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Date In: 16/5/18 11:07	Jeb description	1	Date & Time Completed	Done	0,
Ref No MAI INC 18028875 144	SAS e-filing				
Vch No: SLN 8211 P	E-mail (within	Shrs, AIC 2hrs)			14
D.O.A : 1515118 13:30.	i-Motor Cla	im Form	M1/0994800-001	17/5/18	20212
	i-Motor W/0) (Within: OD 2hr	(TP 4hrs)		78 2
OD D' Reporting Only	i-Photo Uple	oaded			
TO I	Assessment/S	urvey Report			
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Face:	
TP Particulars: Veh No:	6	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pc	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-2	0%; P. 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,000)()			
General Remarks:-				Care Service	
() Walk-In Customer: Customer's info	rmation strictly Co	onfidential & St	rictly NO refer of repairer		
() Total Loss Case : to e-mail Insur-	er URGENTLY.				
Drive-In ()/Towed-In (); Invoice	e: YES () /	NO();T	owing Co: ()
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
	Courtesy Car ()			
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QC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > S:	30001 ()			
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

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Date Of Report 16/05/2018 11:07 Date Of Accident 15/05/2018 13:30

Exact Location Of Accident NO 10 CHANGI SOUTH LANE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN8211P

Insured/Policyholder

Name Of Registered Owner YEO KEE SWEE NRIC No S1557517D Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96516183 Alternative Phone No OFFICE-96516183

Vehicle Particulars

Manufacturer SUZUKI Model BELANO

Exact Purpose for which vehicle was being used at PARKED time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5091028424

Cover Note Number

Driver

Name of Driver YEO KEE SWEE NRIC No S1557517D Date Of Birth 06/05/1962 Occupation INDOOR Date Of Driving Pass 10/05/1985

Driving Experience 33 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96516183

Fax Number

Contact Number OFFICE-96516183

EMail Address NOEMAIL Address BLK 490 ADMIRALTY LINK #05-91

Postcode 750490 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

0

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

MY VEH WAS PARKED INSIDE THE PARKING AREA AT THE NO 10 CHANGI SOUTH LANE, BEFORE I LEAVE MY VEH EVERYTHING WAS INTACT. I BEEN INFORM BY MY COLLEAGUE MY VEH WAS DAMAGE. I GO TO CHECK MY VEH AND REALIZED THAT WAS A WORKER WHILE CUTTING THE GRASS AND A STONE HIT ONTO MY VEH LEFT HAND SCREEN.

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

Vehicle Make/Model/Colour EVERGREEN LANDSCAPE & CONSTRUCTION PTE LTD

Details Of Properties

Vehicle Category NA/UNKNOWN Name of Driver MR ONG

NRIC/Passport Number

Contact Number 82541475

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 & Tim

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

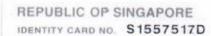
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DECLARATION						
DECLARATION I/We declare the foregoing pa	rticulars are true in every respect.					
	rticulars are true in every respect.					
	rticulars are true in every respect.			hum	<i>F</i>	







YEO KEE SWEE





SINGAPORE



5739927

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

Class 2

NP 4284

PASS DATE

Motor Cars and Motor Tractors the weight of which unlikelin does not exceed 2560 kilograms

10 May 1985

08-05-2017

APT BLK 490 ADMIRALTY LINK #05-91 SINGAPORE 750490



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY F	RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY F	RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MA	LAYSIA)
MOTOR VEHICLES (THIRD PARTY F	RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5091028424 Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SLN8211P

: MA3EWB32S00176008 Chassis Number : YEO KEE SWEE

2. Name of Policyholder : 18 May 2017 3. Effective Date of Insurance

4. Expiry Date of Insurance : 17 May 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder (b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$\$600 EXCESS (SECTION 1) EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES YES NCD PROTECTION TRANSPORT ALLOWANCE + NO : NO **EXCESS WAIVER** : YEO KEE SWEE PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor

: N/A

Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) : VENTURE CARS PTE. LTD. (00000573058) Agency

: 17 May 2017 10:32 hrs Date of Issue

HIRE PURCHASE COMPANY

SUM INSURED

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer Chief Executive

ccident MT/0994800							
olicy No.	5091029424		Vehicle No.	SLN8211P	GST Registration No.		
Nicyholder Name	YEO KEE SWEE				Policyholder NR1C		515575170
oduct Code	PRIVATE CAR INSURANCE	CE	Cover Type	drivo PREMOUM	Loading		0
ontact No.(Mobile)	96516183		Contact No.(Office)	.0	Contact No.(Home)		0
nail Address			Special Remark		eCode	8	tic V
K	® No ○ Yes		TCA	® No ⊜Yes	eCode Reason	Α.	
			NCD Entitlement(%)	50	Provate Hire		No
D Protection	Yes		NCD Elebertarity w)	- 50	1111000.7110		
Accident Details				4	Accident Type		Others
port Date	17/05/2018 20:08		Accident Report Within 24 hrs.	Yes			
e of Accident	15/05/2018		Time of Accident hh:mm	13:30	Country of Accident		Singapore
orting Centre			Orange Force		ICM No.		
cident Location	NO 10 CHANGI SOUTH	LANE					
Benefits							
Excess							
vn damage Excess		600.00	Additional Excess	0	Windscreen Excess		100.00
named Driver Excess		0.00	Outside Singapore OD Excess	600.00			
rd Party Excess		0.00	Outside Singapore TP Excess	0.00			
GST Registered Informa	ition						
T Registered	PHO:			GST Registration Date			
Registration No.				GST Status Venfied	yes		
dification History							
Policyholder Hailing Ad	dress						
dress I	BLK 490 #05-91		Address 2	ADMIRALTY LINK	Address 3		SINGAPORE 750490
dress 4			Address Type	Singapore address	Post Code		750490
nt No.			Related Policy Number	5091028424			
OI Driver Info							
tver Name	YED KEE SWEE		Driver Type	Main Driver			
named driver Name			Driver NRIC	515575170	Driver DOS		06/05/1962
gister Date of Driver License	10/05/1985		Driver Age	56	Driving Experience		33
ntact No.(Mobile)	96516183		Contact No.(Office)	0	Contact No.(Home)		a
dress 1	BLK 490		Address Z	ADMIRALTY LINK	Address 3		SINGAPORE 750490
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et No. Jes he own a Singapore claration eathelyser or Blood Test ading? claration History Claim 001 New aim Type + intact No. (Mobile) had Address	O mg GD-MX 96516183 Jayacks@yahoo.com.sg	=	Address Type Driver Vahicle No. Any injury? Insured Name Contact No.(Home) Ol Vehicle Number	Singapore address O Yes ® No YES NO YES KEE SWEE NIL SLINEZIJP	Post Code Driver Insurer Comp Insured MRIC Contact No.(Office)		\$15575170 68270807
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
200	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 17 M y 2018 20:13	NRTC/ Driving License		Normei	NR3C/ Driving License 2018-5-17	Edit
19	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 17 M y 2018 20:13	SAS		Normal	SAS 2018-5-17	Edit
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3	NAC_PAYA_UBI_800601[NATI	fa Photos		Normal	Photos 2018-5-17	Edit	
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