr 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	at Reporting (530); c Assessment (5100); INC (5 Fee 54 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) cction ction	19t Bill Add Bill 80) 0/\$45 \$120 \$30
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 180 3073 nimant's Particulars: iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Accider 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 3) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	at Reporting (530); Assessment (5100); INC (5 Fee 54 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) action + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection blicet Excess Coordination P (Non INC) against INC	\$60) \$60) \$60/\$45 \$120 \$30 \$51 \$75 \$160 \$53 \$510 \$525 \$53

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.
- 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

AC	CID	ENT	STAT	CM	CNIT
AU	UID		OIAI		-141

Date Of Report 15/05/2018 16:54

Date Of Accident 15/05/2018 10:05

Exact Location Of Accident SIMS AVE AFTER JUNC ALJUNIED RD

Country/State of Loss SINGAPORE

	OWN	

Vehicle Registration Number SLX7920E

Insured/Policyholder

Name Of Registered Owner LEE WYE MENG RICHARD (LI WEIMING RICHARD)

NRIC No S7904091F Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-91916630
Alternative Phone No OFFICE-91916630

Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model C180K

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 CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5099564025

Cover Note Number

Driver

Name of Driver LEE WYE MENG, RICHARD (LI WEIMING RICHARD)

 NRIC No
 \$7904091F

 Date Of Birth
 05/02/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 26/06/1998

Driving Experience 19 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91916630

Fax Number

Contact Number OFFICE-91916630

EMail Address NOEMAIL

6 PARI DEDAP WALK Address

#04-04 486060

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident

YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 1

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 STATIONARY ALONG LANE 2 SIMS AVE AS IT WAS CONGESTED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

YP8658U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

QUEH HAI LEE, PATRICK (GUO HAILI, PATRICK) Name of Driver

S8238504E NRIC/Passport Number

Contact Number

Address Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

DETAILS OF INJURED PERSON 1

LEE WYE MENG, RICHARD (LI WEIMING RICHARD)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SLX7920E

YES

NO

SKETCH PLAN

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.
- 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.

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		
		A: 200 7930E
		B: YP8658 V
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DEGLARATION I/We declare the foregoing part	ciculars are true in every respect.	Man
Policyholdens Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7904091F





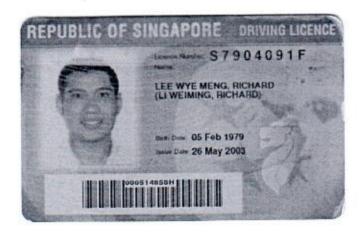
LEE WYE MENG, RICHARD (LI WEIMING)

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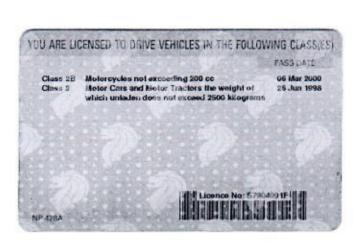
CHINESE Date of birth

05-02-1979 SINGAPORE









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_800	601		The second second	All the Desirement		•	Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io. No.(For Motor)	SLX7920E			Date of Ac	cident	15/0	5/2018 10:05	
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099564025	RICHARD (LI WEIMING RICHARD)	S7904091F	GPC	Third Party	SLX7920E	SLX79208	19/04/2018	17/06/2019
			1,02000000000000			Continue				

Policy No.	5099564025	Policyholder Name	LEE WYE N	IENG RICHARD (LI WI	Policyholder NRIC	S7904091F	
Address	6 PART DEDAP WALK #04-04	TANAMERA CRE	ST SINGAPO	RE 486060			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	16/04/2018	Effective Date	19/04/201	8 00:00	Expiry Date	17/06/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514	1549	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	6 PARI DEDAP WALK	Addr	ess 2	#04-04 TANAMERA	CREST	Address 3	SINGAPORE 486060
Address 4		Addr	ess Type	Singapore address		Post Code	486060
Unit No.		Rela Num	ted Policy ber	5099564025			
D Insure	ed Object: SLX7920E						
♥ Endors	sements						
		nent	- 3	nt Type	Endorsemen	10000	Endorsement Content

cident MT/0994507										
licy No.	5099564025		Vehicle No.	SLX7920E			GST Registration	No.		
Gcyholder Name	LEE WYE MENG RICHAR	D (LI WEIMING RICHA	(RD)			1	Policyholder NRI	ė	5790409	1F
oduct Code	PRIVATE CAR INSURAN	CE	Cover Type	Third Party		1	Loading		0	
ntact No.(Mobile)	91916630		Contact No. (Office)	0		13	Contact No (Hon	10)	0	
ail Address			Special Remark			2014	eCode:		No. V	
к.	® No ○Yes		TCA	® No ○Y	-		eCode Reason			
D Protection	Yes		NCD Entitlement(%)	50			Private Hire		No	
	res		reco credement(vs)	30			rivate mie			
Accident Details							100100000000		00240303	
port Date	15/05/2018 20:06		Accident Report Within 24 hrs.	Yes		13	Acodent Type		Collision -	Head to Rear
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porting Centre			Orange Force				ICM No.			
cident Location	SIMS AVE AFTER JUNC	ALJUNIED RD:								
Benefits										
Excess										
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named Driver Excess		0.00	Outside Singapore OD Excess		0.00					
nd Party Excess		0.00	Outside Singapore TP Excess		0.00					
GST Registered Informa	ation									
Registered	No			GS	Registration Date					
Registration No.				GS	Status Venfied		Yes			
dification History										
Policyhelder Hailing Ad	dress									
ress 1	6 PART DEDAP WALK		Address 2	#04-04 TA	NAMERA CREST		Address 3		SINGAPO	RE 486060
ress 4			Address Type	Singapore	address		Post Code		486060	
t No.			Related Policy Number	50995640						
OI Driver Info			ALDERS (1985), 1870, 1970							
ver Name	LEE WYE MENG RICHAR	6	Driver Type	Main Drive						
	LEE WITE MENG RICHAR						Driver DOB		05/02/19	30
named driver Name			Driver NRIC	\$7904091						79
lister Date of Driver License	26/06/1998		Driver Age	39			Driving Experien	ce	19	
eact No.(Mobile)	91916630		Contact No.(Office)	0		1	Contact No.(Hor	(4)	0	
ovess 1	6 PART DEDAP WALK		Address 2	TANAMERA	CREST		Address 3		SINGAPO	RE 486060
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Attachment	Uploaded (ly/Date	Category	Y	Urgency	Description	Sent? Action (CO)
47 MB	NAC_PAYA_UBI_800601(NATJONAL ASSI v 2018	SSMENT CENTRE SERVICES) on 15 Ma 0:10	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-15	Edit
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